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Voice-hearing and Emotion: An Empirical Study

Rosalind Austin

This survivor–researcher-led project investigates emotional aspects of the experience of hearing voices in the general English adult population. Although voice-hearing is strongly associated with distress in clinical as well as everyday contexts, surprisingly little is known about the complexity and variety of emotions experienced by voice-hearers and the significance of space and spatial metaphors in making sense of them.

This thesis was inspired by the Maastricht approach to working with voices developed by the Dutch social psychiatrist Marius Romme and the researcher Sandra Escher. Romme and Escher's analysis of the links between voice-hearing, people's experiences of trauma and their emotions informed my choice of qualitative and creative methods to explore the emotional aspects of hearing voices. This empirical investigation is supported by an analysis of clinical and cultural accounts of the relations between voice-hearing, emotions and trauma, drawing on sources from the past and the present.

I conducted thirty semi-structured interviews with people who hear voices, recruited largely through two community mental health centres in different geographical locations over a period of twenty months. Data were thematically analysed. My findings build on existing research, which shows that the emotions associated with hearing voices relate to the kind and quality of relationship that participants have with their voices and the significance of these relationships within an individual's life context. Particular attention was paid in this study to voice-hearers' use of creative and embodied practices in managing the relationships with their voices, and the importance of acknowledging the effects of cultural dislocation as well as trauma in shaping voice-hearing experiences. My thesis shows that participants used a variety of techniques in order to assert real or imaginary boundaries in their interior and exterior worlds, with varying degrees of success. Drawing on work in cultural and emotional geography, this thesis makes an original contribution to the growing interdisciplinary literature about voice-hearing by demonstrating the significance of space and spatial metaphors in voice-hearers' relationships with their voices.

Voice-hearing and Emotion: An Empirical Study

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Submission for Doctor of Philosophy

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2018

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Declarations

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CHAPTER 1:

Introduction

1.1 Background to the study and overall objective of the research

The aim of this project is to provide an interdisciplinary investigation of voice-hearing, with a particular focus on emotions. It centres on and builds out from the lived experiences of people who hear voices. Despite the growing interest in the psychological and social sciences in the phenomenology of hearing voices, to date the question of emotion in relation to voice-hearing has not been adequately addressed. As the medical humanities scholar Angela Woods (2017, p. 1) notes, 'fuller examination of the role of the emotions in the temporally dynamic experience of hearing voices is overdue and ripe in interdisciplinary investigation'. Drawing on historical and recent clinical material, first-person accounts of voice-hearing, health and cultural geographical analyses of emotion, and a series of qualitative interviews with voice-hearers, this thesis will bring together multiple perspectives on voice-hearing in order to increase our understanding of the interaction between emotions and voices. In doing so, I aim to demonstrate the value of research in the social sciences and medical humanities to the growing interdisciplinary literature on voice-hearing.

According to medical and psychological definitions, a person who has experienced voice-hearing or auditory verbal hallucinations reports hearing a voice or a sound in the absence of an external stimulus. Psychologists Laroi and Aleman (2010, p. 100) define hallucination as:

A sensory experience which occurs in the absence of external stimulation of the relevant sensory organ, but has the compelling sense of reality of a true perception, is not amenable to direct and voluntary control by the experiencer, and occurs in an awake state.

As Woods (2017, p. 1) notes, auditory verbal hallucinations, or hearing voices, 'is an experience which can take many forms and occur in a wide variety of clinical and non-clinical contexts'. Some people hear only one voice, while others hear two or more. Sometimes people hear lots of voices, which sound like a crowd. Voices can vary in loudness and location (Hayward et al., 2012, p. 9), in the feelings they arouse, in their physicality and in what they actually say.

In my thesis, I use the term 'voice-hearer' to describe those who experience voice-hearing and assign it a meaning within their lives (Woods, 2013, p. 263). As Woods (2013, p. 265) notes, voice-hearers sometimes share 'not just a common experience of hearing voices but also a (frequently negative) experience of mental health services'. For these reasons, voice-hearers often reject psychiatric labels, such as that of 'the schizophrenic' (Woods, 2013, p. 265), as stigmatising and unhelpful (see Coleman, 2004, pp. 55-6; Longden, 2009, p. 143).

This thesis is a qualitative study involving thirty voice-hearers. In this introductory chapter I seek to address how existing research has explored how voice-hearers relate their emotions to voices, before outlining three models that are used to explain voice-hearing. There are a wide variety of suggested causes as to why people hear voices (i.e. spiritual experiences; biological disturbances; bereavement; sensory deprivation; trauma). I am now going to outline three models that are most commonly used to explain distressing voices, since distress is frequently a central component

of the voice-hearing experiences of the participants whom I interviewed (McCarthy-Jones, 2017, pp. 125-37). First I will discuss medical approaches to voice-hearing. People who do not cope well with their voices seek help from mental health services, and often are diagnosed with a psychotic disorder. Many in psychiatry believe voices to be a brain disease typically associated with schizophrenia. The second model I look at is the cognitive model, which often overlaps with the medical model, and proposes that the way that people think about their voice(s) influences the way that they react to them. I examine how cognitive-behavioural therapy may ease the problems created by distressing voices. Model three is a radical emancipatory approach to voices that the Dutch social psychiatrist Marius Romme and the researcher Sandra Escher have developed over the past twenty-five years. The Maastricht approach, as it is called, makes a link between voice-hearing, people's life experiences and their emotions. This approach has emerged from the Hearing Voices Movement, which views voices as an understandable reaction to trauma (and argue that there is a lack of scientific validity for the concept of schizophrenia itself). Some of the voice-hearers in my study adopt more than one model for understanding their experience of voice-hearing, or it may be the case that the connections that they make, if any, between voice-hearing and emotion have changed over time. For these reasons it is important to outline the widely diverging models for understanding voice-hearing.

1.2 Models of voice-hearing

1.2.1 The medical model (Model 1)

In 1887, the German psychiatrist Emil Kraepelin argued that there are three forms of psychosis: dementia praecox (senility in the young), manic depression and paranoia, each of which had different symptom presentations and causes (Bentall, 2003). Kraepelin's key work is most typically thought to be his textbook of *Clinical Psychiatry*, and he is most widely credited with proposing two forms of psychosis – dementia praecox and manic-depressive disorder. In Kraepelin's seminal work *Dementia Praecox and Paraphrenia* (1986, p. 7), he named hearing voices as 'a symptom peculiarly characteristic of dementia praecox'. He observed that voices 'are almost never wanting in the acute and subacute form of the disease. Often enough they accompany the whole course of the disease; but most frequently they gradually disappear, to reappear more distinctly from time to time in the last stages' (Kraepelin, 1986, p. 7). Kraepelin focused on biological causes of this disorder, arguing that 'we most probably inherit [auditory-verbal hallucinations] as irritative phenomena in the temporal lobe' (Kraepelin, 1986, p. 219). In 1911, the Swiss psychiatrist Eugene Bleuler proposed that dementia praecox be replaced by the term 'schizophrenia', as he found that the experiences associated with dementia praecox were not limited to young people, or people who were thought to be 'demented' (Bleuler, 1950, p. 7). In Bleuler's view voice-hearing experiences were a secondary symptom of schizophrenia, as they resulted from psychological changes that occurred as a result of the primary symptoms directly caused by the illness.

In 1959, the German psychiatrist Kurt Schneider defined auditory hallucinations as being one of the first rank symptoms that was specific to 'schizophrenia'.¹ Hearing

¹ For a list of Kurt Schneider's 'first rank symptoms' of schizophrenia, see Richard Bentall, *Madness Explained: Psychosis and Human Nature* (2004), pp. 32-33.

voices is still commonly described through the psychiatric language of auditory verbal hallucinations (Waters et al., 2012) and is considered to be a hallmark symptom of schizophrenia and a hallmark sign of psychosis. Schneider wrote that these were 'voices conversing with one another, and voices that keep up a running commentary' (p. 96). An example of this first type of voice that Schneider gives is a patient diagnosed with schizophrenia who 'heard his own voice, day and night, like a dialogue, one voice always arguing against the other' (p. 97). Schneider's second type of voice, a running commentary, was illustrated by him in the case of a woman diagnosed with schizophrenia who heard a voice say, whenever she wanted to eat, 'now she is eating, here she is munching again' (p. 97). Voices are commonly thought of as only occurring in schizophrenia. However, a study conducted by Waters and Fernyhough (2016, p. 32) shows that there is little evidence that certain kinds of voices (i.e. negative voices, talking in the third person, and location in external space) are typical of schizophrenia. The authors found that 95% of these specific features of these voices occurring in schizophrenia were shared with other psychiatric disorders. As the clinical psychologist Louise Johns and colleagues (2014, p. 255) note, 'auditory verbal hallucinations (AVH) are complex experiences that occur in the context of various clinical disorders', such as bipolar disorder, psychotic depression, or a personality disorder. People who seek help from mental health professionals for their voices often feel distressed by their voice's utterances. For example, patients with mood disorders can experience voices that are mood congruent, so a voice can make critical, depressing comments if the person is feeling low. Patients diagnosed with personality disorders or who have suffered trauma may hear the voice of a person who has been cruel or abused them.

Despite the fact that the voices often have personal meaning for the voice-hearer, in psychiatry, many psychiatrists promote the proposition that voices are best understood as symptoms of aberrant auditory processing (Soon-Shin et al., 2012; Javitt and Sweet, 2015). Javitt and Sweet (2015, p. 540) discuss 'the impaired ability of patients to filter out irrelevant information', and argue that this aberrant auditory processing explains the complex symptoms of an illness like 'schizophrenia'. Cognitive accounts of hallucinations often overlap with the medical model. Researchers who adopt a neurocognitive model for hallucinations (e.g. Allen et al., 2008) support David's (1999, p. 95) proposal that auditory-verbal hallucinations can be regarded as 'the distorted output of a complex cognitive system'. Thus, hallucinations are understood as being mere sounds, or group of sounds or random words. The dopamine hypothesis of psychosis describes these as being illnesses caused by increased levels of dopamine in the brain (Howes et al., 2013, p. 807), and antipsychotic medication is prescribed that aims to reduce dopamine, so as to reduce or eliminate the voices (Burton, 2010, p. 56; Arango et al., 2011; Gaebel, 2011; Castle and Buckley, 2011).

Following Eugen Bleuler (1950), schizophrenia is traditionally seen in terms of positive and negative symptoms. Negative symptoms are typically harder to diagnose, as they involve a loss of functioning. Some researchers believe that problems with elevated dopamine function may be responsible for the 'negative symptoms', and two examples given in the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders V* are avolition (decrease in motivation) and diminished emotional expression (APA, 2013, p. 99). Negative symptoms can be thought of as 'a loss of normal functions', whereas positive symptoms such as hearing voices can be thought of as an excess or distortion of

normal functions (Burton, 2010, p. 60). As I have already mentioned treatment regimes aim 'to alleviate the diagnosed person's problems by eradicating their voices' (Watkins, 2008, p. 111). However, for many people diagnosed with schizophrenia 'hearing voices is a complex and multi-faceted experiences which has both positive and negative aspects' (Watkins, 2008, p. 112; see also Nayani and David, 1996; Suhail and Cochrane, 2002). In a study conducted by Jenner et al. (2008), which investigated the positive voices in psychiatric out-patients, it was found that although only 8 per cent had voices that were predominantly positive, 52 per cent had some positive voices. Positive voices were found to help with coping with the negative voices in 47 per cent of the patients who had positive voices. These voices gave the voice-hearer advice, and help with their decisions and daily activities. 32 per cent of these voice-hearers wanted to keep their positive voices.

Interestingly, a qualitative study conducted by Johns et al. (2014) noted that mood symptoms could determine whether voice-hearers move across from a non-clinical group to a clinical group. The study notes that 'negative emotional states play a role in both the onset and maintenance of a psychotic disorder' (Johns et al., 2014, p. 259). Therefore, the emotional content of voices is relevant, as is the voice-hearer's emotional reaction to their voices. These indications of a central role for emotions has not yet been well developed, and this thesis will explore the ground work needed to develop this initial work on emotions. There have been various psychological models that involve different ways of addressing emotion as part of providing voice-hearers with alternative ways of understanding their voice-hearing to the medical model, and I will now discuss the cognitive model. There is significant overlap between these two models, with many psychiatric models of psychosis employing cognitive accounts (see Calcott and Turkington, 2005).

1.2.2 The cognitive model (Model 2)

In the late 1960's and early 1970's, Aaron Beck, an American psychiatrist, pioneered a treatment for depression called 'cognitive therapy' (see Beck, 1979, 1989). He developed a theory of depression which emphasised the importance of people's depressed styles of thinking, and this led to him developing a therapeutic approach which came to be called 'cognitive behavioural therapy'. Aaron Beck and Neil Rector (2003, p. 19) argue that in patients with schizophrenia the experience of hearing voices can be understood within a cognitive framework that incorporates biological constructs. They argue that the voice-hearers' tendency to ascribe unusual or discomforting mental experience to an external agent is an expression of an 'externalising bias' (Beck and Rector, 2003, p. 33; see also Freeman et al., 2001, p. Morrison et al., 1995; Chadwick and Birchwood, 1994). Individuals such as those with schizophrenia maintain this incorrect external attribution 'because of poor reality testing' (Beck and Rector, 2003, p. 34). The cognitive model posits a central role for emotion, as emotion can trigger and contribute to the maintenance of hallucinatory phenomena. Psychologists Daniel Freeman and Phillipa Garety (2003, p. 941) claim that 'by treating the emotion the clinician is likely to reduce the positive symptom', such as voices. A cognitive behavioural treatment has been developed for distressing voices (Fowler et al., 1995; Morrison, 2001; Morrison, 2008). Cognitive therapies suggest that voices are unambiguously connected to people, with relationships similarly being affected by 'power' and 'closeness' (Hayward, 2012, p. 64). As the psychologist Mark Hayward and colleagues (2012, p. 105) argue, 'beliefs about voices are usually beliefs about the power of the voice, its intentions towards us and the control the voice has over us'. For example, if the voice-hearer believes

that the voice is all-powerful and is capable of harming them or controlling their actions, then they are likely to find the voice distressing (Meaden, 2012).

‘The cognitive model proposes that beliefs about voices are influenced by the individuals’ life experiences, including trauma and relationships with significant others’ (Berry et al., 2017, p. 2). It is increasingly being acknowledged that high rates of trauma and adversity occur before the onset of psychosis, sometimes many years before (Krabbendam et al., 2004; Bebbington et al., 2004; Read et al., 2003; Andrew et al., 2008). These studies ‘confirm that bullying and sexual abuse are associated with negative self and other schemas and with positive symptoms such as [...] hallucinations’ (Kuipers et al., 2006). Similarly Birchwood et al. (2000), in developing a model of auditory hallucinations, have suggested that a childhood experience of social adversity leads to the development of negative schemas involving social humiliation and subordination, which leads to voice-hearing. As I have mentioned, a central tenet of the cognitive model is the idea that people’s beliefs about their voices fundamentally impact their experience.

Research using cognitive-therapy has shown that voices also often mirror the interpersonal relationships that the individual has with others in the world (Hayward et al., 2012). Birchwood et al. (2004) present data suggesting that a voice-hearer’s perception of being powerless and controlled by others within external social relationships is reflected in their relationship with their voices. If individuals have experienced an unsatisfactory relationship with a dominant father figure; for example, they may perceive a powerful, omnipotent voice as distressing (Birchwood and Meaden, 2013, p. 16). Voice-hearers ‘may even experience feelings of despair, guilt and shame, or feelings of hopelessness’ (Hayward et al., 2012, p. 24).

When outlining the existing cognitive model of voice-hearing, it is important to identify the psychological mechanisms of attachment in voice-hearing. Many people with mental health issues have insecure attachment patterns, including avoidant and anxious/ambivalent attachment that result from 'suboptimal experiences of caregiving, and are associated with less adaptive interpersonal functioning and affect regulation in adulthood' (Berry et al., 2017, p. 3). Attachment is 'an affectional bond, which an individual forms with another person, who is approached in response to distress' (Berry et al., 2017, p. 2). Berry et al. (2017, p. 5) argue that voice-hearers' high levels of anxious attachment in their relationship with significant others, and negative beliefs about themselves, 'will result in beliefs that voices are powerful, but also fluctuating beliefs about voice benevolence and malevolence' (Berry et al., 2017, p. 5). Voice-hearers with an anxious attachment style may 'actively seek' the voices. It is likely that they are 'hypervigilant and sensitive to the voices' reaction to them', and may comply with voice(s) commands, as 's/he may fear rejection and even punishment' (Berry et al., 2017, p. 5; Meaden, 2012). Avoidant attachment has been associated with voice intrusiveness, and the voice-hearer relating to their voice from a position of distance (whereas voice-hearers with anxious attachment, as we have seen, relate to their voices from a dependent position) (see Berry et al., 2017, p. 8).

Some cognitive-behavioural therapists work specifically with patients who have traumatic psychosis presentations. It is recommended that the therapist work with the patient for a time-limited period (usually six to twelve sessions) (Kingdon and Turkington, 2008, pp. 122-23). Calcott and Turkington (2006, p. 223) argue that 'trauma induces emotion and that this emotional disturbance triggers information-processing abnormalities' (Calcott and Turkington, 2006, p. 242). That is, emotional

changes occur in response to a triggering event. Freeman et al. (2001, p. 189) in their cognitive model of the symptoms of psychosis propose that emotional changes plays a central role in the formation and maintenance of hallucinations, or voices. They give the example of anxiety, and argue that anxiety leads to 'safety-behaviours' that 'will prevent the receipt of disconfirmatory evidence and hence prevent change in psychotic beliefs'. Freeman et al. (2001, p. 192) also suggest that 'meta-cognitive beliefs [...] such as beliefs concerning the uncontrollability of one's thoughts, will increase the distress caused by psychotic experiences'. Therefore, there is the case of 'affect-associated beliefs' leading to further anxiety, when 'a threatening explanation is sought and accepted' (Freeman et al., 2001, p.192). Researchers have long observed how anxiety triggers voices (see Slade, 1976; Chadwick and Birchwood, 1994; Dodgson et al., 2015; Ratcliffe and Wilkinson, 2016), with particular environments being particularly stressful, such as unsupportive family environments (Freeman et al., 2001, p. 192). When an individual becomes anxious about their own thought's contents, the raised anxiety may lead to them 'disowning' something distressing. This may sometimes culminate in 'an experience of the voices as almost personified' (Ratcliffe and Wilkinson, 2016, p. 54). In some cases voices are given 'a special name to set them apart from perceptual experiences, due to their having a recognisable character of their own' (Ratcliffe and Wilkinson, 2016, p. 55; Hayward et al., 2012, p. 64).

However, Calcott and Turkington suggest that patients' distress and impairment may be reduced if they are encouraged to reattribute psychosis experiences 'to an internal source' (Calcott and Turkington, 2006, p. 231). As Kuipers et al. (2006, p. 228) argue 'it can be useful to reappraise external attributions as internal states, so that individuals can recategorize [...] critical voices as mirroring, self-blaming

cognitions, or as memories of the critical voices of others'. It is hoped that the patient will gain the confidence to put into practice the therapist's recommendations of strategies for coping with the voices. Emotions are central then to the practice of cognitive-therapy which endeavours to help a patient to change their beliefs about and emotional responses to voices and in turn how they behave in reaction to voices.

1.2 The Maastricht approach

The mainstream clinical view of hearing voices – as a symptom of a severe psychotic illness, and as requiring antipsychotic medication to reduce or eliminate the experience entirely (Arango and Carpenter, 2011; Gaebel, 2011; Castle and Buckley, 2011) – does not fully account for contemporary understandings of this phenomenon. As I have shown, the medical model also pays relatively little attention to the study of emotions.² My thesis engages closely with an alternative perspective which emerges from a range of different psychotherapeutic theories and practices, but which is most strongly associated with the model that the Dutch social psychiatrist Marius Romme and researcher Sandra Escher have developed over the past twenty-five years.³ The Maastricht approach, as it is called, has emerged from the Hearing Voices Movement, which led to 'a significant shift in how voices were understood in the last decades of the twentieth century, and how they are seen today' (McCarthy-Jones, 2013, p. 90). The Maastricht approach makes a link between voice-hearing, people's life experiences and their emotions. Romme argues

² The medical model does, however, note that emotional dysfunction is a clinical feature of schizophrenia (Gur et al., 2006; Anticevic et al., 2012; Laviolette, 2007), as I discussed in 1.2.1.

³ Having said that, this thesis was not intended as a corrective to the medical model, with many of the voice-hearers taking prescribed psychiatric medications; it was instead intended as an analysis of emotions.

that 'the voices of one person can metaphorically express different emotions connected with different problems' (Romme, 2009, p. 64). Voices can metaphorically refer to traumatic experiences, such as sexual abuse, physical abuse, emotional neglect or being bullied (Romme, 2009, p. 64). However, they can also take the place of emotions: voice-hearers can be experiencing voice-hearing 'when it would be natural to feel emotion, but the person is not able to do so' (Escher, 2009, p. 56). In this scenario, the emotions are rooted in traumatic events that are so overwhelming for the voice-hearer that they are put 'out of consciousness' (Romme, 2009, p. 70).

Let me consider the experience that a particular voice-hearer has described to clarify how Romme and Escher's framework construes both voices and emotions. In her memoir *The Music of Madness* (2001), Tracy Harris, a professional flautist, describes the voices that she hears as a very uncomfortable intrusion upon her inner mental world. She writes:

It is a sound like no other that I have heard before. A loud, course voice, like an aged operatic soprano reaching for a note well beyond her range. The horrifying sound rings through my head, emptying my mind of all other thoughts, leaving this new voice with an acoustic chamber in which its terrifying message echoes unendingly. This new voice takes over the sound of the orchestra; it muffles the sound of my flute. The sound clashes eerily against the melodic line. The sound echoes back and forth across the now empty space of my mind with nothing to slow it down or to mute its sharp intensity. It is unlike any human voice; it has a rasping shrillness and a hard-edged quality that takes it beyond human experience. I am terrified. I stand in my studio, still with fear; my mind in confusion; my flute held dangling at my side like an appendage that has been broken off at the joint (Harris, 2001, pp. 60-61).

The emotionally intense tenor of this voice distracts Harris from her flute practice, as she feels 'terrified'. The power is clearly weighted in favour of the voice. Harris

initially feels powerless to challenge it, as the 'sound echoes back and forth across the empty space of my mind'. The voice quickly colonises the space of the studio, and Harris feeling frightened now flees this space, searching for the source of the voice.

Harris could be said to be experiencing what Romme identifies as 'the startling phase' in voice-hearing (Romme and Escher, 1993), when the voice-hearer feels confused and overwhelmed by the voice that she hears. Harris's lengthy description of the aged soprano's voice that has person-like qualities shows that this is an experience which has personal meaning for her. She fittingly draws upon the musical world that she is knowledgeable about to go on to describe how alone she feels with her tormenting voice. 'This ungodly voice is giving a contorted, private concert, just for me', she writes (Harris, 2001, p. 61). Quite counterintuitively, given the frequently emotionally intense quality of such voices and their importance as a topic of interest to voice-hearers, researchers do not yet know enough about how difficult and complex emotions are involved in the voice-hearing experience. In her memoir Harris links her voices to breaking up with her partner, and the pressure that she places on herself to give exceptional performances as a soloist flautist in concerts (Harris, 2001, pp. 58-62). Harris's case study, therefore, illustrates how hearing voices may be viewed as 'a reaction to emotional problems' (Romme, 2009, p. 8), which is a key finding in the Maastricht approach to working with voices. In this thesis I aim to use the framework of the Maastricht approach by attending closely to issues of space and place, exploring in more depth how they affect the complex emotional relationships that people have with their voices.

In this project I will examine in more detail the links between emotions, how emotions are dealt with by my participants, previous events in their lives, and their voices. In this introduction I have outlined three models of voice-hearing across the spectrum, from proximate biological causes to the emancipatory Maastricht approach to voice-hearing. In this project I focus on distressing voices, since distress is frequently a particularly central component of the experience of hearing voices. A medical framework for understanding voice-hearing is relevant, as some voice-hearers understand their voices within a biomedical model. In some cases this may lead to great distress and self-stigma. As Woods (2017) notes, the stigma associated with mental disorders in general, and with the diagnosis of schizophrenia or psychosis specifically has been extensively analysed (Corrigan and Rao, 2012; Goffman, 1990), and is, for some people, an inextricable part of the distress of hearing voices' (McCarthy-Jones et al., 2013). People's core beliefs about their voices impact upon their perceived 'relationship' with the voices. In this project, I will be exploring how within psychotherapeutic settings, relational frameworks – in particular, the Maastricht approach – are used to support voice-hearers to develop more positive relationships with their voices, where they approach voices as if they were family members or close acquaintances. I will be engaging closely with this alternative perspective because of the strong links made between voice-hearing, people's life experiences and their emotions.

1.3 A survivor-researcher-led project.

Survivor research can be understood as the systematic exploration of issues that are important to survivors from their experiences, leading to experiential knowledge. This centralizes first-person knowledge (Webb, 2008) – over and above scientific or third-person knowledge (see also Russo, 2012). Many survivor researchers such as Alison Faulkner, Angela Sweeney, and Peter Beresford consider themselves activists, and want to challenge dominant ideas about mental distress. A number of survivor researchers believe in exploring trauma and social-based understandings of madness and distress, and aim to conduct research that challenges the powerlessness and marginalisation of survivors' (Sweeney, 2016, p. 51). Survivor researchers are people who have had an unsatisfactory experience of using statutory mental health services, and have sought alternative routes to recovery. They explore alternative perspectives and approaches to biomedical psychiatry in their research. Service-user researchers, on the other hand, regularly seek help from mental health services, and conduct research with other patients who have mental health issues. Frequently, the involvement of service-users in other people's research is seen as tokenistic, and sanitised to the point that it is rendered meaningless (Russo, 2012). Survivor researchers, are aware of the importance of power, and seek to raise awareness of the issues affecting people with mental health issues, whose voices are rarely heard. In the United Kingdom, survivor research began to formally take shape around the end of the twentieth century, with two major programmes of survivor-led research established in major charities (Faulkner and Layzell, 2000; Rose, 2001). A milestone was reached in 2009 with the publication of *This is Survivor Research* (Sweeney, Beresford, Faulkner, Nettle, and Rose, 2009).

Traditionally mental health policy, practice and research has been dominated by 'expert' knowledge, which is produced by people whose expertise derives from professional training rather than personal experience of mental health problems. Psychiatrists, psychologists and social workers, as well as academics from other disciplines all lay claim to specialist knowledge resulting from academic research in the area of mental health. Nonetheless, the service-user researcher Peter Beresford argues that service-user researchers have 'experiences of treatments and services which confer a knowledge which conventional researchers don't possess' (Beresford, 2005, p. 6). Beresford puts forward his argument for a 'theory of distance'. He suggests that it is 'time to rethink assumptions about credibility and legitimacy', and suggests that 'the shorter the distance there is between direct experience and its interpretation, the *more* reliable the resulting knowledge is'. Beresford believes that survivor researchers need to reclaim and re-explore the role of lived experience, so that we can fully engage with its range and diversity (Beresford, 2005, p.6). For the survivor researcher Angela Sweeney (2013) experiential knowledge is the 'bedrock' of survivor research, underpinning the collective move to challenge the exclusion of service-users and survivor researchers from mainstream research (also see Faulkner, 2017).

A survivor-led standpoint of the research has its roots in standpoint epistemologies. Epistemology means protocols or theories for producing valid truths. Many service-users and survivor researchers have consistently argued that mainstream positivistic research does not represent their experiences, and this has led to them developing various epistemologies. One specific theoretical tradition has been developed by the feminists Donna Haraway (1988), and Sandra Harding (1993, 2004), who argued that women have been marginalised and even excluded from

science. Feminist standpoint epistemologies have highlighted the relationship between researcher and research participants, critiquing traditional 'scientific' epistemology as a means of domination by those with power in society. They reject the idea of mainstream knowledge being 'value-free' and 'objective' (Harding, 1993, 2004), which posits the researcher as a universal knower when in fact all knowledge is partial. Knowledges which are self-reflectively partial and aware that they are socially situated are more transparent, and therefore, more 'objective', which is what Harding calls 'strong objectivity' (Harding, 1991).

The social scientist Diana Rose focuses on this standpoint epistemology first developed by Haraway and Harding. Rose (2017, p. 785) argues that 'mainstream psychiatry is characterised by "weak objectivity" because it hides its value and epistemological bases in such a way as to naturalise and normalise the position of marginalised groups, thus making the status quo unquestionable'. Survivor research values the knowledge of marginalised service-users, who have traditionally not been allowed to speak. As Rose (2017, p. 785) suggests, it 'follows from this that any claim to produce "universally true" knowledge cannot hold'. My thesis engages closely with the alternative perspective provided by the Maastricht approach, which offers a radical counter-discourse to the medical model, that constructs hearing voices as being a symptom of an illness. Survivor research subtly and overtly challenges the dominant biomedical paradigm by exploring how hearing voices has a number of possible explanations. Survivor research supports the emancipatory Maastricht approach, which offers methods, processes and techniques for working with voice-hearers to create a radically new knowledge based on survivors' own experiences. Voice-hearers are enabled to make sense of their voices, and harness them to lead a more fulfilling life.

Inspired by this theoretical work, my concern has been with the power relations between mainstream mental health research and the research conducted by survivor researchers and service-user researchers. As mental health service-users / survivors highlight, they have repeatedly been denied the opportunity to speak for and about themselves, and instead have been presented by others in inaccurate and pathologizing ways (May, 2004). As a researcher and a voice-hearer, I wish in my study to enable voice-hearers to make a meaningful contribution, by exploring the role and value of first-hand experience. The service-user researcher Diana Rose (2011, p. 425) argues that 'all research comes from a specific standpoint'. Service user research and survivor produced research has been described as a radical alternative to medically produced knowledge (Rose, 2017; and Beresford and Rose, 2009), because it is the experiential knowledges of people who have experienced mental distress. In this study I describe myself as a survivor researcher, which 'often indicates a more explicitly political and, at least rhetorically, radical self-positioning than "consumer"' or 'service-user' (Jones and Kelly, 2015, p. 46).

Both survivor knowledge, and the new emerging discipline of 'Mad Studies' centralise experiential knowledge. Mad Studies is an umbrella term that is 'used to embrace the body of knowledge that has emerged from psychiatric survivors, mad-identified people, antipsychiatry, academics and activists, critical psychiatrists and radical therapists' (LeFrancois et al., 2013, p. 337). As Sweeney suggests, 'as mad people and culture are placed at the "analytic core" of Mad Studies, survivor research can in some senses be understood as the strongest expression of Mad Studies, where our research is conducted within a radical framework' (Sweeney, 2016, p. 39). This suggests that survivor research and Mad Studies are closely connected. Beresford (2013, p. xi) proposes in his forward to the book *Mad Matters*

that Mad Studies recognises ‘the diversity of Mad Experience and understandings, the violence of psychiatry [...] and the emergence of survivor research and academic engagement’. It does this in the respect that it underpins people with lived experience’s ‘standpoints and contributions’, by allowing them to liberate their ‘thoughts from old, unhelpful assumptions and conceptual frameworks and test out others against our own experience, knowledge, and understanding’ (Beresford, 2013, p. xi).

Certainly, survivor researchers do not occupy one homogenous standpoint, as ‘intersecting cultural factors – including race, religion, sexual identity, socioeconomic status, co-morbid chronic illness – have an impact [...] on all aspects of mad experience, from meaning to outcome’ (Jones and Kelly, 2015, pp. 46-47). Nonetheless, Rose argues that it is problematic that Mad Studies as a ‘loose assemblage of perspectives’ provided by scholars occupies *one* singular standpoint, when it takes a subversive standpoint relative to the governing paradigm of psychiatric “science”. As Rose suggests, ‘psychiatry remains the foil against which Mad Studies is articulated’, and this is problematic as Rose suggests because its ‘conceptualisation of psychiatry remains, for the most part, monolithic and singular’ (Rose, 2017, p. 779). Rose makes the suggestion that if Mad Studies were to identify both ‘a complexity and a fracturing’ within psychiatry, this emerging discipline could expose this fracturing in order to ‘see psychiatry falter quite radically and actually open spaces, internal or external, for Mad people’s knowledge to be pursued’ (Rose, 2017, 780). I have already discussed how the Hearing Voices Movement allows the creation of a space where alternative accounts of voice-hearing experiences are accepted. At present many of the tenets of the Maastricht approach have been tentatively accepted by some in the mental health system (McCarthy-Jones, 2013, p.

94), due to educational work done by voice-hearers themselves, and their supporters (i.e. Coleman and Smith, 2005; Hornstein, 2009). However, an uneasy relationship currently exists between the Maastricht approach and the medical model, partly due to many in psychiatry believing voices to be a brain disease (rather than a reaction to trauma).

Both survivor research and mad studies foreground experiential knowledge as forging a new future for mental health knowledge. In order to conduct survivor research one needs to have experienced a mental health issue. However, both academics, clinicians, as well as people with mental health issues can contribute to Mad Studies, which is a field of inquiry which is developing through a multi-disciplinary framework in generating a broader understanding of mental health knowledge. Similarly, the Maastricht approach can be a methodology for mental health professionals, as well as service-users. This offers a significant shift away from clinical research, as voice-hearing is no longer reduced to being a symptom of an illness. The Maastricht approach encourages voice-hearers to make sense of their voices, and understand the influence of the voices on them, and their relationship to their life-histories. As a voice-hearer and a survivor researcher, I am concerned with how the Maastricht approach, combined with the fields of Mad Studies and survivor research, all together crucially contribute to experiential research.

In this survivor-researcher-led study I aim to listen to and represent voice-hearers' accounts of their voice-hearing experience, which have traditionally been silenced by psychiatry. One of the key objections of Mad Studies to psychiatry is that it 'neglect[s] the personal and subjective aspects of an individual's perspective' (Lee,

2013, p. 105). In the context of 'psychosis', Maria Liegghio argues that 'dominant psych discourses' pathologize a person who hears voices as being 'psychotic', and consequently they are 'disqualified as a legitimate knower because their experiences are interpreted [...] as a break from reality' (Liegghio, 2013, p. 126). Their talk associated with 'psychosis', which presumably includes referring to voice-hearing experiences, is dismissed as "disordered" and "wrong", and therefore, 'its content, metaphors, and messages of distress are also dismissed' (Liegghio, 2013, p. 128). In an interview for 'Madness radio', the psychologist, anthropologist and voice-hearer, Nev Jones, remarked that 'if you're coming at psychosis from the outside as a researcher who hasn't had those experiences, it's not obvious the extent to which a lot of that language [for psychotic] experiences and the concepts behind the language doesn't work. It doesn't fit the experiences'. Liegghio regards it to be 'epistemic violence' when this 'disqualification of psychiatrized people as legitimate knowers with legitimate knowledge and ways of being' happens, as this takes place on a structural level through various institutions. As a survivor researcher and a voice-hearer, I am keen to remain true to the roots of experiential knowledge, and to find ways of working that include voice-hearers, and learns from their experiences too.

In my study I was mindful of the language that I used to describe 'voices' and other unusual experiences, when I was taking care to involve participants in the research process. For as Robin Kearns (1991, p. 2) points out, 'if we are to engage someone in conversation and sustain the interaction, we need to use the right words. Without the right words our speech is empty. Language matters'. A survivor standpoint has the potential to provide a unique source of knowledge, as voice-hearers are speaking for and about themselves. This knowledge may challenge

injustice, and have transformative potential in the lives of voice-hearers. In my project I value voice-hearers' experiences, and take an approach which does not stigmatise the voice-hearers or make them feel less valued than any members of their communities. By actively listening to how voice-hearers make sense of their voices and their emotions, I recognise voice-hearers as experts on their experience.

Beresford and Rose (2009, p. 13) argue that the views of service-users have their own value and integrity'. Many of these researchers take the view that the fact they have similar experiences to service-user research participants makes for better research', for the reason that 'the researcher is more likely to understand what the participants are saying, better able to frame questions appropriately, and treat service-users routinely with respect in the research process' (see Beresford and Rose, 2009, p. 13). Nonetheless, Rose cautions that 'power relations between psychiatrists and service-users' is such that service-users 'are defined by our unreason, or irrationality, and [...] are deemed to be overwhelmed by our emotions' (Rose, 2009, p. 42). That is, 'any display of emotion is immediately pathologized as the discourse of psychiatry' (Rose, 2017, p. 783), and seen as being evidence that service-users are not able to speak 'rationally'. Yet, I found in my own study that attending to the participants emotions was a fruitful area of inquiry. I ask how voice-hearers deal with their emotions, and explore if voice-hearers come to react to emotions differently to non-voice-hearers.

Emotion is a central tenet in my own study, given that my research investigates emotional aspects of the experience of hearing voices in the general English adult population. My own experience of voice-hearing was that my voices had often been distressing, and a decade ago I sought help from mental health services. I am a

survivor of mental distress, and this lived experience led to me being interested in the relation between trauma and voice-hearing. Initially, my study set out to explore whether voice-hearers linked their voices to difficult events from childhood or adulthood. Gillard and colleagues (2010, p. 190) have suggested that the service-user researchers 'were proportionately more likely to ask questions about interviewees' experiences and feelings' than researchers who did not have lived experience. In my study, the attention given to emotions was helpful, as it led to me being aware of how frequently the participants mentioned emotions (often negative emotions) that they connected to their voices. This led to me developing this research question – 'What is the interaction between different emotions and voices?' This focus on understanding the complex emotional dynamics in the voice-hearing experience has been a strength of this study. I explore the links between different emotions and voices, and how emotions are dealt with by the voice-hearers who I interviewed.

Survivor researchers believe in exploring trauma (see Beresford, Nettle and Perring, 2010; Faulkner, 2017). Sweeney and colleagues (2016) understand that most people in contact with mental health services have experienced trauma, and this understanding needs to inform service relationships and delivery (Sweeney et al., 2016, p. 174). In the last twenty-five years, a re-conceptualisation by mental health service-users of some of the major manifestations of distress has led to the 'hearing voices' movement, which emerged as a web of peer support groups to help troubled voice-hearers, as I will discuss in the next chapter. This study is particularly interested in using and analysing the Maastricht approach model, which I introduced earlier. This makes a link between voice-hearing and people's experience of trauma (Longden et al., 2012), with Romme and Escher claiming that up to 70% of voice-

hearers have experienced some form of trauma and/or powerless-making situation (Romme and Escher, 2009, p. 25).

I would argue that my experience of attending community mental health centres as a service-user several years earlier meant that I did understand how service-users could feel oppressed, and as lacking a voice. It was at this time that I was interviewed by a mainstream conventional researcher about what it was like to use this particular day service. Given that I hear voices, which is a “mad” experience putatively deemed unacceptable’ (Kalathil and Jones, 2017, p. 185), I worried about my account, view and explanation being reinterpreted and modified by the researcher. So, I was mindful that when I conducted research myself that I wanted to treat service-users with respect and equality (Faulkner, 2004), so that they felt empowered to share their experiences. One way of doing this was to be mindful of the language that I used to describe voices and unusual experiences, as I have already mentioned. I also was keen to ensure that participants’ first-person narratives ‘were not just colonised or reduced to a new area for academic activity’ (Russo and Beresford, 2014, p. 156). By ‘colonised’ I meant that I did not wish ‘to take the narratives over’. In order to avoid this happening, ‘ethical principles and methodologies’ were important, that encouraged more ‘equal partnership’. As I will discuss in chapter 3, my methods build on existing research by utilising a thematic analysis approach in a survivor-researcher-led project to explore the relationship between emotions and voice-hearing. The semi-structured interview provides the space within which the participants can express themselves. While this is a survivor-researcher-led project, it is also work which makes use of concepts from the interdisciplinary field of human geography. I will now introduce key ideas or claims of geographers working in the sub-discipline of emotional geography. I suggest how

new kinds of knowledge about the links between emotions and voice-hearing may be produced through research which draws on ideas from geography.

1.4 Voice-hearing, emotion and geography

Human and cultural geographers have 'engaged sound, language, politics, and writing with relation to space (Smith, 1994); although, as the geographer Anja Kanngieser (2012, p. 348) notes, 'this has not significantly addressed practices of listening or the soundings of the voice'. For this reason, my project seeks to build on this minimal research looking specifically at voice-hearing in the context of geography. As the geographers Joyce Davidson and Liz Bondi (2004, p. 373) argue, 'geographies of emotional life constitute an important and vibrant new field of research'. Emotions are 'embodied and mindful phenomena that partially shape, and are shaped by our interactions with the people, places and politics that make up our unique, personal geographies' (Davidson and Bondi, 2004, p. 373). Emotions, then, are central to our experience, as they 'affect the way we see (hear and touch...?), the substance of our past, present and future' (Davidson and Bondi, 2004, p. 373). The originality of my project lies in part in its investigation of the links between voice-hearing, people's life experiences and their emotions within the fields of emotional and health geographies, extending our understanding of the small scale geographies of how people relate to their voices, and to their past. I will attend closely to issues of space and place, exploring in depth how they affect the complex emotional relationships that people have with their voices.

In health geography, geographers have explored relational views of space and place, and argue that there is a mutually reinforcing and reciprocal relationship between people and place (Curtis, 2010, p. 241). Curtis et al. (2010) explore the

relations between place, mental distress and emotion. Research has also been done to identify the emotional elements of place in relation to specific forms of distress. For example, Joyce Davidson (2003) has done work on the geographies of panic which explore how agoraphobics relate to the city as a space of anxious contradiction. The voices of agoraphobic women speak of the city as a place 'where confusion proliferates on every level' (Davidson, 2003, p. 62). Davidson has shown how bodily boundaries are radically disrupted during panic attacks, and how for a long time afterwards sufferers' boundaries continue to feel extremely fragile (Davidson, 2001). Davidson (2003) has explored some of the strategies that people suffering from agoraphobia use to keep a hold of themselves in space where the boundaries of the embodied self are unclear. Karen Dias (2003) has presented a powerful account of anorexic experience as it is narrated by its owners in cyber-space. Cyber-space, Dias suggests, can offer a safer, less confrontational place for people with eating disorders to express their emotional pain. These people with eating disorders express in cyber-space how they experience feelings of accomplishment when they deny themselves food. At the same time they describe feelings of loneliness and shame, as they desire to be 'normal', rather than feel criticised or attacked by others. In different ways, these accounts of people suffering with impairments or ill-health illustrate how they negotiate psycho-social and material boundaries, which differentiate themselves from others and from their environments, and which ordinarily embody emotions.

There has been work done to explore how emotions can become embedded in landscapes that come to ameliorate or exacerbate individual distress, such as Hester Parr and colleagues' (2005) work on the emotional geographies of people with mental health problems living in the rural places of the Scottish Highlands. Drawing

on interviews with service-users, Parr and her colleagues examine how service-users are often forced to conceal their emotional experiences in the distinctive physical environment of the Scottish Highlands, that is marked 'by widely shared beliefs about inappropriateness of disruptive emotional display' (Parr et al., 2005, p. 87). As Smith et al. (2015, p. 4) note, 'this work is an important counterpoint to the traditional clinical perspective, in which emotions are conceptualised largely at the biological and cognitive levels'. For example, in the case of schizophrenia, as I have already mentioned, there is the diagnostic criterion of 'flattened effect' (see Gur et al., 2006), which manifests as the person's failure to express feelings either verbally or non-verbally, when talking about issues that would be expected to engage the emotions. While I am not assuming that all of my participants could be judged to have the diagnosis of 'schizophrenia', I am interested in the emotional relationships that they had with their voices. I aim to investigate how voice-hearing involves a spatial awareness, with voices being embodied and located by the voice-hearers in the constitution of real or imaginary spaces, that are interior to the body, or in their surroundings.

Some geographers argue that emotions are not to be objectified, but instead they cross psycho-social and material boundaries, making them unstable (see Bondi et al., 2005, and Pile, 2010, p. 7). The geographer Liz Bondi and colleagues (2005, p. 442) employ a psychotherapeutic perspective to show that emotions are grounded not in an autonomous and bounded self, but in a 'betweenness' flowing 'between and among people', events and places that shapes the subjectivity of emotional experience. Bondi et al. (2005) argues that this flow is actually constitutive of the environment. The researcher Sally Munt (2012, p. 559) similarly argues that emotions are 'relational flows' – they happen as a 'socio-spatial mediation'. That is,

emotions are intrinsically relational, and I will explore how boundaries 'are never impermeable or entirely secure' (Bondi et al., 2005, p. 7). I will investigate how boundary-forming may change as voice-hearers create boundaries in their emotional relationships with their voices in places called home and places away from home. Building on existing studies (Jones et al., 2016; and de Jager et al., 2016), I explore voice-hearers' own agency in creating boundaries with their voices, and how this might involve disruptive senses of boundaries.

Sarah Curtis et al., (2009, p. 342) argues that there is 'an insecure and unpredictable geographical experience of people with mental illness', as many lack stable housing, and/or do not feel comfortable settling in one place. In my thesis I also explore how voice-hearers feel troubled in particular spaces. The geographer Cheryl McGeachan (2014, p. 98) similarly is concerned with how people with mental illness may be distressed by external environments. McGeachan, writes about how the psychiatrist R. D. Laing adopted a 'spatial approach in attempting to understand seriously disturbed, often schizophrenic, individuals'. Laing wanted to investigate the sense of place in the world in which his patients lived. Arguably for Laing, these individuals are 'un-embodied', in that they have lost 'the self's own sense of realness, aliveness, and identity' (McGeachan, 2014, p. 98). As studies of phobic and delusional geographies show, for some, the feeling that space is populated with the complex and often contradictory emotional projections of others results in experiences of distress that challenge the boundaries of the self (Davidson, 2003; Parr, 1999). In my study, I will explore how voice-hearers cope with psycho-social challenges by moving about city streets and public spaces. I prioritise voice-hearers' experience, and explore the way that they navigate their social worlds.

The geographers Joyce Davidson and Christine Milligan (2004) have looked at how place may limit or promote feelings of affiliation or belonging. Geographers have explored how emotional (dis)connections with place are a way of relating to the world (Manzo, 2003; Simenson, 2007, pp. 175-6; Wood and Smith, 2004). Approximately one third of the voice-hearers whom I interviewed were migrants, so in chapter 6 I explore how these voice-hearers make links between cultural displacement and mental distress, which may include hearing voices. I am particularly interested in how questions of displacement and migration are of particular relevance to understanding the connection between voice-hearing and emotion. The importance of emotion is explored by the geographer David Sibley's (1995) account of *Geographies of Exclusion*, with the socio-spatial dynamics of racism showing how excluding people manifests as conscious and unconscious feelings that arise in the real and imagined movement between 'selves' and others. More recently, several analyses have argued that exploring feelings such as fear, anger, and hatred are crucial if we are to understand the impact of racism (Koboyashi and Peake, 2000; McKittrick, 2000). Racism is 'based on a belief in "race" that fashions or determines behaviour, ways of thinking, assumptions we make and so on' (Fernando, 2009, p. 14). In my research project I pay careful attention to migrants' own testimonies when exploring questions of migrants' alienation, dislocation and distress.

The researcher Sally Munt has explored the severe emotional geographies of refugee women when they were disorientated in space and time (Munt, 2012, p. 556). As Munt argues, 'cultural narratives become crucial to reconstructing refugee experiences, in order to make sense of trauma and reintegrate parts of the self that may be dissociated or denied, so that on a basic typographical level we can start to realise psychological "spaces of the past"' (Munt, 2012, p. 559). In my study I was

interested in the relations between trauma and voice-hearing, and how voice-hearers related to the past. As Bondi et al (2005, p. 12) note, 'through memory – conscious and unconscious, psychic and somatic – we all carry traces of past geographies, in ways that are always emotionally coloured in hues ranging from pale to vivid'. When voice-hearers have experienced trauma, voice-hearing may confirm or disrupt understandings of trauma and memory and of self-unity. In chapter 5, I will unpack both how voice-hearers describe their experience of trauma in relation to their voice-hearing, and how they conceptualise their emotional relationships with their voices.

I am interested in the ways in which voice-hearers cope with and recover from experiences which are frequently distressing. The geographers Joyce Davidson and Hester Parr (2014, p. 130) recognise that people with mental health issues seek 'a sense of boundedness' by retreating to particular safe spaces. Some structured spaces, such as a counselling or psychoanalytic session, may help patients or clients to feel secure (see Laws, 2009, p. 1830; Callard, 2014, p. 82). While Smith and Tucker (2015) have explored how day centres may be seen by service-users to be 'therapeutic bolt holes'. Hester Parr has explored the ways in which community mental health centres may be seen as being inclusive, and as fostering creativity and wellbeing (Parr, 2006; Parr, 2000). For example, she examines what help art has historically been in enabling marginalised people with mental health issues (including voice-hearers) to represent their own complex experiences (Parr, 2008, p. 110). By exploring how the voice-hearing experience is described through narrative forms, such as poetry, my study also enables voice-hearers to share their own stigmatised experience of voice-hearing. Another cultural geographer Jenny Laws (2013, p. 3) explores the concept of 'mad agency', in terms of the multiple ways in which service-users adopt different forms of work within the context of illness and recovery. She

argues that delusional forms of work, such as a service-user being an imaginary pilot, can provide a sense of purpose for the individual and enhance their sense of recovery. For this reason, I am concerned in chapter 8 to give full weight to the creative methods voice-hearers use to describe their voices, particularly as their narratives have traditionally been dismissed.

The strengths of exploring how hearing a voice is likely to involve spatial awareness is that it made me aware of how space is subjective and imagined for voice-hearers, when they hear voices in spaces within their brain or head space, or in a variety of spaces exterior to the body/mind. However, as there is only minimal research exploring voice-hearing from a geographical perspective, there is still a lot of work that needs to be done. As I have already discussed ‘emotions are widely understood to be contained by the psycho-social and material boundaries through which embodied persons are differentiated from one another and their surrounding environments’ (Bondi et al., 2005, p. 7). In this thesis I aim to pursue my geographical inquiry of voice-hearing by using the framework of the Maastricht approach, introduced earlier, by attending closely to issues of space and place, when I explore the emotional relationships that people have with their voices. In their book *Making Sense of Voices* (2000, p. 67), Romme and Escher argue that it is important for voice-hearers also to be ‘creating boundaries’ with their voices. They suggest that this pattern of relating mirrors actual relationships with people, and they give the example of how when adults bring up young children they are ‘setting limits on bad behaviour’. Romme and Escher (2000, p. 67) suggest that voice-hearers at times need to set boundaries when their voices are saying anything ‘unacceptable’, by ‘immediately sending them away’. Voice-hearers frequently have complex relationships with their voices, which raises the question of if and when they

experience or constitute boundaries in relation to their voices. Further research is required to indicate the ways in which voice-hearers may create a real or an imaginary boundary with a voice, and the impact that this has on their emotions.

1.5 Specific aims of the study

My thesis aims to make a contribution to our understanding of voices by exploring how people make sense of their voices, and using concepts of space to investigate the interaction between voices and emotions. Currently there are few in-depth analyses of voice-hearers' own testimonies (though see Jones et al., 2016; Corstens and Longden, 2013; Beavan, 2007; Suri, 2010), and there is an urgent need to develop more nuanced accounts of the complex emotions experienced by voice-hearers. Building on existing studies of the changing emotional dynamics of voice-hearers in relation to their voices (McCarthy-Jones et al., 2015; Strand et al., 2013; L.-B. Karlsson, 2008; Kalhovde et al., 2013), this thesis uses concepts of space to analyse a wider range of emotions described by voice-hearers in their own testimonies (i.e. not just those thought to be causally implicated in voices), focusing on similarities and differences between specific emotions.

Frequently studies of voice-hearing have focused on the interior of the head (e.g. Waters et al., 2012; McCarthy-Jones et al., 2014b), with voice-hearers perceiving their voice/s as inhabiting a specific location within their brain or head space. Jones et al.'s (2016, p. 330) study undertook 19 in-depth interviews with a sample of individuals with self-reported diagnoses of schizophrenia and/or affective psychosis. They found that 'in many cases, both voices (or other hallucinations) and "delusions" were assigned a physical location, often *within* the body or brain'. In this thesis, I aim to look at how individuals experience their voices and emotions in a broad range of

exterior spaces to their 'brain' or their 'head space', such as other parts of their body, or in a variety of spaces exterior to the body/mind. This is important because hearing a voice is likely to involve spatial awareness, and thus it is helpful for both voice-hearers and researchers to consider further the ways in which different spaces and places may have a bearing on how voice-hearers relate to their voices and their emotions.

My thesis explores the following specific research questions:

- What is the interaction between different emotions and voices?
- What kinds of relationships do voice-hearers have with their voices?
- How do space and place affect how voice-hearers relate to their emotions and their voices?
- Do voice-hearers establish boundaries with their voices and, if so, in what ways and with what consequences?
- How do voice-hearers who come from different ethnic backgrounds negotiate questions of migration, belonging and place – and how do emotions mediate these negotiations?
- How do voice-hearers use embodied practices to express their emotions?

These questions will be investigated through an empirical study, comprising of a series of qualitative interviews with thirty voice-hearers looking at how people make sense of complex voice-hearing experiences.

1.6 Structure and direction of the thesis

In Chapter 2, a literature review, I outline the Maastricht approach that my thesis closes engages with, as I am interested in how voice-hearers try to understand their

voices and emotions in the context of their lives. I then identify the key themes that have been identified to date in qualitative and mixed methods studies of voice-hearing and emotion, which investigate how people relate to their voices in a day-to-day way. In particular, I focus on distressing voices, as many of my participants were frightened and/or distressed by their voices. The Maastricht approach explores the emotional relationships that people have with their voices. In my study I investigate how emotions are a cause/trigger for voices, and then I discuss how emotions are expressed within voices. Also I refer to studies that explore how emotions are a response to voice-hearing.

This research has been conducted by someone who hears voices and is a survivor of mental distress. In Chapter 3 I start by situating my study within service-user / survivor research, showing how my experiences of hearing voices and of accessing support from mental health services informs my work. The 'emphasis of survivor researcher is on personal empowerment, and making broader social and political change' (Beresford and Rose, 2009, p. 18). As Beresford and Rose (2009, p. 18) note, 'in survivor research, participants are involved as much as possible'. As a member of Durham University's 'Hearing the Voice' research project, which has successfully involved voice-hearers and other 'experts by experience' as 'active collaborators in a multidisciplinary programme of research' (Corstens et al., 2014, p. 289), I have been encouraged to share my lived experience of voice-hearing with participants in the research process.

In Chapter 3 I introduce the methods used to undertake this research and explain why a qualitative approach was the best way of addressing my research questions. My thesis responds to the gaps identified in the literature review by pursuing an

empirical investigation comprising qualitative interviews. I describe how I designed the research process, which included getting ethical clearance, recruiting participants, conducting interviews, and analysing the data. I briefly gloss the various methodologies that I considered, such as interpretative phenomenological analysis and grounded theory, and give the reasons why I chose thematic analysis. I also acknowledge the limitations of this qualitative approach. I used vignettes to present my research findings, as these brief descriptions enabled me to explore sensitively people's experiences of voice-hearing, and discuss how they made sense of their voices (see Barter and Renold, 1999).

The remaining chapters present the findings of my empirical work. I start by looking at how people relate to their voices, and then I go on to investigate how people make sense of these experiences. One of my research aims is to explore the different kinds of relationships that people have with their voices. In Chapter 4, I outline biomedical researchers' auditory processing accounts of voice-hearing, which argue that voices are meaningless. I challenge this existing perspective of voice-hearing by exploring what it means to relate to a voice. Some approaches – for example, relational therapies or the Maastricht approach – suggest that voices are unambiguously related to people, with relationships similarly being 'affected by power and closeness' (Hayward et al., 2012, p. 67). My analysis paints a more complicated picture, as I explore different kinds of relationships that voice-hearers have with a single voice, multiple voices (2-3 voices), or indeed a crowd of voices. I am interested in voice-hearers' own agency in these relationships, and whether the agency of a voice determines the kind of relationship one might have with it. I discuss how the typology of voices that I present complicates an account provided by Wilkinson and Bell (2016) of agent-representation in voices.

Another focus of my research is to explore the interaction between different emotions and voices. All but one of my interview participants considered that they had experienced a traumatic experience or adverse life event that they linked to their voices. Chapter 5 follows Romme and Escher, and indeed many theorists, by suggesting that if an emotion is suppressed, then this might become embodied in the voice itself. I extend this research by shedding further light on the complexity of this 'shutting down' of emotion, and the possible psychological mechanisms and strategies involved. Given that many of the participants had distressing relationships with their voices, I also give examples of how trauma impacts on individuals in other distinct ways, with some voice-hearers describing how they dissociated, while others were unable to recall the original trauma, even though they were convinced that it had happened.

Approximately one third of the voice-hearers whom I interviewed were migrants, so in Chapter 6 I am interested in exploring how nine voice-hearers who are migrants and/or from black and ethnic minority backgrounds understand the link between cultural displacement and mental distress, which may include hearing voices. The existing literature indicates the heterogeneity of voice-hearing across cultures (Luhmann et al., 2015; Luhmann and Marrow, 2016; Haarmans et al., 2016); therefore, this is something I want to consider. Western psychiatry does not take into account cultural diversity when interpreting patients' emotions. The psychiatrist and researcher Suman Fernando (2011, p. 254) argues that 'in certain contexts, some beliefs, feelings, conduct or ways of thinking may be deemed pathological if they are "wrong" or "bad" in the light of usual psychiatric practice (i.e. what training instils in the psychiatrist" and general common sense (i.e. ethical values of the diagnostician)'.

In Chapter 6 I aim to take into account cultural diversity when considering participants' range of emotion. Notably, nearly all of the research on psychosis and migration is done within a Western context in liberal democracies (Henrich et al., 2010). Religious and cultural beliefs lead to people holding different understandings of voices. For example, some members of the Muslim community attribute voice-hearing to a person being possessed by jinns (Guthrie et al., 2016). In Chapter 6 I aim to explore the diverse perspectives of voice-hearers from black and minority ethnic backgrounds. In particular, I aim to focus my discussion on culture and religion in the case of people with migration experience, as I am interested in how they are resourceful in using these frameworks that are different from the majority culture to make sense of their voices. As the cultural theorist Lisa Blackman (2001, p. 54) suggests, often ethnic minorities 'are not familiar with the dominant meaning systems', and therefore their attempts to articulate their concerns may not be 'readily accessible to others'. Therefore, I pay careful attention to migrants' own testimonies when exploring how questions of displacement and migration are of particular relevance to understanding the connection between voice-hearing and emotion.

I extend research on migration and psychosis by showing to what extent migrant interview participants' own agency is evident in them choosing frameworks which help them to make sense of their voices and emotions, and/or how they actively negotiate the gaps between their own understandings of voices and those of their family, society and/or the medical establishment. I will also investigate how bilingual voice-hearers related emotionally to voices in one or two languages. Voices can be culturally specific, and speak in the voice-hearers' first or second language, so I will investigate how in both cases voices may embody strong positive or negative

emotions. I will also investigate whether it was possible for bilingual voice-hearers to change the emotional valence of the voice by creating a different relationship with it.

Chapter 7 addresses another of my research aims, which is to explore the ways in which voice-hearers attempt to invoke a boundary or a border with their voices, and how this impacts on the emotional dynamics that are involved in voice-hearing. My interviews found that the experience of hearing voices may disturb or comfort voice-hearers. I will explore how voice-hearers either sought to create more distance from their voices, or conversely invited them into their space. I explore what it means for voice-hearers to engage in an active relationship with their voices in a range of spaces, from the interior spaces of the body or brain, to the interiors of buildings, to external spaces of high emotional significance. Of interest to me is the complex emotional relationship between material and affective spaces in voice-hearers' accounts, and how voice-hearers make use of these spaces to mediate ongoing social relationships with their voices. In particular, I explore what it means for a voice-hearer to rework boundaries in and between these interior and exterior worlds, in order to negotiate power in their relationship with voices. This leads to a discussion of how they experience control or freedom in different sites.

In Chapter 8, I aim to explore how voice-hearers use embodied practices, such as fishing or painting, to mediate a different kind of relationship with their voices. A practice is *embodied*, in the sense that it is felt and experienced by individuals in space. When a person engages in the process of doing an embodied practice such as fishing or painting, emotions are experienced 'as emergent senses of the embodied self [...] constructed in relation to people's surroundings' (Hubbard, 2005, p. 122). Chapter 8 aims to explore individual emotional experience when different

voice-hearers engage in an embodied practice in either a facilitative or a threatening space (i.e. a space in which they feel at ease or troubled). As I have already argued, emotions are embodied, as emotions arise in particular encounters with place. In both spaces that comfort or alienate and alarm, the boundaries of the self may be difficult to define, and I will explore how individual voice-hearers attempt to constitute boundaries in relation to their voices, so that they are less intimidating

In my conclusion, I indicate the ways in which this thesis contributes to current research on voice-hearing and emotion. I also reflect on how this thesis builds on Romme's and Escher's Maastricht approach, by extending an understanding of emotion in relation to their framework. In particular, I will discuss the importance of voice-hearers establishing boundaries with their voices, so as to lessen anxiety and distress. In addition, I indicate how this thesis makes a useful contribution to the field of service-user/survivor research. As a voice-hearer, I have learnt the importance of boundaries, and the potential disadvantages of endless sensory mobilities. Nonetheless, my lived experience has not meant that I have approached the interviews or the analysis of the data with fixed assumptions of what is helpful or unhelpful for voice-hearers; instead I have engaged with other voice-hearers' experiences in an open, reflective way.

CHAPTER 2:

Literature Review

2.1 Introduction

Emotions are an important topic within studies of voice-hearing, which have been conducted in psychology, health research and the social sciences. Questions of distress are particularly important, especially within the clinical contexts and among voice-hearers who are or have been users of mental health services (see Woods et al., 2015; Romme and Escher, 1989; Andrew et al., 2008; Beavan and Read, 2010; Reiff et al., 2012; Honig et al., 1998; Corstens and Longden, 2013). There are still aspects of people's experiences of hearing voices that we do not fully understand, such as how emotions are embodied in voices, or how people emotionally react to their voices. Further work also needs to be done on how voice-hearers create real or imaginary boundaries with their voices. In this literature review, I start by introducing Romme and Escher's Maastricht approach, which is an important orienting framework for my own thesis, because it explores the complex emotional relationships that people have with their voices. I introduce the three-stage model that Romme and Escher proposed to explain the process of hearing voices. Then I outline what is involved in the Maastricht interview approach that Romme and Escher suggest is used to build up a psychological formulation called a 'construct' of the voices, and the problems they represent. Both the interview and the construct are used in therapeutic and some research settings to understand voice-hearers' relations to their voices. I then discuss how the Maastricht interview underpins a lot of Voice Dialogue practice, when voice-hearers are encouraged to have a facilitator

talk directly to their voices. Next I discuss how Romme, his patient Patsy Hage and Escher founded the Hearing Voices Movement, which encouraged the development of a network of peer support groups for voice-hearers, called ‘hearing voices groups’.

I found the studies on voice-hearing and emotions that I discuss in this literature review when I did literature searches entering these key words into the library catalogue, JStor and Google Scholar. I constrained the material by focusing on two bodies of literature. First, I identified the small number of relevant qualitative and mixed methods studies that were conducted by and/or included researchers who disclosed that they heard voices themselves, as this was a service-user-led project. Second, I also reviewed other relevant qualitative and mixed methods studies that investigated the voices and emotions of people who hear voices. I chose not to use quantitative studies, because these generate ‘shallow’ data, with ‘not a lot of complex detail obtained from each participant’ (Braun and Clarke, 2013, p. 4). From the qualitative and mixed methods studies that I selected, I identified three key themes which were: (1) emotions as a trigger for hearing voices; (2) emotions that are embodied in voices; and (3) the emotional responses of voice-hearers to their voices. I show how my research extends this work by exploring the different kinds of relationships and boundaries that voice-hearers have with their voices and emotions. The spatial elements of voice-hearing are of particular interest, and I introduce how I will be exploring the complex relationship between material and affective spaces in voice-hearers’ accounts. I will now begin with a detailed discussion of how Romme and Escher’s Maastricht approach challenges conventional accounts of voice-hearing, and is compatible with other psychotherapeutic approaches. (These varying accounts will be discussed in section 4.2 in Chapter 4.)

2.2 The Maastricht approach

2.2.1 Patsy Hage and Marius Romme

The social psychiatrist Marius Romme and the researcher Sandra Escher (2000, p. 23) reject the idea that voices are 'symptoms', or 'the consequences of illness caused by a biological dysfunction'. Romme, throughout his professional career, had always taken an interest in a social model of mental illness. However, his medical training meant that he understood voices to be symptoms of a 'medical disorder', such as schizophrenia, personality disorder or bipolar disorder. It was not until 1986 when he treated a patient called Patsy Hage from Maastricht, Holland, that he began to question his training.

As Corstens et al. (2008, p. 320) note, 'voice-hearers who come to the attention of psychiatric services are often stuck in destructive communication patterns with their voices'. Hage had heard both troublesome and positive voices since the age of fourteen, but had managed to finish her schooling successfully. It was only when she reached adulthood that her voices became commanding, and forbade her from leaving the house. Hage even acted on their commands at times. She ended up being diagnosed as 'schizophrenic'. When Hage, who was still overwhelmed by her voices, met with her psychiatrist Romme, she related to him that she had read Jaynes' *The Origins of Consciousness in the Breakdown of the Bicameral Mind* (1993), and this informed her that 'before the second millennium BC everyone was schizophrenic'. Jaynes' hypothesis was that as recently as 3,000 years ago humans had bicameral minds where cognitive functions were divided between one part of the brain which appears to be speaking, and a second part which listens and obeys. According to Jaynes (1993, pp. 404-32), ancient people with bicameral minds would

have experienced the world in a way that has some similarities to that of the experiences of those who suffer from 'schizophrenia'. Hage was so influenced by reading Jaynes' book that for a whole year she gently persuaded Romme that the 'schizophrenia' from which she was said to suffer was not a mental disorder. Romme said that his conversations with Hage 'played a large part in persuading me that the voices were not necessarily pathological'.

Sandra Escher, who was then a journalist, arranged for Romme and Hage to appear on *Sonja on Monday*, a Dutch afternoon chat show. The aim of the show was to initiate contact with other voice-hearers in Holland, whether or not they had contact with psychiatry, to find out people's strategies for coping with voices. This brought together 450 voice-hearers, some of whom reported that they had successful strategies for coping with the experience in a questionnaire asking them about their voices. Romme and Escher initially published an article (1989) in which they reported how they invited twenty non-patients to share insights on how they coped successfully with their voices. These individuals were later invited to tell their stories of recovery at the first Hearing Voices Congress in Maastricht in 1987.

2.2.2 Chronological phases of voice-hearing

Based on the 1987 Maastricht conference, subsequent interviews with 300 voice-hearers, and Romme's own clinical experience, Romme and Escher (2000, pp. 60-61) proposed a three-stage model to explain the process of hearing voices: *the startling phase* (intense fear and disorientation with the onset of voice-hearing); *the organisational phase* (the need to find meaning, arrive at some understanding of the voices); and *the stabilisation phase* (the acceptance of and growth with the voices).

The Maastricht approach, as it is known, has been developed by Romme and

Escher over the past thirty years, and aims to help people to accept their voices and to learn to cope with them. Romme and Escher place emphasis on the links between voice content and traumatic / emotional life events. Indeed, they claim that up to 70% of voice-hearing patients, and for 50% of the non-patient voice-hearers, the onset of the voice-hearing experience was clearly connected to threatening or traumatising daily life experiences (Romme and Escher, 1989).

Many psychologists, psychiatrists and social scientists have also identified an association between childhood abuse and adversity and psychosis (Bebbington et al., 2004; Gromann et al., 2012; Janssen et al., 2004; Kelleher et al., 2008; Lataster et al., 2006; Shevlin et al., 2007b; Spauwen et al., 2006; Whitfield et al., 2005). One recent study of voice-hearing and trauma by Birchwood and Connor (2012, p. 24) suggests that 77% of voice-hearers have experienced emotional neglect, 65% have had physical neglect, 62% have been emotionally abused, 47% have experienced physical abuse and 39% have been sexually abused. In order to investigate systematically the content of voice-hearing experiences and their link to traumatic life events, Romme and Escher developed a detailed assessment of voice-hearing experiences, the Maastricht Hearing Voices Interview.

2.2.3 The Maastricht interview

As Corstens et al. (2008, p. 322) note, the Maastricht interview 'is a tool to structure information gathering: it stimulates the voice-hearer to explore their own experience and create some emotional distance from the voices'. In their book *Making Sense of Voices*, Romme and Escher (2000, pp. 37-41) set out how this semi-structured interview examines associations between life history and voice-hearing through exploring the following aspects:

- Voice characteristics
- Content
- What triggers the voices
- The history of voice-hearing and significant events in the life of the voice-hearer
- What impact the voices have on way of life
- Balance of the relationship
- Coping strategies (cognitive / behavioural)

As Romme and Escher (2000, p. 36) note, the interview offers ‘a means of systematically mapping all aspects of the voices to gain more insight’. Usually it is a therapist who asks the voice-hearer these questions, and the interview itself may take up to one and a half hours. Significantly, the link between voices and emotions is explored at length in the interview, with the voice-hearer being asked whether ‘certain emotions’ trigger their voices. A checklist of emotions is provided, including ‘insecurity’, ‘jealousy’, ‘fear’ and ‘grief’. The interviewer then asks the voice-hearer how the voices react emotionally when they experience a particular emotion: e.g. are the voices ‘comforting and helpful or frightening’. Thus, the interview opens up the possibility that the voice may mirror or respond to the emotional state of the voice-hearer. The voice-hearer is also asked to reflect on whether the voice has ‘an effect on the emotion you are feeling, for instance making you more or less depressed – or more or less happy’.

The Maastricht interview has produced a number of training resources for exploring voices, such as *Working with Voices II: Victim to Victor* (2005), by Ron Coleman, a voice-hearer, and Mike Smith, a psychiatric nurse. They ask voice-

hearers to identify emotional triggers for when they hear voices, such as 'grief', 'jealousy' or 'anger', and also about 'the feelings you have to deal with when your voices are at their worst' (Coleman and Smith, 2005, p. 31). Smith and Coleman tentatively suggest that it is important to isolate and identify anger as 'an emotional response to your voices', rather than viewing this as being a symptom of an illness. Further exploration is needed as to how particular emotions are linked by voice-hearers to their voices, and to their past.

It is Romme and Escher's (2000, pp. 23-4) opinion that voices 'represent a social-emotional problem that these people have not been able to resolve', and the interview questions are designed to provide 'a mirror forcing people to look at and think about the voices they hear' (Romme and Escher, 2000, p. 37). They also make a case for voices acting as 'a defence mechanism'. For Romme and Escher, 'voices are both the "problem" and "solution": an attack on identity, yet an attempt to perceive it by articulating and embodying emotional pain' (Corstens et al., 2014, p. S288). Romme and Escher (2000, p. 33) give the example of a person hearing voices after 'the traumatic event of rape', and suggest that 'the voices act as a shield' against the emotions of shame and guilt.

In many other varieties of psychological therapy, engaging people's experiences of previous trauma is relatively rare. Cognitive behavioural therapy has been developed for schizophrenia (Brabban et al., 2009, p. 859), and research has shown that voices often mirror the interpersonal relationships that the individual has with others in the world (Hayward et al., 2012; Dodgson et al., 2015, p. 22). If individuals have experienced an unsatisfactory relationship with a dominant father figure, for example, they may perceive a powerful, omnipotent voice as distressing (Birchwood

and Meaden, 2013, p. 16). Voice-hearers ‘may even experience feelings of despair, guilt and shame, or feelings of hopelessness’ (Hayward et al., 2012, p. 24). Emotions are central then to the practice of cognitive therapy, just as they are to the Maastricht interview, as both endeavour to help a patient be more aware of their emotional response and how they behave in reaction to voices.

The Maastricht interview can be employed to devise ‘a construct’, which is a psychological formulation that attempts to establish (a) who or what the voices represent; and (b) what problems the voices represent (see Longden et al., 2012; Corstens and Longden, 2013). A psychiatrist, Dirk Corstens, and a psychologist and voice-hearer, Eleanor Longden, provide a groundbreaking analysis of one hundred ‘constructs’ in a study (2013) that I will discuss in depth later in this chapter. For now I would like to note that they found meaningful connections between a person’s voice and underlying emotional conflicts in 94% of cases. The construct enables a person to ‘devise more coherent, integrated accounts of their experiences’ (Longden et al., 2012, p. 224). As Longden et al. (2012, p. 224) note, constructing this psychological case formulation ‘may be particularly constructive for clients who do not desire psychotherapy, in that simply establishing links between life events and previously incomprehensible “symptoms” can provide a framework to integrate traumatic, unassimilated experiences into existing representational structures’.⁴

⁴ Psychotherapy similarly encourages a patient to be interested in their own thought processes, including the voices that they hear, so that they are less frightened of them. Emotions are central to a psychoanalytic approach, with the therapist encouraging the patient to develop an ‘internal compassionate and self-soothing stance towards their prior experiences’ and painful thoughts and feelings (Schwannauer and Gumley, 2014, p. 73). Therefore, the validating presence of the therapist helps the patient face, bear and process negative emotions and trauma.

2.2.4 Making a construct

A Maastricht Hearing Voices Interview may also be administered in a prior session or directly before a person is helped with the Voice Dialogue method to make sense of their voices in relation to their life history. Corstens et al. (2008, p. 320) point out that 'it is likely that trauma evokes so much emotion that voice-hearers don't remember what was happening at the time that they started to hear voices'. For this reason they recommend using the Dissociative Experiences Scale (Bernstein and Putnam, 1986) before the Maastricht Hearing Voices Interview, so that the interviewer can gauge the severity of dissociation. Drawing on Jungian, Gestalt and Transactional Analysis traditions, in this Voice Dialogue method, as Corstens et al. (2012, p. 96) describe, a facilitator 'talk[s] directly to voices in order to explore their motives, [and] discover[s] different ways of relating to them'. Voices are seen as being 'like ordinary people', with 'feelings, motives, shortcomings, and opinions'. Corstens et al. (2012, p. 97) argue that 'many voices are angry and malicious', and voices sometimes 'react out of frustration'. The authors understand the voices to be 'selves that relate to overwhelming emotional difficulties in the hearer's life'. According to Corstens et al. (2012, p. 96), the Voice Dialogue method 'facilitates exploration of selves in order to heighten awareness of the various sub-personalities one contains and establish greater control over the thoughts and actions relating to them'.

Despite evidence that the Voice Dialogue method can assist voice-hearers to cope better with their voices, it is an approach that remains highly contentious with mainstream psychiatry. As Corstens et al. (2008, p. 321) note, 'communication about the voices between professional and voice-hearer generally is discouraged. This

behaviour probably originates in the mistaken belief that talking about voices stimulates delusion and that emotions will get out of control.’ It is also thought by some mainstream mental health professionals that voice-hearers ‘listening to the content [of auditory-verbal hallucinations] increases the hearer’s undesirable fixation on this “unreal” world’ (Romme and Escher, 2000, p. 14). However, the popularity and prevalence of the Maastricht approach, which is now used in nearly forty countries across the world, suggests that it does make a helpful starting point for my own study of voice-hearing and emotions. To date those who practise and promote the Maastricht approach have resisted efforts by researchers to undertake randomised controlled trials, and other formal research studies, of this approach, which means that at present it has only a very limited evidence base (though some studies do use the Maastricht interview: for example, see Rosen et al., 2015; Luhrmann et al., 2015).

In promoting ‘a model for working with voices that emphasises their dissociative nature’ (Corstens et al., 2012, p. 97; see also Corstens et al., 2008), the Voice Dialogue method has parallels with psychoanalytic models. In certain traditions of psychoanalysis, it is argued that patients who are voice-hearers, and have been diagnosed with psychosis or dissociative disorders, demonstrate insecure attachments in their relationships. Their interactions with others are likely to be characterised by anxiety. In the cases of those who report abuse or trauma, ‘the natural capacities to distinguish between safety and threat, to become securely attached and engage in all functions of daily life [...] to integrate experience over time, become greatly complicated and confused’ (Steele and van der Hart, 2014, p. 81). Steele and van der Hart (2014, p. 83) have argued that for voice-hearers who have ‘dissociative attachment’, these ‘dissociative parts are fixated in traumatic

memories' that are frozen in what they describe as 'trauma time'. This may be the case for voice-hearers who are insecurely attached. Therefore, the psychanalyst works with the patient to create a secure, solid base by building a trusting relationship with them, and helps this patient to build more secure relationships with their family and friends. The patient is also encouraged to become less afraid of their voices, and to see them as 'emotional parts of the personality', and to accept these 'dissociated parts' as parts of them.

2.2.5 Hearing voices groups

Voice-hearers also seek support from peer support groups for voice-hearers, known as 'hearing voices groups'. The Hearing Voices Movement emerged as 'a web of self-help groups offering assistance to troubled voice-hearers' (James, 2001, p. 6). In England there are now over 180 hearing voices groups held in a range of settings, including mental health services, inpatient units and prisons. Over the past twenty years hearing voices groups have been set up throughout Europe, North America, Australia and New Zealand, with 'emerging initiatives in Latin America, Africa, and Asia' (Corstens et al., 2014, p. S285). Over the past few years a World Hearing Voices Congress has been held in a different country each year, with last year's eighth Hearing Voices Congress being held in Paris, France, which was attended by nearly 800 delegates. The 'main tenet of the HVM is the notion that hearing voices is a meaningful human experience' (Corstens et al., 2014, p. S285). However, within this movement members have a diversity of explanations (e.g. spiritual, telepathy, psychological) for what voices represent. In the book *Living with Voices: 50 stories of recovery* (2009), Romme, Escher, Jacqui Dillon, a voice-hearer, Dirk Corstens, a psychiatrist, and Mervyn Morris, a psychiatric nurse and researcher, illuminate some

of the frameworks through which narratives of recovery can be created. This book also presents 50 stories of individuals who have learned to cope well with their voices. In the hearing voices groups, individuals are encouraged to develop strategies for coping with their voices, and this may include helping the voice-hearer to make connections between their voices and their emotions. Four of the participants in my study were regular members of hearing voices groups. Paul said how he thought that ‘there should be more hearing voices groups set up, so that voice-hearers can go and talk to people’.

2.2.6 Challenges to the Maastricht approach

The Maastricht approach, which includes various therapeutic interventions such as the Maastricht Hearing Voices Interview, formulating voices with a construct, and Voice Dialogue, does not stand in for all ways of meaningfully interpreting and understanding someone’s voices, including within the Hearing Voices Movement. Indeed, not all voice-hearers would agree with Romme and Escher that voices arise from emotional trauma. For example, some voice-hearers report hearing God or another deity speaking audibly, and they interpret this voice-hearing experience within a religious or spiritual framework of understanding. The psychologist McCarthy-Jones (2013, p. 168) suggests that these ‘are hence not primitive ways of understanding voices, but complex systems designed to allow individuals to cope with their experience’. In some cultures, voice-hearing experiences with a religious content may be a normal part of religious experience (Luhrmann on American Evangelicals, 2012).

Romme and Escher, whose Maastricht approach will be particularly central to my research, have also been criticised by researchers, such as the psychologist Gail

Hornstein (2009), for not adequately specifying what it is that they mean by ‘trauma’, and for providing a model that is too generalised in terms of the connections that it draws between trauma and voice-hearing. Also, Romme and Escher arguably do not adequately consider the issue of how space and place affect how voice-hearers relate to their emotions and their voices. In the book *Making Sense of Voices* (2000, p. 67), they argue that boundaries with voices are important, just as they are in real world relationships. In another book, *Accepting Voices*, Romme and Escher (1993, p. 199) tell voice-hearers that crucial to ‘learning to manage’ voices is ‘giving them a specific time and place in the context of life as a whole’, as it is ‘essential to gain as much personal control as possible’. This reiterates the point that was made earlier in the discussion of the Maastricht Hearing Voices Interview, that the ‘balance of the relationship’ with the voices is important. For as Romme notes elsewhere, the voice-hearer needs to feel that he or she ‘takes back power’ from the voices, in order for it to ‘become possible to change the relationship with the voices’ (Romme, 2009, p. 21). This thesis will extend an understanding of emotion in relation to Romme and Escher’s framework, while considering further if and how voice-hearers experience or constitute boundaries with their voices.

Research into the experience of hearing voices has primarily focused on cognitive mechanisms, and/or the relationship between voices and thoughts. The study of the role of emotions in the experience of hearing voices has been relatively neglected. Trauma-related emotions such as guilt and shame appear central to many instances of voice-hearing (McCarthy-Jones, 2013; 2017). Given that voice-hearers are likely to have experienced highly emotional events, it is important to explore how voice-hearers come to react to emotions. As Simon McCarthy-Jones notes, there are three potential roles for emotions in voice-hearing experiences. They could be a cause

(Slade, 1976; Romme et al., 2009), a maintenance factor (Morrison, 1998), and/or a consequence of voice-hearing experiences (Norman et al., 1998; Peters et al., 2012; Turner et al., 2013). In this literature review, I will explore how emotions are a trigger for voices, and how emotions are embodied in voices. I will also outline the different ways in which voice-hearers emotionally respond to their voices. As I noted in section 1.2.2, cognitive models of auditory-verbal hallucinations (Chadwick and Birchwood, 1994; Peters et al., 2012) have focused on examining how beliefs about voices determine the emotional consequences of the experience. As a result, the potential for emotions to be triggers in the development of voices has been relatively neglected. Nevertheless, some researchers such as Romme et al. (2009), and McCarthy-Jones (2017) have argued for such a relation.

2.3.1 Emotions as a cause or a trigger for voices

Several qualitative and mixed methods studies offer rich accounts of emotions being a cause for people hearing voices, and I will now discuss possible gaps in these studies, and how my thesis will extend this literature. Kalhovde et al.'s (2013) qualitative study investigated how fourteen people diagnosed with mental illness understand the experience of hearing voices and sounds. The interviews were analysed using a hermeneutic phenomenological approach, which provides a rich textured description of lived experience. A number of the participants associated 'feeling bad' or having a 'bad period' with 'being overcome by crises or trauma, being depressed, anxious or "in psychosis"' (Kalhovde et al., 2013, p. 1474). As well as viewing challenging external circumstances as being triggers for voices, the study argues that 'most participants experienced the voices as echoing and amplifying previous, mainly traumatic experiences' (Kalhovde et al., 2013, p. 1477). One

woman described how a relative had bullied her, and that she came to hear his voice ('He tries to govern the whole planet... He thinks I'm dense') (Kalhovde et al., 2013, p. 1473). Here the woman's all-powerful voice is very critical, which distresses her. No further individual examples are offered in this study to support the link between trauma and voice-hearing. Further work is needed to consider the ways in which voice-hearers connect their voice to difficult events from childhood and adulthood, and in my own study I will be cross-comparing a large number of examples.

Reiff and colleagues (2012, p. 362) conducted interviews with thirty voice-hearers, aged 18 to 65 years, who had either experiences of both childhood physical abuse (CPA) and childhood sexual abuse (CSA), or neither CPA nor CSA. The participants were also court-ordered to outpatient treatment in New York State, or were discharged from a psychiatric inpatient hospitalisation within the three months prior to the interview. Just over half of the sample was male (56.7%), and most were racial/ethnic minority groups (63.3% black, 26.7% Hispanic, 33.3% white). The interviews lasted two to three hours face to face, and involved a detailed child abuse questionnaire in addition to semi-structured interview guides. Reiff and colleagues (2012, p. 360) noted how a number of voice-hearers made 'subtle associations' between the early trauma and the voice that they heard. The authors comment that those participants who reported the experience of rape in which they were 'overpowered and hurt' also heard voices in which they were 'being held against her/his will, experiencing others as threatening and controlling'. For example, Case D mentions 'characters that "want my body", and feeling afraid and helpless'. It is not clear whether 'characters' here is referring to voices, or if this is a reference to a delusion of some kind, as this study considers both voices and delusions (Reiff et al., 2012, p. 360). Reiff and colleagues (2012, p. 356) argue that the 'clinical implications

of such an association [between early life trauma and voices] is serious'. They urge healthcare professionals to 'consider the possibility that these symptoms may be actual or symbolic representations of early experiences' (Reiff et al., 2012, pp. 356-7). Nonetheless, the discussion of these case studies does not consider the emotional dynamics of the voices, and this will be an area of inquiry in my study.

Corstens and Longden's (2013, p. 270) study was a data synthesis from 100 clinical cases (80% with a diagnosis of schizophrenia, or other psychotic disorder), in which Romme and Escher's 'construct' method (2000) (introduced in section 2.2) was used 'to formulate voice-hearing content and characteristics in relation to life events'. The inclusion criteria were that the participants were over eighteen years old, English-speaking, and were in receipt of statutory psychiatric care. All were hearing voices that were causing significant emotional distress, and/or impairing social or cognitive functioning, within one week of the constructs being made. The five main themes that were considered in the 'construct' were voice identity, characteristics and content, triggers, history of voice-hearing, and personal history of the voice-hearer. This included the authors asking voice-hearers 'what social and/or emotional problems may be embodied by the voices' (Corstens and Longden, 2013, p. 271). Corstens and Longden aimed to differentiate between 'acute stressors that directly precipitate voice-hearing onset and developmental events (e.g. starting a new job) that created vulnerability for emotional crisis' (Corstens and Longden, 2013, p. 271). This is a really salient distinction that I will discuss in more depth later in my thesis. By identifying triggers for the voices, the authors were investigating 'what aggravates or elicits the voices', as this was 'relevant for understanding their emotional dynamics, as well as the underlying problems associated with them' (Corstens and Longden, 2013, p. 274).

Corstens and Longden noted that many of the voice-hearers in the chronic psychiatric population interviewed had not previously reflected before on this psychosocial dimension to their voice-hearing. Yet many of these voice-hearers were motivated to make sense of their voices when interviewed for these 'constructs'. As the authors recognise, a limitation of this study was that there was insufficient exploration of the voices of those participants which 'could not be formulated in psychosocial terms' (Corstens and Longden, 2013, p. 282). In the study, 59% of the voice-hearers interviewed heard 'negative and malicious voices' (Corstens and Longden, 2013, p. 275). They also note that 79% of voice-hearers experienced 'negative emotional impact only' when hearing voices. They then single out specific emotions when they state that in 76% of cases voices are triggered by emotions, such as guilt, shame, sadness or anxiety (Corstens and Longden, 2013, p. 278). While the authors (2013, p. 278) stated that precise 'emotions elicited or exacerbated voice presence', they did not expand on this. There is another key way in which emotions could play a role in the experience of hearing voices. Emotions could come to be embodied in voices, and could influence what the voices say.

2.3.2 Emotions expressed within voices

It has long been contended that the content of hallucinations can reflect emotions that precede them (Garety et al., 2001). More recently, Corstens and Longden (2013) found that the content of 94% of the voices heard by people diagnosed with schizophrenia could be related to earlier emotionally overwhelming events. Corstens and Longden (2013, p. 279) argued that underlying problems embodied by the voices included the expression of anger (60%), shame and guilt (60%). Here the authors describe how one or more emotions manifest in/as voices, that they view as

being ‘associated with genuine people [...] they “are” not the real persons, but represent an internal emotional world’ (Corstens and Longden, 2013, p. 281). This ‘voice emergence’ is linked ‘to a range of social and emotional vulnerabilities, the most common being problems with self-esteem, anger, shame and guilt: which in turn were linked with previous adverse experiences’, such as sexual abuse or family conflict (Corstens and Longden (2013, p. 280). The authors argue that emotions are both the trigger for voices, and are embodied in the voice-hearing experience itself. Further work is required to tease out this complex set of relations, which may involve a broader range of emotions than is specified in this study.

Understanding the way that voices embody emotion was a similar gap in Rochelle Suri’s study (2010, p. iv), which involved qualitative interviews with a much smaller sample of just eight adult participants across Europe and the United States, who had been in remission from ‘schizophrenia’ for more than one year. They needed to be interested in exploring their voices. The study found that for the majority of participants, ‘voices were mirrors of their feelings and emotions’ that they might not have been aware of, or have recognised immediately (Suri, 2010, p. 125). For example, one participant, Lisa, hears negative, loud voices that she believes ‘reflect feelings that I cannot articulate’ associated with the sexual and physical abuse that she claims to have experienced as a young girl (Suri, 2010, p. 70). Suri argues that the voices contain the anger from which Lisa is dissociated, and in this way the voices provide ‘an avenue for self-expression’ (Suri, 2010, p. 71). In considering the dissociative mechanism that underpins voice-hearing, where the emotion of anger gets projected into Lisa’s voices, Suri is outlining a conceptual model that I will discuss in more depth in Chapter 5 when I explore how emotions may be split off into the voices that the participants hear.

Another of Suri's interview participants, Jim, relates his voices to the emotion of guilt that he experienced as a result of alleged childhood sexual abuse. However, Suri does not explore how Jim relates his voice to the emotion of guilt; we only learn that it was very helpful for him to work with his voices to free himself of this guilt, so that he found his emotional 'innocence once again'. This took the malicious power out of his voices, so that they no longer distressed him (Suri, 2010, p. 97). Suri did not provide more information on how this change occurred, which is a limitation of the study.

McCarthy-Jones et al. (2015) conducted a qualitative study of eight women's experiences of hearing voices, all of whom lived within patriarchal social environments. Inclusion criteria were that the participants self-identified as women, were English-speaking, aged between eighteen and sixty-five, had personal experience of voice-hearing, and capacity to consent. Semi-structured interviews were conducted with the women; then interpretative phenomenological analysis was chosen as the method used to analyse the data. This method aims to move beyond a 'subject-object divide', so as to understand 'reality' as being 'repeatedly co-constructed', with the women making sense of their 'reality' in relation to other people (McCarthy-Jones et al., 2015, p. 5). I discuss interpretative phenomenological analysis further in the next chapter, where I outline different research methodologies. A key finding of McCarthy-Jones et al.'s (2015, p. 6) study was that all of the women heard 'mainly hostile, critical, and angry voices', which they linked to childhood adversity or abuse. Many of the women, though not all, linked their negative, critical voices with someone known personally to them. For example, Kim describes how her 'evil' abusive voice was that of her abuser (McCarthy-Jones et al., 2015, p. 7). Several researchers have explored how voice-hearers' relationships with their voices

reflect their relationships with other people in their social world (McCarthy-Jones et al., 2015; Birchwood et al., 2000; Hayward, 2003).

Taking gender as its focus, McCarthy-Jones et al.'s (2015) study highlights the fact that its female participants lived in a society with patriarchal social and cultural systems (like the church) where they felt stigmatised, devalued and unable to express themselves freely. In Chapter 6, I consider how religious and cultural systems have an impact on the experience of hearing voices. A key finding in McCarthy-Jones et al.'s (2015) study was that the women's 'expression of strong emotion was not socially accepted' within their immediate communities (McCarthy-Jones et al., 2015, p. 8). Some of the women reported their experience of not being listened to, and how their emotions managed to get expressed in their voice-hearing experiences. For example, Helen would feel anger in her home environment, and it was here that she would hear a little girl's voice that she then linked to her anger: 'So yeah, that's where she comes from. And the kicking and screaming, I really wanted to "grrrr!", and couldn't you know (laugh)...' (McCarthy Jones et al., 2015, p. 8). Helen does not say what the provocation is for this voice, or how often it gets triggered. The women also reported how their voice-hearing experiences were linked to their experience of trauma, as is reflected when the women report emotional abuse. As was the case with Strand et al.'s (2013) study, this study found that voices reflected voice-hearers' relationships with other people in their social world, such as family members (particularly mothers) and partners 'who the women felt were implacably critical, blaming, controlling, and pressing for achievements' (McCarthy-Jones et al., 2015, p. 8).

Daalman et al.'s (2012) study investigated the relation between characteristics of voices, especially emotional valence of the content of voices, and childhood trauma. They studied the voices frequently heard by 127 non-psychotic individuals, 124 healthy controls, and 100 patients with a psychotic disorder. Childhood trauma was assessed with the help of a Childhood Trauma Questionnaire, which asked participants if they had experienced emotional abuse, physical abuse, sexual abuse, emotional neglect and/or physical neglect. Inclusion criteria were that the non-psychotic individuals did not meet criteria for a DSM-IV diagnosis, and heard a voice at least once a month, with the minimum duration since onset being one year. The patients with a psychotic disorder all had a clinical diagnosis, and this was confirmed by an independent psychiatrist. Notably, the authors found that 'no type of childhood trauma could distinguish between positive or negative emotional valence of the voices and associated distress' (Daalman et al., 2012, p. 2475). Daalman and colleagues (2012, p. 2476) did find striking differences in 'the emotional valence of the content' of the voices, with non-psychotic individuals hearing 'voices with a positive or neutral emotional content', while psychotic patients hear voices with 'a negative emotional content'. Unlike Reiff et al.'s (2012) study, Daalman and colleagues (2012, p. 2479) found 'no significant relationships [...] between sexual abuse and emotional abuse and AVH (auditory-verbal hallucinations) characteristics, such as frequency, duration, location, loudness' and so forth. But then no examples were provided of the kinds of voices heard by the participants. In Chapter 5 I present detailed examples that demonstrate an association between different specific childhood traumas and voice content, as well as the interactions between voices and emotions.

A criticism that is commonly made of studies of trauma and psychosis is that accounts of trauma are always retrospective, and this leads to the veracity of psychotic patients' reports being questioned. For example, in Reiff et al.'s (2012, p. 360) study, seven out of the twenty-one cases who reported abuse did not report this abuse to anyone at the time of the event/s. The authors addressed this potential bias by looking at medical charts for reports of trauma, in addition to listening to patients' self-reports. They linked non-disclosure of trauma to the participants' lack of trust, and interestingly also found that the abused group of voice-hearers often under-reported their voices, because of 'patients' perception of the way doctors may respond to them' (Reiff et al., 2012, p. 360). They argue that this fear 'seems to correspond with the response of others at the time of their childhood trauma' (Reiff et al., 2012, p. 360). Significantly, a number of studies have found that psychotic patients' retrospective accounts of trauma are reliable (Fisher et al., 2011; Meyer et al., 1996; Read et al., 2003). Other studies have noted how under-reporting abuse (particularly sexual abuse) is a possibility, due to shame or feelings of guilt (Graham, 1996; Goldman and Padayachi, 2000). Shame and guilt may be important in many voice-hearing experiences. In examining the relation between emotions and voice-hearing, it is important to ask how voice-hearers react emotionally to their voices.

2.3.3 Emotions as a response to voice-hearing

As I noted in section 1.2.1, people may hear positive and/or negative voices. Hearing predominantly negative voices that one cannot cope with leads to an illness state. McCarthy-Jones (2013, p. 184) notes that people 'who were disturbed or upset by their voices were more likely to have voices that talked or argued with each other,

voices that commented on them, to hear voices that talked for longer, disturbed their contact with others, took over their thoughts, and over which they had less control'.

Vanessa Beavan's mixed methods study (2007) addresses the emotional impact that voices had on participants. My discussion here will focus on the qualitative part of this study, in which semi-structured interviews were conducted with fifty adult voice-hearers in New Zealand. Beavan conducted a thematic analysis of the data, which involved her 'group[ing] the responses into immediate and enduring emotional responses, including positive and negative reactions, surprise and acceptance' (Beavan, 2007, p. 131). One of the explanations that the Beavan (2007, p. 119) study gave for voice-hearing was interpersonal trauma. The study listed different types of childhood trauma reported by participants to have occurred (such as emotional abuse, and trauma relating to developing identity, such as a period in foster-care). Beavan's participants report in the interviews a range of individual emotions in conjunction with voice-hearing experiences, which include 'sadness/dejection', 'feelings of helplessness and dejection', or 'joy and happiness'. One participant called Olivia stated that the voices 'just make me angry, not really sad' (Beavan, 2007, p. 134). Beavan stated that seven out of fifty of the participants connected voices with anger, but no further examples were given that could have provided a point of comparison. My thesis aims to probe further why different emotions were triggered, and how they were processed. Beavan (2007, p. 189) notes that 62% of all 50 participants reported some difficult or traumatic event, and half saw this as being a trigger for their voices. However, she did not directly ask interview participants about their trauma history, or if they connected their voices to difficult life events in childhood or adulthood.

A mixed methods study conducted by Nicky Hartigan et al. (2014) examined how thirty-two voice-hearers related to a predominant voice, using a 19-item measure questionnaire called the 'Voice and You' scale (Hayward et al., 2008). This is a measure based on Birtchnell's Relating Theory (Birtchnell, 1996; Birtchnell, 2002), which focuses primarily on issues of proximity and intimacy, and offers a framework capable of exploring the power and intimacy within the relationship between the hearer and the predominant voice. The authors found that for most of the participants there was 'no significant change in malevolence or omnipotence [of the voice] over time, despite there being a trend toward a reduction in both the amount of voice-related distress and voice-related disruption' (Hartigan et al., 2014, p. 120). It was suggested that the distress caused by voices reduced because voice-hearers were attending a hearing voices group, where presumably they had a safe space to share their experiences with others, and to receive support. A serious limitation is that the study focuses on their relationship with a predominant voice, and does not consider relationships with multiple voices.

Jennifer Strand et al. (2013) in a qualitative study also explored how twelve individuals with psychosis made sense of their voices. Inclusion criteria were that participants were over the age of eighteen years, and they had experienced psychosis. All were currently patients at a psychiatric outpatient unit specialising in psychosis in the south of Sweden. Semi-structured interviews were conducted with participants, and the data were analysed using interpretative phenomenological analysis. The study was particularly interested in the kinds of relationships that voice-hearers have with their voices. For example, three of the voice-hearers experienced voices that had a commanding content. These instructive voices were viewed as being an emotional consequence of the voice-hearers having had

intrusive relationships with dominating caregivers (Strand et al., 2013, p. 111). Power play in relationships was investigated, with some of the voice-hearers reporting how their voices had a grandiose content. This study suggested that grandiose voices develop as a compensation for voice-hearers having a 'lack of relationships', and feeling 'low self-worth and powerlessness' (Strand et al., 2013, p. 109). The study did not probe further how the voice-hearer might be splitting off their feelings associated with low self-esteem and loneliness, or how this relates to voices that have a grandiose content.

Interestingly, the Strand et al. study (2013) noted that some of the voice-hearers also heard voices that had a supportive content. People who have voices with a positive content are more likely to have a positive reaction to their voices. In the Strand et al. (2013) study, none of the participants wished to be rid of these positive voices that were 'a substitute for support from a real-life person or as compensation for self-agency' (Strand et al., 2013, p. 113). Similarly, L. B. Karlsson's study with twenty-two voice-hearers from five different focus groups found that voices could be 'personal and sometimes obtrusive', or otherwise 'a help or comfort to the voice-hearer' (Karlsson, 2008, p. 369). As with the previous studies, the voices were conceptualised by the participants as belonging to a social world, that is 'to both fictitious and real-life persons, to the living and the dead, or [voices] were considered to be the voices of gods, demons, evil or good spirits'. The study recognised that 'the voices could change character and number over time' (Karlsson, 2008, p. 368). The supportive content of some voices illustrates a point made by Berry et al. (2012, p. 288) that voices may function as attachment figures for people with psychosis if their social network has diminished. We still do not know enough about how voice-hearers

relate to or have relationships with their voices, and this is another gap in the knowledge which this thesis aims to fill.

- **Boundaries in relation to voices**

Earlier in this chapter I mentioned how Romme and Escher (2000, p. 67) recommend that voice-hearers work at 'creating boundaries' with their voices, as this may lessen their distress. Further work is required to ascertain how invoking a boundary with a voice may be a way of the voice-hearer establishing more control, and even changing their emotional response to their voices. Beavan believes that exploring voice content is a way of 'understanding and ameliorating the distress experienced by some voice-hearers' (Beavan, 2007, p. 195). However, I would argue that we also need to pay attention to the spatial dynamics involved in the voice-hearing experience, and explore the way in which voice proximity and intrusiveness might be distressing for some voice-hearers. If the voice-hearer is able to invoke a boundary with their voices, then how does this help them to cope? While Beavan does investigate some coping strategies for voices, this does not include asserting spatial boundaries. In another publication based on her study (2011), Beavan presented the findings of fifty semi-structured interviews with voice-hearers. Notably, one of the themes that emerged from the data was that voice-hearers' 'relationship evolves and changes with voices'. Beavan notes how 'people take an active role' in this, 'calling on their voices when needed and setting limits around when it is appropriate for the voices to come to them' (Beavan, 2007, p. 67). However, no comparison is offered as to the different boundaries that voice-hearers established or negotiated with their voices.

The psychologist, anthropologist and voice-hearer Nev Jones and her colleagues conducted a service-user-led qualitative study (2016) that explored the subjective experience of agency in the onset and early development of psychosis. This study involved interviews with 19 participants who were aged over eighteen and English-speaking, and self-reported diagnoses of schizophrenia and/or affective psychosis. While the study did not focus on emotions, it did find that some of the participants had 'heightened anxiety' that 'segued into psychosis' (Jones et al., 2016, p. 327). Jones et al. observe that some participants attempt to 'block certain experiences (such as demons or intrusive voices)' with 'the erection of "magical" physical boundaries' (Jones et al., 2016, p. 331). However, only one example is given of a voice-hearer asserting a boundary with her voices, when Penelope said that 'sometimes I can try to push people out of – not completely out of my head, but to a different area of the brain or to a different area of the cavity in the skull' (Jones et al., 2016, p. 331). This is a way for the voice-hearer to attempt to reduce the distress or anxiety that their voices create for them. The authors note that studies of psychosis do not investigate how voice-hearers' struggle 'to draw the boundary between "them" and "their symptoms"' (Jones et al., 2016, p. 333). Building on Jones' research that begins to map agentic ways in which voice-hearers are invoking 'various forms of physical or "embodied" control' in their framing of the voices (Jones et al., 2016, p. 332), in Chapter 7 I will provide a broader range of examples to illustrate the breadth and diversity in terms of how boundary-setting is happening with voices, and how emotions come into play.

- **Emotional responses to voices changing over time**

Despite an increasing volume of cross-sectional work on voices, more work is needed on the developmental progression of voices, and how people's emotional reaction to their voices may change over time. The psychologist Mark Hayward et al. (2014b) in a qualitative study of twelve voice-hearers explored the relationships that people develop with the voices they hear. Inclusion criteria were that the voice-hearers were English-speaking, aged between 29 and 69 years, had personal experience of voice-hearing, and capacity to consent. People were invited to participate regardless of the duration of their voice-hearing and involvement with mental health services. The study involved semi-structured interviews with the participants, which were then analysed using the method of thematic analysis. Some of the voice-hearers engaged 'in some form of to-and-fro dialogue' with their voices. An example was given by a voice-hearer, when Steven said 'I used to speak to them [the voices] through my head, they used to respond' (Hayward et al., 2014b, p. 5). Hayward et al. also noted that some of the voice-hearers so resented the presence of the voice/s in their life that they could not accept that they had a 'relationship' with it (Hayward et al., 2014b, p. 5). For example, one voice-hearer would block the auditory channels through which voices were heard by humming (Hayward et al., 2014b, p. 7). Other voice-hearers found it hard to invoke a boundary with their voices, so that the relationship became 'a struggle for dominion'. No examples were provided of this. As my own study is looking at the emotional dynamics of space and place with regard to voice-hearing, I will give examples of the successes and failures voice-hearers have in trying to invoke a boundary with their voices at various points within their lives. Hayward et al.'s (2014b, p. 9) study also noted that relating socially to people, and to voices, has many parallels. They recommended that further

research be conducted about how voice-hearers' relationships with voices develop over time.

A study conducted by de Jager et al. (2016) also investigated the changing nature of the relationships that voice-hearers have with their voices. This qualitative study was conducted with eleven voice-hearers. Inclusion criteria were that voice-hearers were English-speaking, had current or a historical experience of voice-hearing, and capacity to consent. Semi-structured interviews were conducted, and a timeline was used to indicate when voices first started. Open-ended questions were also asked, with counselling skills used to elicit further information regarding participants' experiences. Narrative analysis was chosen as the method for analysing the interview, as this privileges knowledge gained from first-person accounts, while focusing on the role of the researcher in the construction of meaning (Riessman, 2005). This study compared (a) the recovery approach promoted by the Hearing Voices Movement, where there is a 'turning toward' voices, with voice-hearers 'developing a normalized account of voices, building voice-specific skills, integration of voices into daily life'; and (b) 'turning away/protective hibernation' from voices, which involved 'harnessing all available resources to survive the experience, with the importance of a biomedical approach being emphasised where medication was taken to suppress voices (de Jager et al., 2016, p. 1409). This spatial dimension of turning toward voices is a really important idea for my own study, as I will be exploring whether participants accept voices, and in so doing build a better relationship with them.

A key finding for the first group who turned toward their voices was that 'participants learned to interact with their voices in healthier ways over time, similar

to changing a relationship with a social other' (de Jager et al., 2016, p. 1415). This included developing an 'ability to place boundaries around interactions with voices'. Across both groups it was noted that managing mood and 'learning how to manage anxiety' were important, as many participants commented that 'voices amplified existing anxieties or vulnerabilities' (de Jager et al., 2016, p. 1416). For example, one voice-hearer in the first group who turned toward their voices, described how 'it's [the voice-hearing] got to do with when I've got myself under pressure ... it only comes on now if I get overtired' (de Jager et al., 2016, p. 1415). In order to develop a healthier way of interrelating with voices, this group of voice-hearers needed to develop 'a positive sense of self', which involved voice-hearers reporting how they were 'less angry', although no examples were given of circumstances where this was the case. Most of the voice-hearers in the second group who did not engage with their voice/s remained frightened of them. In my own study, I will be cross-comparing a large number of examples of where voice-hearers experience an intrusive relationship with their voice/s, and attempt to invoke a boundary with them. I will now summarise the central gaps in the literature that I have discussed in this review, and how my thesis aims to contribute to and extend this literature.

2.4 Concluding comments

This chapter introduced the Maastricht approach, and how this explores the power balance of the relationship that the voice-hearer has with their voices. I indicated how in my study I will be exploring in more detail than previous studies (i.e. Beavan, 2007; Beavan, 2011; Jones et al., 2016; Hayward et al., 2014b) the boundaries that voice-hearers may create with their voices. This outline of the Maastricht approach was followed by a review of the few detailed studies of voice-hearing and emotion,

which highlights how more nuanced ways of understanding are needed for how emotion is related to voice-hearing. In these studies the analysis of emotion has up till now been somewhat one-dimensional, for although different studies (e.g. Beavan, 2007; Corstens and Longden, 2013) report lots of different individual emotions, the way in which emotions trigger voices is not investigated in detail.

These previous studies foreground links that voice-hearers themselves make between traumatic life events and voices. In them, voice-hearers reflected on how specific types of adverse events (e.g. abuse, neglect, bullying) were linked to their voices, which were themselves frequently negative. The studies were interested in how voices reflected voice-hearers' relationships with other people in their social world, with a particular emphasis on how abusive talk by voices echoed critical family members, partners or former abusers. There is a limitation in this approach, in that we do not yet know enough about how voice-hearers relate to or have relationships with their voices. A serious limitation of the Hartigan et al. (2014) study is that it focused on the voice-hearer's relationship with a predominant voice, and did not consider their relationship with multiple voices. In order to develop richer accounts of emotions in voice-hearing experiences, in chapter 4 I will attend closely to the particular qualities of the agents and entities that they evoke. This will enable us to explore how different kinds of voices (e.g. a deity, or a relative) may say different things and provoke very varied emotional responses. It will also be important not to limit analysis only to voices, which are bullying or abusive in nature, but consider the variety of ways in which voices might contribute to voice-hearers' emotional experiences. The emotional dynamics of voice-hearing is the focus of this analysis, as the study of the relationship between voices and emotions has been relatively neglected.

Some of the studies also considered how specific emotions are embodied in voices, such as anger or sadness, in different ways. Kalhovde et al. (2013), Corstens and Longden (2013), and Suri (2010) were interested in how the voices embody an emotional conflict relating to previous trauma, whereas McCarthy-Jones et al. (2015) explored how voices enacted the strong emotions that women were prohibited from showing as they were constricted by the oppressive roles that related to their gender. Given that all kinds of oppression are being linked by McCarthy-Jones et al. (2015) to voice-hearing, trauma may be too narrow a word to describe these experiences. This links back to Hornstein's earlier point that 'trauma' is hard to define, for she criticised Romme and Escher's Maastricht approach as being too generalised in terms of the connections that it draws between trauma and voice-hearing. Perhaps it would be more appropriate to refer to the kinds of oppression and difficulties experienced by voice-hearers as 'difficult experiences' from childhood or adulthood. This is the description that I used when I recruited participants for my study.

There is some nuanced discussion in the Strand et al. (2013) and Beavan (2007) studies as to how there are different kinds of emotions at play in voices, such as hearing a loving or a comforting voice. Nonetheless, positive emotions or negative emotions tended to be clustered together, which was a limitation of these studies. My thesis aims to extend this literature by exploring both emotional / traumatic events (e.g. a suicide) that may trigger voices, as well as developmental events that create vulnerability for emotional crisis. I will also analyse in more depth how the voices embody emotion, and how this is processed. I also aim to show if there are links to any specific emotional / traumatic experiences in childhood or adulthood.

As we have seen, voice-hearers have complex emotional responses to their voices. Many of the voice-hearers in the studies that I discussed heard a mixture of positive and negative voices, although negative voices predominated. Those who experienced malevolent voices were often caused significant distress, and this frequently led to them seeking help from mental health services. Conversely, the people who had a positive emotional relationship to their voices were more likely to have voices with positive content, which acted as a helpful guide. Some of the earlier studies have shown how when a voice-hearer invokes a boundary in relation to their voices this helps them to feel more in control. For example, Hayward et al. (2014b) and de Jager et al. (2016) considered how boundary-setting helped voice-hearers to change their relationships to negative voices over time, so that they were less frightened of them. This has relevance to my own thesis, as I will be showing how voice-hearers coped with voice proximity and intrusiveness by learning to assert boundaries with voices over time, so that they were able to cope better, and experience a positive emotional reaction. I will explore how voice-hearers respond emotionally to warm voices. Jones et al.'s (2016, p. 8) service-user-led study is interested in how voice-hearers create their “magical” physical boundaries’, and I will give examples that illustrate greater breadth and diversity in terms of how boundary-setting happens with voices. I will do so in a broader range of spaces exterior to the body/mind, as well as in interior spaces. Does the voice-hearer invoking control in their framing of the voices reduce the anxiety or distress that their voices create for them? Do their voices become kinder in particular spaces or places?

The majority of the studies that I discuss offer rich, illuminating accounts of unusual and sometimes very frightening experiences. Interpretative phenomenological analysis, or a variation thereof, was used as the methodology for

several of the studies that I have discussed, which involved exploring participants' individual 'experience of a given phenomenon [...] with a depth and rigour which might allow them to identify the essential qualities of that experience' (Smith et al., 2009, p. 12). A limitation of this theoretical approach is that it suits a small sample group, and it aims for the sample to be a homogenous group. However, my study has involved a much larger number of thirty participants, who described a wide range of voice-hearing experiences. I am interested in the tensions that exist across the group that I interviewed. Therefore, I chose to use thematic analysis to analyse my data, and I will discuss this methodology in detail in the next chapter. Having outlined the contributions that my project will be making to voice-hearing research, in the next chapter I will begin by situating my study within survivor/service-user research.

CHAPTER 3:

The Research Design

3.1 Introduction

This chapter describes and justifies the methods I have used throughout my doctoral research. In particular, I consider the decision to generate a series of qualitative interviews with voice-hearers in order to investigate emotions in relation to voice-hearing. My doctorate is survivor research, as I explained in 1.3 (Faulkner, 2004; Sweeney, 2009; Beresford et al., 2010; Staddon, 2013; Lefrançois et al., 2013; Russo and Sweeney, 2016).

In the Introduction, I outlined this study's aims of exploring the interactions between different emotions and voices, in order to expand our understanding of how voice-hearers may themselves relate their emotions to their voices. The most powerful way to address the research questions that I outlined was to use a qualitative interview method as this makes it possible 'to understand or explain behaviour and beliefs, identify processes and understand the context of people's experiences' (Hennink et al., 2011, p. 17). As Thompson and Chambers (2012, p. 23) argue, qualitative inquiry 'generates "narrow" but rich data, by providing detailed and complex accounts from each participant' (Braun and Clarke, 2013, p. 4). Rochelle Suri, in a study discussed in the previous chapter, states that a qualitative inquiry may help us to understand 'the manner in which individuals relate to their experiences of auditory hallucinations' (Suri, 2010, p. 44). In this project, I sought to investigate the phenomenon of voice-hearing based on voice-hearers' subjective

accounts. My methods build on existing research by utilising a thematic analysis approach in a survivor research project to explore the relationship between emotions and voice-hearing. Thematic analysis involves qualitative interviews that are designed to explore the emotions of the participants – e.g. anxiety, despair, frustration, elation. As Guest et al. (2012, p. 23) suggest in their guide to using thematic analysis, such ‘qualitative research places a premium on a conversational approach that allows variability in the exact wording of questions and prompts’. Thus, the interview provides the space within which participants can express themselves. It has also been noted that the research can profoundly affect qualitative researchers, and their emotional processes around this can affect the research (Gilbert, 2001; Hallowell et al., 2005).

3.2 The research design

3.2.1 Sample

The situated nature of the participants’ voice-hearing experiences meant that it was useful to have two study sites, one in north-east England, the other in south-east England.⁵ I wanted a sample that ensured a range of demographic variations, so I recruited participants who were male and female, of different ages, and from a

⁵ In the UK a north-south divide exists that has ‘deep historical roots’ (Baker and Billinge, 2004, p. 4). This divide in social and economic life began to re-emerge prominently from the mid-1970’s onwards. The geographer Ronald Martin argues that this was due to Britain’s progressive shift from an industrial economy to a post-industrial, globalised economy (Martin, 2004, p. 27). During the recession of the 1980’s, Margaret Thatcher’s regime had pursued restrictive monetary policies, privatisation and accelerated de-industrialisation. Martin argues that ‘the brunt of this process was born by the older industrial areas and cities of northern Britain, together with London’ (Martin, 2004, p. 27). Nevertheless, this was compensated for in London and the south-east with the flourishing commercial and financial economy that was helped by the successive lowering of taxes and ‘the relaxation of exchange controls and capital movements’. In practice, Thatcherism created a more divisive ‘two-nation’ society (Martin, 2004, p. 27), with a widening of socio-economic inequalities and the emergence of a north-south divide in the 1980’s and early 1990’s. This divide affected my decision to have participant-observation research in two study sites in north-east England and south-east England.

variety of ethnic backgrounds. The three criteria in this doctoral study for interviewing voice-hearers were that they were between the ages of 18 and 75, English-speaking, and none was currently an inpatient in a psychiatric hospital. This way I was recruiting voice-hearers who were functioning well enough with their voices to be in the community. I focused on adults only, as I was recruiting from community mental health centres not catering for children / or young people. I defined voice-hearing as someone having at least one experience of hearing a voice say a word or several words to them. This very inclusive definition of 'voice-hearing' allowed me to include participants who had only heard a voice very occasionally, yet the experience had left such an impression on them that they wished to take part in an interview.

Given that voice-hearing is a sensitive and stigmatised topic, I tried to locate people whom I thought would be willing to open up to me in one-to-one interviews. I was interested in the experiences of voice-hearing reported in community rather than clinical settings. This way, I would be exposed to a broad range of frameworks of understanding that people had for their voices. I found my participants through purposive sampling, with the aim of generating 'insight and in-depth understanding' (Patton, 2002, p. 230). Purposive sampling involved selecting participants on the basis that they would be able to provide 'information-rich' data on experiences of voice-hearing (Patton, 2002, p. 230).

3.2.2 Recruitment

Establishing trust with the voice-hearers was important for ethical reasons, as this meant that they could 'feel comfortable disclosing personal information' to me (Braun and Clarke, 2013, p. 81). Rapport was therefore a key component in collecting meaningful qualitative data (Reinharz, 1993). So, for two months prior to beginning

the interviews, I engaged in a period of observation as a participant-observer at two community mental health centres, where I shared voice-hearers' experiences in a narrative form (Hammersley and Atkinson, 2007, pp. 82, 85). I gave service-users a verbal and an aural summary of my research (Appendix 1), and offered them the opportunity to ask questions. I then asked them to sign a consent form (Appendix 2), agreeing to be included in my research.

With their permission, I listened to the conversations that they had on a daily basis with each other and with staff. These mental health centres are here referred to by pseudonyms as The Gatehouse in the north-east of England, and Heathside Centre in south-east England. The Gatehouse and Heathside Centre reflect common practice at community mental health centres. Undertaking participant-observation in this way helps to gain trust, as the 'people come to know the researcher as a person who can be trusted to be discreet in handling information within the setting, and who will honour his or her promises of anonymity in publications' (Hammersley and Atkinson, 2007, p. 57). I explained to participants that pseudonyms would be provided for all of their names, and identifying details would be removed from the transcripts, to ensure anonymity.

The centres provided a range of classes and creative arts approaches that were used to engage service-users, such as drama, creative writing and poetry appreciation classes. I recorded in my field notes how these groups enabled service-users to express and explore their experiences of mental health problems (Emerson et al., 2011, pp. 94-5; Hammersley and Atkinson, 2007, pp. 150-52). I also considered whether these creative activities were prompts for discussion among service-users as to the benefit of narrative in facilitating communication of emotions

and anxiety in relation to their voice-hearing experiences. I decided to make the disclosure early on in the classes that I was a survivor researcher, so that service-users were more comfortable with me being there. I was able to build trust during these sessions by making contributions to the discussions, taking part in plays in the drama group, and in the creative writing classes sharing with service-users a couple of my own poems about my experience of voice-hearing. Once I had built relationships with service-users, I recruited participants for the interviews.

I also attended mental health conferences to network and recruit more participants. One focus of the topic guide for the interviews (which will be outlined shortly) was to explore the link between voice-hearing and difficult emotional, traumatic experiences. Several of these conferences made a link between voice-hearing and difficult emotional experiences, such as childhood or adulthood adversity, and frequently voice-hearers who attended these were interested in these connections, finding it resonated with their own experience. These conferences therefore allowed me to sample purposively, so as to capture data relating to difficult emotional experiences.

Currently the diverse perspectives of voice-hearers from black and minority ethnic backgrounds are under-represented in the existing research on voice-hearing, as the survivor researchers Jasayree Kalathil and Alison Faulkner noted, when they criticised the British Psychological Society's (2014, p. 14) recent report. 'Clearly there are cultural differences in the way we all understand and articulate distress', the authors argue. 'However, the lack of involvement of people from non-western cultures in this report and a thoughtful engagement with how cultures may co-exist and intermingle within a multi-cultural society has resulted in an articulation of

cultural difference as alien' (Kalathil and Faulkner, 2015, p. 23). My thesis aims to allow a wide degree of access for cultural diversity when considering participants' range of voices and emotions.

Given that many parts of the north-east are predominantly white, and it proved very challenging to find voice-hearers in my site in the south-east from a Black and Minority Ethnic background (BAME) to interview, I wanted to include a greater ethnic diversity in the sample. This is because I was interested in how BAME voice-hearers negotiate questions of ethnicity, belonging and place. I also wanted to explore how the relationship between voice-hearing and emotions may vary across white and black and minority ethnic voice-hearers. 'Mental health can be considered a taboo subject within African or African Caribbean communities' (Mantovani et al., 2017, p. 172), and within other ethnic minority groups; consequently, there is a resistance to engaging them in research. Therefore, I worked with the Hearing the Voice reference group (a group of professionals and experts by experience who are knowledgeable about voice-hearing) for further recruitment of voice-hearers. I was interested in whether those who came from different ethnic backgrounds interpreted their voices differently from white British voice-hearers, and/or had different coping strategies. Currently there is a paucity of literature exploring the diverse cultural groups' experiences of hearing voices, as is noted by the clinical psychologist Stephanie Minchin (2016), whose recent doctoral research is original in exploring the cultural meaning-making of African-Caribbean men who have heard voices. I asked for the reference group's feedback on a blog-post (Appendix 3) in order to recruit voice-hearers specifically from a 'minority ethnic background', which was then placed on the London Hearing Voices Movement's blog. I also contacted charities and mental health organisations which worked specifically with the BAME sector to find ways to

recruit more participants for interviews, and it was recommended that I contact a service-user organisation in Hackney in London which was attended by a high number of BAME service-users. I was invited to a lunch hosted by this organisation for its members, and this enabled me to find another three BAME voice-hearers to interview.

3.2.3 Development of a topic guide

It was appropriate to use an in-depth interview, because this gave access to the story and the explanation that the individual had created for their voice-hearing experiences (Frith and Gleeson, 2012, p. 64). I decided to conduct semi-structured interviews with voice-hearers, as these were likely 'to generate rich and detailed responses' (Braun and Clarke, 2013: 81). That is, this method 'invites[s] the participant and the researcher to work together to generate data' (Frith and Gleeson, 2012, p. 61). Focus groups, by contrast, are a 'better method when people don't have a personal stake in the topic' (Braun and Clarke, 2013, p. 81). Voice-hearing was both a personal and sensitive topic for my participants, which was why I decided to use interviews rather than focus groups.

In order to establish a checklist of topics, I immersed myself in the research on voice-hearing, which revealed to me that while emotions are, in fact, reported in many studies of voice-hearing, the problem is that they are not explored in detail. Parts of Romme and Escher's Maastricht Hearing Voices interview and construct scheme (Romme and Escher, 2000) helped shape some of my questions in the topic guide. For example, the Maastricht interview asks about the characteristics of the voices (e.g. age / gender), and whether 'the manner or tone of the voices remind you of someone you know or used to know?' (Romme and Escher, 2000, p. 6). In my

topic guide, I ask participants 'do your voice/s have any defining characteristics?' Secondly, Romme and Escher's Maastricht interview explores whether the voices can be directly or indirectly related to trauma. This includes inquiring as to whether the age of the voices indicates the time when different traumas happened. Similarly, my topic guide asks the participant: 'Were there any difficult events in your life or at the onset of your voice-hearing that you link to the development of hearing voices?' Thirdly, Romme and Escher's Maastricht interview asks the participants about what kind of relationship they have with the voices. This key point in their interview shaped the following question in my topic guide: 'Would you say that you have a relationship with your voice/s?' My commitment to Romme and Escher's approach also led to me including the following general question: 'Have you had any involvement with the Hearing Voices Movement?'

Some service-user-led studies do explore the connection between voices and emotions (e.g. Beavan, 2007; Corstens and Longden, 2013; Jones et al., 2016). In this thesis I wanted to extend this understanding by exploring further the different kinds of relationships that people have with their voices and their emotions. I was particularly interested in the degree to which they are able to assert a boundary with their voices. I developed an interview schedule that would help me to explore these foci with my participants (the topic guide appears in Appendix 4). I focused the topic guide on exploring the identity and characteristics of the voices, and the relationships between the voices and difficult emotional / traumatic experiences. I also asked the participants what explanation they had for their voices, and whether they considered themselves to have a relationship with them. The topic guide also asked whether the person had any dialogue with the voices, or if they used any creative medium to explore the voices (e.g. poetry / journal writing). I wanted to have non-leading

questions, so that these did not imply a preferred answer. In the previous chapter I discussed how the Maastricht interview is a structured, fact-finding tool that is used to create a construct. It is better suited to clinical or therapeutic settings, rather than research contexts, as it is highly structured. I chose not to use Romme and Escher's checklist of emotions, since I wanted to explore the words for emotions that people used without being guided. In order to develop these non-leading questions it was necessary to draft the questions several times, and then I submitted the topic guide to my supervisors for their feedback. They suggested some revisions to the questions, so that these included more open questions (in preference to closed ones), and I made these changes. I conducted one pilot interview with a voice-hearer to practise undertaking interviews.

In the interviews I asked 'additional questions to follow lines of inquiry that seemed to be relevant to participants' (Gillard et al., 2012, p. 1129). Some of these questions explored how the participants conceptualised their voices. Below is an example of how the response of one participant, Mary, shaped the questions that I asked. First of all I asked:

Roz: Do you have any other explanation for hearing voices?

Mary: Erm, long story. I didn't really hear voices until I had that operation in 1999 ... it was inevitable that shutting down emotions like that and the feelings behind them would go somewhere, and with me they went to the voices.

Roz: Can you link particular emotions with particular voices?

Mary: Most of them ... yeah, yeah.

Thus, Mary's response that was relevant to my study of voice-hearing and emotions meant that I could then ask a follow-up question that gave her the opportunity to elaborate on what she meant. Each of the interviews differed from one another, as I was drawing on insights from one interview to prompt questions in the next interview.

3.2.4 Collection of demographic data

I asked each participant to fill out a form (Appendix 5) giving their basic demographic information, such as age, gender and nationality, and this material was gathered together into a spreadsheet. This information provided some background context on the research participants; demographic information is presented in bar-charts in the second part of this chapter. The categories of demographic data I asked for were: gender, age, marital status, sexuality, and whether the participants were employed or unemployed, and their ethnicity (with categories of white; mixed / multiple ethnic groups; Asian / Asian British; Black / African / Caribbean / Black British; Other ethnic group). I needed to have this demographic data, because it helped with purposive sampling, in the respect that I was able to keep track of whether I needed to recruit more people of a certain age, gender, ethnicity, in order to increase the diversity of the sample. This demographic data allowed me to relate people's interviews back to certain contextual information I had about them.

I also gave informants both a verbal and a written summary of my research and its uses (Appendix 6), and offered them the opportunity to ask further questions. Participants were then asked to sign a consent form (Appendix 7), agreeing to be interviewed.

3.2.5 Ethics approval

The project was concerned with the experiences of voice-hearing reported in community settings, rather than clinical ones and, as such, did not require ethical approval from the NHS. The study design, methods and research practice were granted ethical approval by Durham University's Geography Department, whose procedures are compliant with the guidelines of RCUK and government legislation.

3.2.6 Setting

The location of interviews has 'an impact on the kind of data generated' (Green and Hart, 1999; Green and Thorogood, 2011, p. 14). As I mentioned earlier, my study aims to capture rich accounts of voice-hearing from community rather than clinical settings. Therefore, I tried hard to avoid turning people into 'patients', as I wanted to reduce power differentials between the participants and myself, though on occasion I needed to use community mental health centres, since there was no other appropriate venue. It was important to consider the comfort of participants, in terms of the location (place, time, context). As a face-to-face verbal interchange on a sensitive subject, interviews needed to take place in a private room in a public venue, such as a community mental health centre or in Durham University, where voice-hearers felt comfortable. On a practical level, interviewing someone in a community mental health centre ensured the safety of both of us should the person become very distressed during the interview, because I could suggest to them that they speak to a mental health professional.

On two occasions, no room was available for the interview: one took place in a café, and one on a bench outside a church hall in London at which a mental health charity had arranged a lunch. Interviewing someone in this public space, where

privacy could not be guaranteed, could be interpreted by the participant as threatening, so care needed to be taken that interviews happened in a space where others could not overhear. Three other interviews were conducted via Skype, as the participants lived a long distance away. As the qualitative researchers Deakin and Wakefield (2014, p. 604) argue, 'online interviews can produce data as reliable and in-depth as produced during face-to-face encounters'. However, the authors did note that Skype interviews were conducted when 'the participant was at work or at home, which could be distracting' and 'interfere with the flow of an interview and [...] affect interviewees concentration' (Deakin and Wakefield (2014, p. 609). Deakin and Wakefield (2014, p. 605) also noted that an additional challenge for online interviewing is that 'participants may feel embarrassed or uncomfortable being filmed'. Even in interviews using video, these are still 'not conducted in a traditional face-to-face environment, and therefore, the customs of shaking hands and perhaps having a coffee prior to the interview are bypassed' (Deakin and Wakefield, 2014, p. 611). In one interview that I conducted the video froze on one occasion, and I needed to call the interviewer again. This therefore stilted the conversation.

3.2.7 Data recording

I recorded all of the interviews with an audio recorder. The duration of each interview was between 40 minutes and 2 hours long. I decided that I did not need to capture gestures and body language (Dunn, 2010, p. 120), because I believed that I could interpret and analyse the data on emotion through just the transcription. As Hennink et al. (2011, p. 211) note, the words in a verbatim transcript also 'reflect participants' emphasis and emotions relating to the issues discussed, and provide the rich material that is so valuable in qualitative research'.

3.2.8 An ethical practice

Given that many of the voice-hearers would be vulnerable people, ensuring informed consent for taking part in my study presented particular challenges. As Hay argues, 'informants need to know exactly what it is that they are consenting to', when they gave me permission to involve them (Dowling, 2010, p. 29). As I noted above, I gave informants both a verbal and a written summary of my research, and offered them the opportunity to ask questions. But, as Hammersley and Atkinson note, 'being researched can create stress and provoke anxiety', especially given that participants were reflecting on their voice-hearing, an experience that is often stigmatised in Western society. They advise that researchers 'seek to build rapport and trust, so that these effects may lessen or disappear in the course of the fieldwork' (Hammersley and Atkinson, 2007, p. 214).

It was important that I did not expose myself or my research participants who might be 'emotionally fragile' to psychosocial or physical harm. Not all of the voice-hearers presented as vulnerable, as some coped well with the experience of hearing voices, or no longer heard voices. But some of the voice-hearers were frightened of the voices and did not feel that they had control over them, so that they were likely to be impaired in different areas of their lives. There was a risk that reflecting on their voices could 'raise issues that may be upsetting or potentially psychologically damaging' (Dowling, 2010, p. 29). Juliet Corbin and Janice Morse suggest that 'for these people, the distress aroused during an interview may not be counterbalanced by the opportunity to talk' (Corbin and Morse, 2003, p. 338). Therefore, when I conducted the interviews with voice-hearers I approached sensitive questions with care, just as researchers do when addressing other kinds of sensitive topics

(Nordentoft and Kappel, 2011; Aldridge and Charles, 2008). Details of a counselling service were provided on the participant information sheets for the interviewees in case they required professional help.

I gave research participants the option of rescheduling interviews, and of taking regular breaks during the interview, or indeed stopping at any point. In two cases I felt that I had missed a point in the first interview, or the interview material was of particular interest, and I arranged a second follow-up interview. In both of these follow-up interviews I focused on a couple of questions from the topic guide. In the first interview I explored in more detail 'what triggers hearing the voice/s'. This led in Gary's interview to a follow-up question, when I asked him if particular emotions led to him hearing voices. In the first interview with Sarah, she had kept digressing away from the questions in the topic guide. So, in the second interview with Sarah I gave her the opportunity to tell me more about whether she considered herself to have 'a relationship' with her voices, and also what explanation she had for hearing voices.

I took a mobile phone with me to all of the interviews. I called someone immediately after the interview was over, and if I did not call, someone would know where I was and would know what to do to assure that I was safe. As a voice-hearer myself, during the interviews I looked after my own mental health, by discussing any distressing issues that arose with either one of my supervisors or my psychotherapist, whom I met on a weekly basis. On a couple of occasions concerns about the welfare of participants led to me emailing both of my supervisors for advice.

3.2.9 Creative writing

Some of the participants were already engaged in creative writing. I asked them if they would be willing to share existing creative work with me for my study. I also asked them if they would produce poems specifically for the study. For one of my research questions was to explore how voice-hearers use embodied practices to express their emotions. Four voice-hearers provided samples of their poetry, with the size of the sample ranging between one poem and several poems. I was interested in whether the participants used these creative practices to express their emotions. Researchers have explored the ways in which poetry might be therapeutic for voice-hearers. Shafi (2010) argues that poetry releases emotions in the individual, which are communicated to a therapist. Furman (2003) has argued that poetry should be used to help patients to manage their anxiety, cope with stress and express their emotions.

My doctoral research explored with those voice-hearers who used creative practices to describe their voice-hearing experiences both the benefits and drawbacks that they find in doing this. In the cases of those who did not use creative methods, I asked them why this was the case. Discussing creative methods that explore voices in this way did run the risk of stimulating further voice-hearing experiences for the person concerned. If this did happen, voice-hearers were advised not to provide creative samples, so as to avoid causing them distress.

3.2.10 Diary writing

At the outset of the research, I thought that diary writing might offer a useful way to record and reflect on voice-hearing. Participants were encouraged to keep such a diary for one month. Wiseman et al. (2005, p. 394) note that 'diaries have been used

as a data collection tool in many different fields of research': and this includes studies that have focused on mental health conditions, such as using 'sleep' diaries for adults suffering from combat-related post-traumatic stress disorder (Cates et al., 2004). 'Health diaries' have been used to investigate chronic mental health problems (Delespaul and de Vries, 1987) and people's thoughts and feelings when they have dementia (Bartlett, 2011).

Braun and Clarke (2013, p. 151) argue that 'diary keeping may encourage participants to identify patterns in their experiences and enhance their ability to reflect on their lives'. I asked voice-hearers to spend fifteen minutes, three times per week, writing down the positive or negative things that their voices tell them, and whether they hear one voice, or if the voices talk to each other. I also asked them to record any thoughts or feelings that they had about their voices, and their coping strategies for living with them. This was closely linked to my research questions, as I am interested in what it means for the participants to have a relationship to their voices, and if they related these to their emotions. However, only two participants produced diaries. Mike's diary was just four pages long, and Jason's diary only included the positive and negative things that his voices said to him, and no comments or reflection on what these voices meant to him. The lack of diaries provided by participants has meant that I decided not to analyse these two diaries as part of my thesis.

3.2.11 Theoretical saturation

Green and Thorogood discuss how the sample size for the study may be determined by theoretical sampling, in which there are 'emerging hypotheses from ongoing data analysis, and a deliberate attempt to "test" such hypotheses' (Green and Thorogood,

2011, p. 119). The process of interviewing continued until nothing new was being generated concerning this possible link between voice-hearing and emotions, and a point of saturation had been reached (Hay, 2010, p. 387; Green and Thorogood, 2011, p. 119).

3.2.12 Transcribing the interviews

I transcribed the first six interviews myself. The remaining twenty-two interviews were transcribed by two professional transcribers (because of a repetitive strain injury I had sustained). During the transcription process all identifiers were removed, such as names which were changed to pseudonyms or specific narrative details which were altered, before these transcripts were used in the thesis (Green and Thorogood, 2011, p. 117). Three of the participants asked to be sent transcripts shortly after the interviews, and these were provided. The digital recorder and the interviews have been kept securely (on a password-protected file on my laptop), and the transcripts and any other written data materials have been stored in a locked filing cabinet. Demographic details have been kept entirely separate from the transcripts (in which everyone was given a pseudonym). Only one form exists that links the pseudonym and the name of each participant, and this has been kept on a password-protected file on my laptop.

3.2.13 Reflective diary

Throughout the course of my research, it has been necessary to engage in self-reflection at regular points. It is for this reason that I kept a reflective diary, where I recorded thoughts and observations about my interactions with my research participants, both in the participant-observation research and in the interviews. Bluff notes (2005, p. 152) that 'the use of a reflective diary can raise researchers'

awareness of their preconceived ideas and the influence of these on data collection and analysis'. Given that I have my own lived experience of voice-hearing, and I have used mental health services in the past, it was important for me to be thoughtful about my own 'insider' perspective, and to reflect on the role of empathy. I aimed to avoid being critical or judgemental, and instead to respond with empathy and compassion to interviewing on sensitive issues that evoked emotional responses from participants. Keeping a reflective journal enabled me to explore and reflect on participants' emotional reactions, and what they said about emotions. I was also able to keep a record of my own emotional responses, which have been worked into my own analysis of the data (Corbin and Strauss, 2015, p. 47). At times it was helpful for me to imagine myself in 'the shoes' of my research participants, so that I could respond with more empathy.

3.3 Summary of participants

I will now provide an overall sense of the cohort of participants whom I interviewed. The data is taken from my field notes that I recorded in the six months of fieldwork that I undertook in The Gatehouse and Heathside Centre, and from what participants said in the interviews, and the information they provided on the demographics form. I reached saturation point after thirty interviews, and so my dataset includes twenty-nine participants and the pilot interview. Not all of the participants in my doctoral study were able to function to the point where they were living independently. Some of the participants were impaired in different areas of their lives, such as feeling unable to work in a paid capacity. Some might have wanted to work, but faced extensive discrimination, or a lack of reasonable accommodation. The voice-hearers attended community mental health centres for assistance with daily living, which may

have included having meals cooked for them, and/or help with managing their finances. Some of the participants' main social contacts were with staff and members of the community mental health centres, as they were socially isolated in the wider community. In some cases voice-hearers were also unable to maintain close relationships, including with partners or children.

I gathered demographic details from the participants that seemed to me to be the most important in terms of providing a context for them. The participants in my doctoral study ranged in age between eighteen and seventy-five. Twenty-one out of the thirty participants were male, as it proved difficult to recruit female participants in the community mental health centres. There were fewer female voice-hearers than male voice-hearers who used these community resources. A possible explanation for this is that men with schizophrenia have more 'severe negative symptoms, and poorer social functioning than women' (Brabban et al., 2009, p. 863). The clinical psychologist Alison Brabban and her colleagues note how research on interpersonal skills has shown how women, in general, are more 'perceptive, empathic, and adaptable than males' (Brabban et al., 2009, p. 862). She suggests that this points to how women 'are perhaps more able to process emotions, and can identify and differentiate them more easily than men' (Brabban et al., 2009, p. 862). Perhaps because women are more adept at forming social relationships, my female participants seemed to rely more on informal sources of support, such as family and friends. One-third of the participants were either first- or second-generation migrants, who came from a broad range of ethnic backgrounds. The age of onset of voice-hearing varied enormously. One voice-hearer had heard voices ever since he could remember. Many of the other voice-hearers did not start to hear voices until much later, with the age of onset often being between their late teens and their mid-

twenties. In the case of one female voice-hearer, she did not start to hear voices until the age of 47.

The demographic details of the voice-hearers are set out in the five bar-charts below. I focused on capturing the participants' gender, age and ethnicity as according to their own descriptor, and whether the participants were employed or unemployed, and their marital status. All of the participants were heterosexual, except for two participants who were bisexual.

Figure 1: Gender

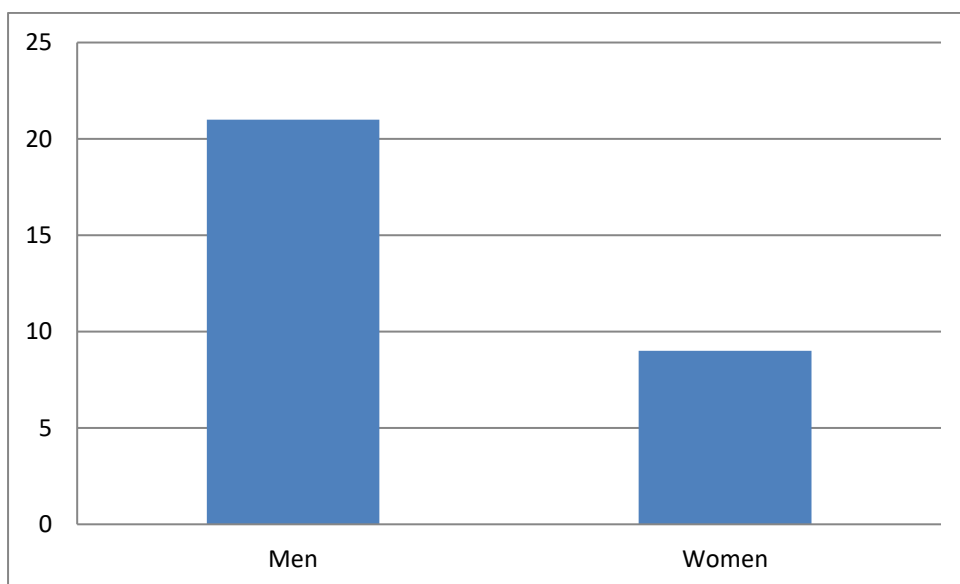


Figure 2: Age

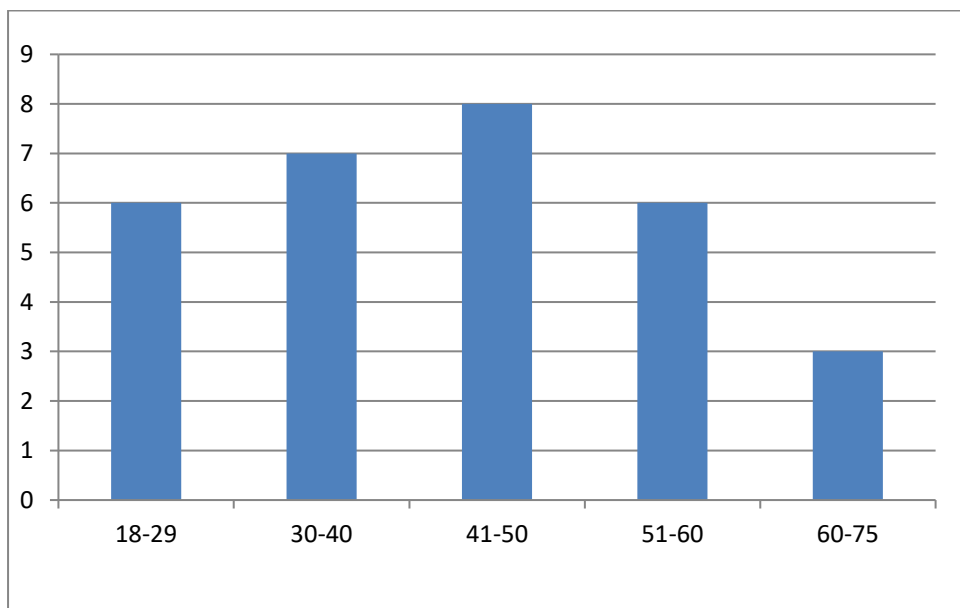


Figure 3: Ethnicity

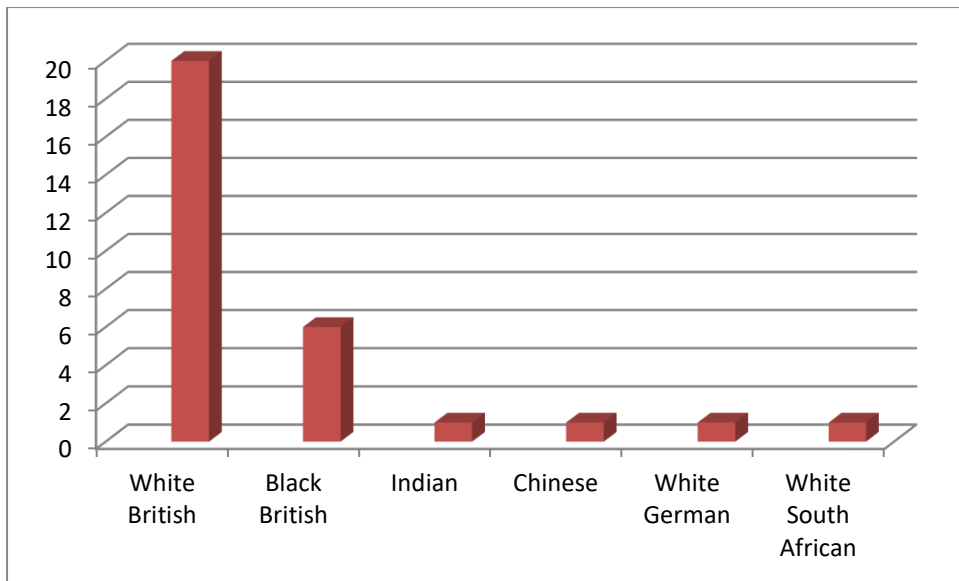
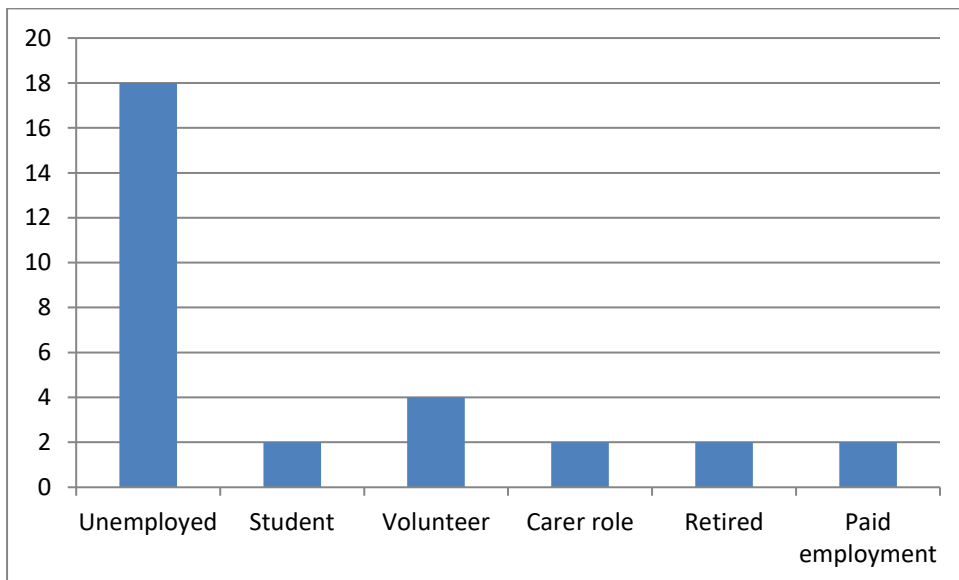
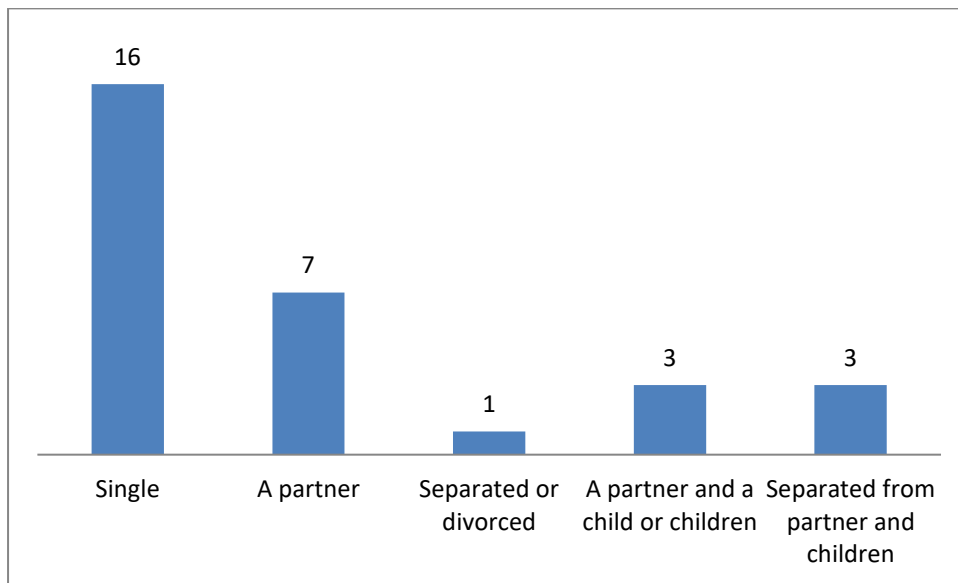


Figure 4: Employment and unemployment



While none of these are mutually exclusive categories, my participants did not, in fact, have multiple roles (e.g. were a student and a carer). Therefore, these data are grouped as above.

Figure 5: Marital status



3.4 Thematic analysis

As I explained earlier in this chapter, I used the qualitative approach of thematic analysis (Beavan, 2007), which is a method for identifying themes and patterns of meaning across a data-set. A key attribute of the process of thematic analysis 'is that the resulting theoretical models are grounded in the data' (Guest et al., 2012, p. 12). This involved me undertaking a process that is both 'inductive and deductive', because I was 'moving back and forth between emerging theory and data' (Green and Thorogood, 2011) as I coded the data. Guest et al. note that 'a thematic analysis is still the most useful in capturing the complexities of meaning within a textual data set' (Guest et al., 2012, p. 11). Attention to complexities is highly relevant, as my analysis of the data seeks to understand the lived experience of people who hear voices, in terms of how they may relate their emotions to their voices.

Thematic analysis ‘requires involvement and interpretation from the researcher’ (Guest et al., 2012, p. 10) and the analysis was always shaped to some extent by my ‘standpoint, disciplinary knowledge, and epistemology’ (Braun and Clarke, 2006, p. 175). During this analysis I reflected on the social privilege of my heterosexuality, and took care not to assume that each of my participants was heterosexual. Indeed, I found out that two participants were bisexual. My theoretical knowledge of ‘gender and sexuality’ from an earlier Master’s course in Critical Theory helped me to engage with their data. I was also self-reflective about how my white, middle-class upbringing could easily be a barrier to me fully engaging with the perspectives of those from diverse, less privileged backgrounds. I used my reflective journal and my weekly therapy sessions as spaces to explore these concerns, so that I could be open-minded in how I approached and worked with the data.

I did share with all of the participants that I am a survivor researcher. This appeared to reduce the power differentials between us, as my participants knew that I appreciated what it is like to experience mental distress and to hear voices. For example, I had the following interchange in an interview with Anna, who is in her early forties, and a mother to a baby:

Roz: Have you found it helpful to talk to me – I also hear voices – about the experience of voice-hearing?

Anna: Yeah. I don’t know. I don’t tend to talk about it. Maybe I would find it helpful. But I like to keep it private.

Roz: Yeah, I understand that.

Anna. It's a very special thing, you know. It's got a personality this voice now. It's really nice. It just reassures me all the time. It tells me, 'You're wonderful, you're on the right track', kind of thing.

Thus, by stressing that I was not a professional clinical researcher but a social scientist who also shares the experience of hearing voices, this led to Anna trusting me, and after a while she gave me a fuller response to my question than she might otherwise have done. Patrick, an academic in his late fifties, similarly trusted me because I shared with him that I also hear voices. Prior to the interview he said that he only agreed to an interview with a student because I was a voice-hearer.

As I noted earlier, thematic analysis allowed me to look closely at participants' feelings. Hennink et al. (2011, p. 75) note that during in-depth interviews 'participants may experience some emotions as they recall certain experiences [...] such as personal loss and grief'. In the interviews I paid attention to how participants were emotionally within the interviews. When there were strong emotional reactions from participants, I needed to be careful that they were not caused emotional stress, as voice-hearing is clearly a sensitive topic. I also listened to what people had to say about emotions, as these emotional responses, and the participants' exploration of the links between voice-hearing and emotion, informed both my coding framework and the themes that I used in the coding / analysis process.

I conducted a focus group at each of the mental health centres, and this was an interactive discussion between eight to ten pre-selected voice-hearers / service-users. As Hennink et al. note (2011, p. 136), the aim of a focus group is 'to gain a broad range of views on the research topic over a period of 60-90 minutes, and to

create an environment where participants feel comfortable to express their views'. In each focus group, I shared some of the findings of my research, and then asked participants questions on the key topics of importance to the study (see Appendix 8).

3.5 Challenges of a survivor–researcher-led project

My thesis aims to contribute to the body of survivor–researcher-led research in mental health. In the literature review (Chapter 2), I discussed the research of Eleanor Longden and Nev Jones, who both identify as being voice-hearers, and draw on different methodological approaches to explore voice-hearing.⁶ I am one of a growing number of researchers who are conducting the research from the perspective of someone who hears voices, and who is a survivor of mental distress.

As I discussed in the introduction, the question of what language is used to describe 'voices' is a crucial issue that was borne in mind throughout this study, when I was taking care to involve voice-hearers in the research process. Thus, when I was redrafting the questions in the topic guide, I took care to ensure that I avoided medicalised language (e.g. hallucinations / delusions) that had the potential to alienate participants, and instead used the less stigmatised term 'voices'. I also chose to use broad terms such as 'trauma' or 'difficult events', so that I was not asking a leading question that then encouraged the participants to link their voices to any specific traumatic event. I used clear, simple prose in the questions in the topic

⁶ Service-user / survivor research is being promoted and developed by the Service User Research Enterprise at the Institute of Psychiatry, Psychology and Neuroscience (IoP), and by the Psychosis Research Unit at Greater Manchester West Mental Health NHS Foundation Trust. At St George's Hospital in London, Jacqueline Sin and her service-user researcher colleagues are currently conducting an EFFIP (E-support for Families and Friends of Individuals affected by Psychosis). The aim of the study is to develop and evaluate an online resource dedicated to informal carers gaining information about psychosis, and support and advice from others.

guide, so as not to complicate what I was asking the participants, and to sustain engagement.

Many survivor researchers, such as Jones, place a value on first-hand experience as a source of knowledge. Jones stresses that survivor researchers need to theorise their lived experience in a way which 'extends beyond their own individual experience'. In a recent special edition of the journal *Philosophy, Psychiatry and Psychology* (September/December 2016), several user/survivor researchers provided a range of insights into both the possibilities and limitations of the current context of user/survivor research offering 'alternative perspectives and approaches to change knowledge production assessment in the future' (Crepaz-Keay, 2016, p. 315). The survivor researcher David Crepaz-Keay suggests that there is a risk of survivor researchers including only those who 'are generally regarded as well/recovered', and who are 'like most researchers, atypical, privileged people (slightly) removed from the day-to-day experience of regular and frequent mental health service use' (Crepaz-Keay, 2016, p. 317). He argues that only 'genuinely peer-led research' that includes people from diverse backgrounds with shared experiences of mental distress has 'the potential to create a significant shift in our understanding of madness and how we can respond to it constructively' (Crepaz-Keay, 2016, p. 317). In my study, I have taken considerable effort to recruit marginalised voice-hearers from different backgrounds.

Voice-hearers are thought to be vulnerable, as they experience difficult emotional states and unusual experiences. I was conscious of the challenges in qualitative research of giving a voice to vulnerable groups that are normally silent and marginalised (Dickson-Swift et al., 2008), or considered to be stigmatised and left out

of research (Aldridge and Charles, 2008). Given that voice-hearing is often a stigmatised experience, both in the media and public perception, there might, in any interview situation, be 'a distrust of confidentiality' (Green and Thorogood, 2011, p. 105).

3.6.1: Disclosure of being a voice-hearer

Braun and Clarke (2013, p. 88) argue that 'some participants feel more comfortable disclosing (sensitive) information to someone who is broadly similar to them'. For instance, a recent research study of psychiatric inpatient detention found that interviews conducted by service-user researchers made participants feel 'more comfortable' (Gillard et al., 2010, p. 191). In another study conducted by Bengtsson-Tops and Svensson (2010, p. 237), it was observed how 'the sense of mutual understanding and kinship generated feelings of confidence and trust'. I therefore decided to disclose to participants that I was a voice-hearer and followed the approach taken by the anthropologist Emily Martin (2007). Martin, when researching people living under the description of manic depression, decided that she did not wish to avoid disclosure of her own bipolar condition because of the accompanying secrecy and fear. Instead, she opted for 'a local guardianship by those who witnessed the disclosure' (Martin, 2007, p. xviii), which for her meant keeping the disclosure of mental illness within the confines of the group who heard it.⁷

⁷ For more information about service-users' experience of discrimination and their concerns about disclosure of a mental health diagnosis, see S. Hamilton, E. Lewis-Holmes, V. Pinfold, C. Henderson, D. Rose and Graham Thornicroft, 'Discrimination against people with a mental health diagnosis: qualitative analysis of reported experiences', *Journal of Mental Health* 23, 2 (2014), pp. 88-93; and L. Smart and D. Wegner, 'Covering up what can't be seen: concealable stigma and mental control', *Journal of Personality and Social Psychology* 77 (1999), pp. 474-86.

I also asked my research participants not to repeat my disclosure of being a voice-hearer. The researcher Steve Gillard and colleagues (2013, p. 9) undertook a secondary analysis of qualitative data, and found that peer workers with mental health issues raised the issue of the importance of being boundaried when 'giving of personal experience' of mental health issues in supporting service-users. The seven-session peer support training course that I undertook in February 2014, run by the charity Mind, had enabled me to make adjustments in the way I referred to my lived experience of voice-hearing when speaking to service-users, so as to 'encourage and build a working relationship', while also respecting boundaries (Mind manual). The course also made me aware that 'public disclosures have a way of spreading' (Charmaz, 2014, p. 241), and for this reason I did not give service-users any details of my mental health diagnosis, or any treatments that I receive. I also did not give research participants much information about my education, other than saying that I was a doctoral student, as I judged that this had the potential to alienate those who had been unable to complete their education because of their mental health problems. A limitation of my study is that I am a white British voice-hearer, and thus my experience and background does not reflect those of black and minority ethnic voice-hearers who are most disadvantaged by our current mental health service and research models (Kalathil, 2011). A substantial piece of research and a subsequent review (Kalathil, 2011) showed how black and minority ethnic service-users experience a number of barriers to involvement in research, including the impact of negative experiences in services, racism within involvement initiatives, and power imbalances. In my study I have taken considerable effort to recruit marginalised black and minority ethnic service-users for my interviews.

3.6.2: Voice-hearers' disclosures

Introducing myself to the voice-hearers as someone who has had similar experiences was helpful in reducing the social distance that existed between us. Building a rapport with my research participants could have resulted in them sharing confidential issues which were not meant to be included as data for research. Therefore, I made it clear to service-users that I was attending the two community mental health centres for research purposes. If I thought that close relationships with participants led to them sharing confidential issues which were not meant for research purposes, this information was excluded from my study. For, while the data was anonymised, voice-hearers could potentially feel uncomfortable if they knew that sensitive information was in the public domain.

My own experience as a service-user researcher had also to be considered when conducting the interviews. Bryant and Beckett (2006) argue that researchers with lived experience of mental health problems tended not to explore issues as fully when carrying out questions, because they assumed that there were shared experiences and did not wish to appear intrusive. I therefore needed to be sure that my interview questions explored the issues fully enough. There was also a risk in my study of the participants 'becoming disempowered through placing emphasis on a perceived need for protection, which relates back to the paternalistic researcher stance' (Thompson and Chambers, 2012, p. 27). Instead of assuming that voice-hearers are 'a particular group [that] is vulnerable *per se*', the focus of my study has considered the ways in which the proposed study might create vulnerability, and care has been taken in discussing the topics (Thompson and Chambers, 2012, p. 28).

I recognise my own vulnerability as a researcher, and reflected on my position in the field of study in weekly therapy, so that I had a clear sense of my boundaries.

This was further complicated by issues of stigma and discrimination, which as Michelle Campbell and her colleagues (2013, p. 108) note is 'a pervasive problem'. They argue that for researchers with lived experience of mental health problems an 'important way [...] to reduce discrimination is through positive interpersonal contact ('contact interventions') with individuals and groups among the general population', as this provides 'a forum to challenge discriminatory attitudes and emotions' (Campbell et al., 2013, p. 110). Even when I did encounter stigma during my fieldwork, I made a conscious effort to continue to share my lived experience, as this furthered what Gadamer describes as being a 'fusion of horizons' (Gadamer and Linge, 1976). That is, the horizons of myself as the researcher and the researched melded together and generated understanding. For example, at one point during the fieldwork in The Gatehouse, one service-user called Nigel said to me that he thought that 'a psychopath is the same as a schizophrenic', and he added that 'people like that are violent'. Although I found it uncomfortable to hear these comments, I was able to tell Nigel that someone with a diagnosis of schizophrenia is not a psychopath. I also said that a recent finding of the British Psychological Society's (2014, p. 32) report was that someone with schizophrenia is more likely to be the victim of a crime than to perpetrate any crime. Nigel said that 'he hadn't known that was true', and he went on to take part in one of the focus groups that I facilitated with voice-hearers / service-users.

My own position as a researcher with lived experience of voice-hearing also shaped both the interpretation of this data and the subsequent analysis. It was important that I acknowledged this position when I was 'entering participants' liminal world of meaning and action' (Charmaz, 2014, p. 241). For as Charmaz, who developed constructivist grounded theory, notes (2014, p. 13), 'we must take the

researcher's position, privileges, perspectives, and interactions into account as an inherent part of the research reality' (see also Clarke, 2005). But, as she observes, researchers sometimes do not adequately examine their own actions and decisions, as they fail to acknowledge that they are not 'a neutral observer and value free expert' (Charmaz, 2014, p. 13). I was indebted to constructivist grounded theory, in the respect that I acknowledged the need for 'bracketing' my own prejudices and judgements that I could make as a researcher with lived experience who functions well, about those who struggle most of the time to cope with voices and other psychotic phenomena, and may be unemployed.

3.7 Other methodological approaches considered

Qualitative researchers have utilised a variety of conceptual and methodological frameworks to elucidate voice-hearing experiences. Other studies of voice-hearing, such as Suri 2010; Knudson and Coyle, 2002; Mawson et al., 2011, have used interpretive phenomenological analysis of the data; an approach to qualitative research concerned with understanding experiences and perceptions of participants in context. Smith et al. (2009, p. 199) argue that 'emotions – their embodied and intersubjective qualities, their cultural and cognitive dimensions – have been an important and recurring aspect of interpretative phenomenological analysis'. They give examples of how this qualitative method has been used to research a broad range of topics that include 'women's aggression', 'responding to distressing life events' and 'coping with chronic and acute illnesses' (Smith et al., 2009, p. 200). Interpretative phenomenological analysis best suits a small and homogenous sample group. My study, by contrast, involved a much larger group of thirty participants, who described a wide range of experiences of voice-hearing, and I was interested in the

tensions that existed across the group I interviewed so that I could illustrate that there were alternative perspectives for understanding voices.

Grounded theory was developed by the sociologists Barney Glaser and Anselm Strauss (Glaser and Strauss, 1967; Strauss, 1987). It is a way of developing theory that is grounded in data. A number of mental health qualitative studies have drawn on grounded theory: for example, those exploring perceptions of the concept of recovery from schizophrenia (Noiseux and Ricard, 2008), and people's quality of life who live with schizophrenia (Gee, 2003). Grounded theory involves developing theory at each stage of the process of research, when data analysis and collection are taking place. I decided against using grounded theory to analyse the data, as I had an a priori commitment to Romme and Escher's Maastricht approach, because this makes a link between voice-hearing, people's experiences of trauma and their emotions. There are, however, parallels between grounded theory and the thematic analysis I am using. Grounded theory has been described as 'thematic' (Braun and Clarke, 2006). The authors note that 'grounded theory seems increasingly to be used [...] as a set of procedures for coding data very much akin to thematic analysis'. As I have already noted, my study has been conducted using thematic analysis, as this method is best suited to identifying themes across the data-set in a way that addresses the research questions that I outlined in the Introduction.

3.8 Coding and analysing the data

I have described below the different stages that I have used when undertaking a thematic analysis approach, after I had finished the interviews:

1. I read each individual transcript and my reflective diary several times in order to get an overarching feel of the data presented. I then listened to the audio recordings line by line, and made an index about what was in the data.
2. Using highlighters and post-it notes, I began to identify topics in the interviews. On separate pieces of paper I identified overarching themes that partly emerged from the data, and were also in part derived from preoccupations that I had prior to doing the empirical research. From these themes I identified the codes, such as the link between voices and emotions, and how voice-hearers understand their inner and outer worlds. I then matched up the codes with data extracts that related to that code, and ensured that all of the relevant data were coded. This sometimes involved cutting and pasting extracts of data from individual transcripts into a single Word document, so that I could study each code in detail.
3. I developed a tree of the codes that are used as a reference document (see Figure 6 below). This tree of codes is indebted to that provided in Muddiman et al.'s study (2016). I decided how different topics/codes related to one another in a relational tree by brainstorming these in mind maps. I provided my supervisors with this coding framework, and two of the transcripts. My supervisors then double-checked these transcripts, and gave feedback on how they would code the data, which gave me two alternative perspectives to my own.

Table 1: Coding frame

Theme	Description	Sub-themes

1. Voices and emotions	The connections that participants make between emotions, trauma and their voices	Creating a distance from emotions
		Multiple traumas and shutting down emotions
		Traumatic triggers for voices
		Emotions embodied in the voices
		Isolation
		Voice identity – e.g. individuals known to the voice-hearer; spirit guides, devils, or gods and prophets; social groups of voices, involving two or more voices; animals; non-human entities; unrecognised entities; parts of the self
		Asserting power with the voices

2. Personification of the voices	Exploring if voice-hearers could identify who or what the voices related to.	Negotiation and compromise with the voices
		Dialoguing with the voices
3. Voice-hearing as an illness	Issues to do with some participants understanding voices within a biomedical model.	Belief that there is a genetic / biological cause
		Loss of functioning
		Identity confusion
		Taking medication
		Getting therapy or lack of therapy
		Substance abuse (drugs and/or alcohol)
		Alternative frameworks for understanding voices
		Hearing voices in different languages and emotion

4. Migrant voice-hearers	Exploring the link between cultural displacement and mental distress / voices	
		Belongingness and exclusion
		Denied psychological therapies
5. Impact of space on the voice-hearers	Using space and place to understand voices and emotions	Spaces exterior to the body/mind
		Interior spaces
		Spaces of transit
		Invoking a boundary with voices and emotions
		Hearing voices groups
		Different practices – e.g. mindfulness, painting, drawing, writing poetry, song-writing, film-making
		Being assertive with voices

6. Creative and embodied practices	Participants using creative and embodied activities to cope with their voices	
		Using an activity to express emotions, and to mediate a different relationship with voices
		Activity allowing a dialogue with voices

4. After I had matched the codes with data extracts that determined that code, I sorted the codes into potential overarching themes and collated all of the relevant coded data extracts within the identified themes.
5. The technique of constant comparison (drawn from grounded theory) was used to compare particular incidents in the data with other incidents for similarities and differences. This technique required me to move back and forth between the data's developing codes, categories, concepts and the data (Charmaz and Belgrave, 2007). This ensured that my analysis represented all perspectives.
6. Once the themes had been refined, I re-read all of the collated extracts for each theme. I considered the validity of individual themes within the dataset.
7. Writing theoretical memos is 'the pivotal intermediate step in data collection and writing drafts of papers' (Charmaz, 2014, p. 162). I did this even as I chose to do thematic analysis, because writing the memos helped me to think about the data and to move beyond descriptive coding of the data to thinking

about how 'codes' can become categories for analysis. I analysed the data within each theme, and wrote one theoretical memo for each theme, exploring initial ideas and emerging relationships between codes. I also considered how the themes related to my research questions as I wrote up my ideas about the codes that I was developing, including writing about how these related to each other. This enabled me to build in the process of abstraction, which was aimed at building categories to fit my data. The memos aimed to reflect this theoretical thinking.

8. I created a table for the demographic data of the research participants, so that I had some context for them. Where appropriate, I drew on these demographic data when undertaking the thematic analyses. For example, I did so in relation to my analyses of ethnicity and place, by drawing explicitly on demographic details around categories of ethnicity, age and gender.

- **Identifying themes**

My themes that emerged from the data indicated larger conceptual areas. For example, five out of six themes outlined in the coding frame (see Figure 6) became separate empirical chapters (albeit with different titles), with the exception of the theme 'voice-hearing as an illness'. These themes that became chapters included the following: voices and emotions; relationships with voices; migrant voice-hearers; impact of space on the voice-hearers; and creative and embodied practices. While some voice-hearers' viewpoints that voice-hearing is an illness have been incorporated into the thesis, I decided not to devote an entire chapter to this mainstream view, as this thesis is providing an alternative perspective which emerges from psychotherapeutic

theories and practices. With my fully worked up themes, I wrote the analytical chapters of my thesis, and told the story of the data. I aimed to provide sufficient data extracts to demonstrate the prevalence of the themes, and to provide an argument in relation to my research questions. Frequently I included vignettes, which introduced and exemplified key issues relating to my analysis of the data. The vignettes were used as a data analysis tool, for they provided a rich section of an individual participant to demonstrate particular issues that related to my research questions. While I considered that a detailed discussion of individual voice-hearers was the best way to capture the complexity of diverse voice-hearing experiences, it is also the case that this focus narrowed the scope of this study to particular individuals. Nonetheless, I did make comparisons to the wider data-set where this was possible, in order to identify themes and patterns of meaning. I also endeavoured to locate contrasting material or exceptions that did not follow the majority.

My study is a mixture of top-down themes that are theory-driven, and bottom-up themes that are data-driven (because they use the transcripts as the unit of analysis). The top-down themes are based on several of Romme and Escher's research concerns, which include exploring the links between voices and difficult emotional / traumatic events, and asking participants if they considered themselves to have a relationship with their voices. These research interests were mentioned earlier in my discussion of the topic guide.

The current study includes five empirical chapters where data analysis is discussed in full.

During the process of coding and analysing the data, I was mindful of how some of the research participants' descriptions of childhood and adulthood adversity or

abuse were distressing to read and interpret, and therefore it was important to build regular breaks into the process of interpretation. If I felt that I needed support, I discussed the content in a generalised way (and not referring to any names) with my therapist or my academic mentor.

There are different manifestations of the thematic analysis method, but I have largely followed the thematic analysis protocol described by Braun and Clarke (2006, 2013), which involves a six-stage, systematic process. First, Braun and Clarke (2006, p. 92) recommend that the researcher ‘immerse yourself in the data’ before creating codes that will depend on whether the themes are ‘data-driven’ or ‘theory-driven’. In the case of my project, the themes were both data- and theory-driven, since I was indebted to Romme and Escher’s model. Braun and Clarke note how there is a ‘process of transcription’ that is an ‘interpretative act’, because ‘meanings are created’ (Braun and Clarke, 2006, p. 93). Secondly, the researcher codes the data, which is when ‘you might approach the data with specific questions in mind that you wish to code around’ (Braun and Clarke, 2006, p. 94). Thirdly, the researcher sorts ‘the different codes into potential themes’, and collates the data within these. Next the researcher reviews the themes, assessing what the validity of the themes is within the data-set. They then define and refine these themes, so that they can collate data extracts for each theme, ‘organising them into a coherent and internally consistent account, with accompanying narrative’ (Braun and Clarke, 2006, p. 98). The final stage involves writing a detailed analysis, where data extracts are embedded within an analytic narrative (Braun and Clarke, 2006, p. 99).

My approach most closely meshes with what Braun and Clarke define as being ‘a “contextualist” method’ of thematic analysis, ‘which acknowledge[s] the ways individuals make meaning of their experience, and, in turn, the ways the broader

social context impinges on those meanings' (Braun and Clarke, 2006, p. 85). In my study I am interested in voice-hearers' own accounts of their voices, and what frameworks of understanding they draw on to explain them. This approach is different from what Braun and Clarke define as being 'an essentialist or realist method', which is less theoretically flexible as it directly 'reports experiences, meanings and the reality of participants', with 'themes' also being treated in a less flexible way (Braun and Clarke, 2013, p. 85).

A limitation of this qualitative study is that the initial scope of the inquiry was too broad. I found that I was not able to analyse all of the data that I collected, such as the field notes that I wrote during my six-month period of observation as a participant-observer at The Gatehouse and Heathside, where I shared voice-hearers' experience in a narrative form (Hammersley and Atkinson, 2007, pp. 82, 85).

This chapter has outlined the process of the data collection and the data analysis. I have also indicated the strengths and limitations of this project when it was conducted from the perspective of someone who hears voices. There are a range of different frameworks for understanding voices. However, many of the voice-hearers whom I interviewed described having different kinds of relationships with their voices, so the focus of the next chapter will be to map these relationships. This is also a preoccupation within Romme and Escher's Maastricht approach, which explores the characteristics of the voices (e.g. gender / age) of people either directly or indirectly involved in the trauma/s. My aim is to extend this model in the next chapter by exploring further the different kinds of relationships that people have with their voices.

CHAPTER 4

Mapping Voice-hearers' Relationships with their Voices

4.1 Introduction

Given that my thesis is exploring the rich dynamics of emotions in voice-hearing experiences, one of my research aims is to explore the different kinds of relationships that my participants had with their voices. People do not necessarily talk about a 'relationship' with respect to other imminent mental events, such as depression or anxiety. However, all of the participants related to their voices in some way, in that they experienced a sense of connection. The voice-hearers described how there was the capacity for reciprocity, with many engaging in a to-and-fro dialogue with their voices. Often these voices were 'characterful', where on top of auditory or linguistic properties there are certain 'person-like characteristics' – gender, age, an accent, or intentions. The voice-hearers may attribute the voice to a variety of causes, and understand it through a variety of frameworks (such as psychodynamic, mystical, parapsychological and medical), which will influence how they develop ways of relating to their characterful voice.

Different kinds of voices (e.g. a deity, or a deceased relative) may say different things and provoke very varied emotional responses: one voice may be reassuring and uplifting, while another may be distressing and abusive. Many of the voice-hearers whom I interviewed described having different kinds of relationships with their voices, ranging from the minimal to the more complex, and involving single, multiple (2-3) voices, or crowds of voices. Because the emotional dynamics of voice-

hearing which are the focus of this analysis take place within the context of the voice-hearer's relation to their voice, mapping the different kinds of relationships that voice-hearers have with their voices takes on critical significance and will be the focus of this chapter.

4.2 Mapping different relationships with voices

There are a variety of models that attempt to explain the voice-hearing experiences. Many orthodox psychiatric accounts view voice-hearing as a form of hallucination that can be attached to a number of mental disorders, such as personality disorder, bipolar disorder or schizophrenia. For example, in the case of schizophrenia, the psychiatrist Neel Burton describes how types of hallucination may include 'a voice keeping up a running commentary on the person's behaviour or thoughts, or if there are two or more voices conversing' (Burton, 2010, p. 62). These are the classic Schneiderian first-rank symptoms long considered a 'hallmark' of schizophrenia (Burton, 2010, pp. 52-3). There are also a broad range of psychotherapeutic interventions that are used to help people to manage their voice-hearing. As I mentioned in Chapter 2, cognitive therapies have shown that voices mirror the interpersonal relationships that the individual has with others in the world (Hayward et al., 2012, p. 77; Dodgson et al., 2015, p. 22). I return to these varying accounts in more detail below; for now, I would like to emphasise that it is the variety in the voices described by voice-hearers that make it so important to map them. Studies which have looked at the varieties of voice-hearing experience show that there is no uniform 'relatability'. A number of these studies that I will discuss shortly are not about relating *per se*, but rather they explore the conditions for relating to a voice. I

will begin by outlining studies that suggest that voice-hearers merely view their voices as being symptoms of an illness.

4.2.1 ‘Minimal relating’ accounts of voices

In the introduction I discussed how some psychiatric studies promote the proposition that voices are best understood as symptoms of aberrant auditory processing (Soon-Shin et al., 2012; Javitt and Sweet, 2015). In Kalhovde et al.’s study (2013, p. 1474), several voice-hearers comprehended their ‘voice-hearing as unrelated to their life and a mere symptom of illness caused by a brain malfunction’. One participant said that their voices were ‘nonsense’, and mere symptoms of ‘schizophrenia’, which he thought of as being ‘a brain disease’. Nonetheless, he significantly ‘answered the phone that only he heard ring’ (Kalhovde et al., 2013, p. 1474), which indicates that the sound of a phone ringing was compellingly real to him. However, some phenomenological studies explore how voice-hearing experiences are heterogeneous, with voices even being characterful. As I have indicated, auditory processing accounts do not make it possible to look at these relations in voice-hearing experiences, and I would now like to discuss how voices are construed as ‘characterful’.

4.2.2 Characterful voices

A recent study conducted by Woods et al. (2015, p. 323, p. 325) found that two-thirds of participants experienced voices with ‘characterful’ qualities, that is, ‘people or person-like entities with distinct characteristics’. Voice-hearers who experienced characterful voices described these as follows:

A range of person-like qualities, from amorphous entitativity (an undefined disembodied personality), to stereotypical person-like presentations (an angry man, an old woman), spiritual entities with anthropomorphic traits, specifically recognisable individuals, and voices that are subjectively experienced as representing all or part of the person's own self (Woods et al., 2015, p. 330).

It is clear from the above extract that not everyone meant the same thing by 'characterful', with voices ranging from a 'disembodied personality' to 'recognisable individuals'. This suggests that there might be different ways of voices being characterful. (I return to the issue of voices being characterful below.) There was, however, a phenomenological heterogeneity of voices, where it was not self-evident that the voices were 'characterful'. One-third of the participants in the Woods et al. (2015) study reported hearing voices that were thought-like or mixed experiences, or non-verbal hallucinations. Some of these were not mutually exclusive categories: for example, voices could be 'characterful' as well as 'thought-like'.

The researchers Wilkinson and Bell (2016) also explore how voices are social agents. They consider that deeper understanding of how voices are often experienced as coming from the voices of often specific, individualised agents has 'vital consequences for our aetiological understanding of AVHs' (Wilkinson and Bell, 2016, p. 104). They identify four levels of agent-representation in auditory-verbal hallucinations, of which only some could be described as characterful. These are as follows: i) *absent agency* (auditory hallucinations are not verbal in any way, e.g. whistling/ white noise-like sounds); ii) *agency without individuation* (agency, but not any distinguishable agent is represented); iii) *internally individualised agency* (agency that is represented in a given case, and is bound to a specific agent in the mind of the voice-hearer over time, e.g. the voice of an 'unknown old woman'); iv) *externally individualised agency* (agency that is associated with specific identities in

the outside world', e.g. past or present family members, acquaintances, or celebrities). This would suggest that there is a scale or continuum running from voices that have absent agency to voices that are far more defined, and have *externally individualised agency*.

In this chapter, when I am exploring how interview participants relate to their voices, I will be adding to and complicating Wilkinson and Bell's account by indicating how the categories that they are suggesting for voices are not fixed, stable categories. I am also interested in the relationship of a social 'agent' of a voice to a 'character'. As we have already seen, not all characterful voices are experienced in the same way, and while some voice-hearers hear the voices of family members or close acquaintances, my participants also described having negative or positive relationships with other entities: such as hearing a number 18 speaking with a northerner's accent, or a dead dog barking. These voices could also be highly 'personified', and by this I mean that the voice-hearer attributed human characteristics to something that was non-human.

Despite the variety in these 'highly personified' voices, within clinical and psychotherapeutic settings, relational therapies promote the idea that voices are just like people. The psychologist Mark Hayward and colleagues (2012, p. 77) suggest that all voices are related to *socially*, and that this has parallels with relating socially to people (see also Hayward et al., 2011, 2014a, 2014b; Strand et al., 2013; McCarthy-Jones et al., 2015). Hayward et al. (2012, p. 9) say that 'with voices it often seems that someone is actually next to you and speaking to you – and you are hearing it through your ears'. They give examples of different types of voices, such as voices coming from parts of your body, voices that the person recognises or not,

positive, friendly voices that people hear in spiritualist settings, and people hearing a crowd rather than individual voices (Hayward et al., 2012, p. 7). There are similarities between this relational therapy approach and a compassionate mind therapy approach,⁸ because this is also very invested in understanding voices as exactly like people. In Chapter 2 I outlined how Romme and Escher recommend that voice-hearers are helped with the Voice Dialogue method to make sense of their voices in relation to their life-history. There is evidence provided in individual testimonies (e.g. Coleman, 2004; Dillon, 2011) and quasi case studies (e.g. Romme et al., 2009) that it can assist voice-hearers to cope better with their voice-hearing experiences. Voice Dialogue promotes the idea that the voice is bearing a message for the voice-hearer, and needs to be engaged with and listened to, in order to understand the emotional problems potentially represented by their presence. The voice can sometimes be treated as though it were a real person, with beliefs, intentions, feelings, a past and an identity (Romme, 2009, p. 59).

Hayward et al. (2012, p. 12) argue that hearing voices is 'only a problem if it causes distress or has a negative influence on the quality of life'. The authors (2012, p. 77) consider how negative characterful voices might be understood relationally, when they say that 'people reported a lack of power and status within *all* these relationships, suggesting that relationships with people in the "real world" are similar to relationships with voices'. This corroborates Romme and Escher's (2000, p. 67) argument that a voice-hearer's pattern of relating to their voices mirrors actual relationships with people. As I have already noted, many of the voice-hearers whom

⁸ Compassionate mind therapy for psychosis encourages the voice-hearer to cultivate compassion for their self, their feelings and their voices, and once again the voice is related to as if it were a person (Longden et al., 2016).

I interviewed were distressed by their voices. In Chapter 2 I discussed how a possible gap in existing studies (e.g. Beavan, 2007, p. 195; de Jager et al., 2016, p. 1415; Jones et al., 2016) is that we do not know enough about how powerful, intrusive voices may be linked to voice-hearers having insecure or permeable boundaries with their voices. Do these relationships with distressing voices mirror a memory of a relationship (say with an abuser), or an actual relationship in the present moment? I am interested in exploring how there may be a thematic or metaphorical link rather than an actual direct link (e.g. the voice actually is the voice of the abuser). Both would be importantly connected to the experience of trauma.

Cognitive therapies have explored voice-hearers' relationships with controlling or intimidating voices. For example, in Birchwood et al.'s (2014, p. 23) study of harmful compliance with command hallucinations, the authors describe how the person has 'the relationship with the personified voice', where they believe it to have 'malevolent intent, and crucially to have the power to deliver the threat'. The cognitive behavioural therapy approach used in the trial was designed to weaken and challenge beliefs about the power of voices, as it was thought that this 'would act as the mediator of change in compliance' with the voice's instruction, in situations when the person would deliberately self-harm or perpetrate aggression (Birchwood et al., 2014, p. 24). (I return to the issue of controlling voices below when I discuss my participants' experiences of these.)

'Assigning the voice the same status as a person may have practical benefits', but as Woods (2017, p. 4) argues, it 'struggles to account for or attend to the phenomenological heterogeneity of voices'. Findings from my research challenge the assumption made in relational therapy approaches that voices are unambiguously

connected to people. I will indicate how a more complicated picture emerges concerning the relationship that voice-hearers have with their voices, when I provide a broad variety of examples of voice-hearing that range from a voice-hearer 'minimally relating' to their voices through to voice-hearers having a relationship with 'richly personified' voices. By 'minimally relating' I mean that a person is just responding to a voice – they do not countenance having a two-way relationship with it. I will use Wilkinson's and Bell's (2016) categories to understand the status of voices, and whether the agency of a voice determines the kind of relationship one might have with it. Also of interest to me is whether the voice-hearers were skilled in invoking a boundary with their voices, and how this lessens anxiety and distress. I will explore the agentive processes involved, and indicate if this boundary with the voice is static or changing, depending on the environment or circumstances at the time. I am interested in how this boundary with the voices is connected with the voice-hearer asserting power. In those cases of voice-hearers who have insecure or permeable boundaries, I will explore their relationships with controlling and/or intrusive voices.

4.3 Identifying who or what participants' voices related to

In order to analyse the broad range of voice-hearing experiences reported by my participants, I first grouped them according to the defining characteristics of the voices. For example, some voice-hearers described entities (e.g. like deities), while other voice-hearers provided aetiological explanations (e.g. the voice is a part of the self, or an internal creation of the mind). These categories are different from those offered by Wilkinson and Bell's (2016) account, which helps us to understand the voice's agency in the mind of the voice-hearer.

In my interviews I asked participants, ‘Do your voice/s have any defining characteristics? For example, are they male/female, a certain age, positive or negative?’ Thus, my direct prompting in the interview created space for (or perhaps encouraged) participants to discuss the characterful qualities of their voices. The vast majority of the voice-hearers reported in the interviews that they could identify who or what their voices related to. Over two-thirds of the sample believed that their voices belonged to person-like entities that included dead or living people, deities or spiritual entities. I have grouped these voices together, because in the cases of people and deities, agency was bound to specific identities in the outside world. This was also the case with some of the spiritual entities. Four voice-hearers recognised the voice as an inner voice or another aspect of their self. Several people heard the voices of people that they did not know or non-human entities. Examples of the latter include an alien, a plane, and the number 18 speaking to them. Some people heard more than one kind of voice. These data are presented in the table below.

Table 2: Identity of the voices as reported by voice-hearers

Some of the participants’ voices are categorised under several of these headings (which explains why the percentages total more than 100%).

Individuals known to the voice-hearer: living or deceased family members, partners, friends or acquaintances	12 (40%)
Spirit guides, gods and prophets	6 (20%)

Social groups of voices involving two or more voices	8 (27%)
Animals	4 (13%)
Non-human entities	3 (10%)
Unrecognised entities	5 (17%)
Parts of the self	4 (13%)

My categorisation of voice identity is indebted to that provided by Vanessa Beavan's (2007, pp. 91-8) in her doctoral thesis. Beavan noted how her work was informed by Romme and Escher's study (1989, p. 29) of 173 non-patient voice-hearers who answered a questionnaire. Romme and Escher found that '44% (of the voice-hearers) identified their voices as gods or spirits, 18% as a good guide, 28% as people they know, and 31% as a special gift'. Beavan likewise sought to categorise voice identity (2007, pp. 91-8) in similar groupings, by dividing participants' voices into entities (e.g. 'spirit guides', 'Gods and prophets', 'deceased persons and spirits', 'living people', 'animals', 'aliens, 'unspecified entities'), and aetiological explanations ('parts of the self'). Significantly Beavan does not include the category of voice-hearers perceiving voices as 'a special gift', and neither did I in my own study, for the reason that the majority of my interview participants found their voices distressing, as they were recruited from community mental health centres.

In my category of 'individuals known to the voice-hearer', this included living or deceased family members, partners, friends or acquaintances, for the reasons that voice-hearers often had intimate, complex relationships with both these living and dead figures. I also created a separate category for crowds of voices, because several of the voice-hearers reported hearing cacophonous voices. One-third of the interview participants reported hearing more than one type of voice: for example, some interview participants hear the voices of living people, and also hear animals. In the table I indicate the different kinds of voices that the interview participants hear, without indicating whether they hear two or more kinds of voices.

When I analysed the interview transcripts, I used the code 'parts of the self' if the voice-hearer saw their voices as being an internal creation of their mind, and the code 'unrecognised entities' to refer to voices that felt as if they were distinct from the voice-hearer but had no recognisable identity. Having categorised the different kinds of voices that interview participants hear, in order to introduce the broad range of identities of voices that they reported, I would now like to refer to two vignettes to introduce and exemplify the heterogeneity in voice-hearing experiences, with some richly personified, 'characterful' voices being more complex than others, and involving different kinds of agency. This will address the wider concern of the chapter, which is to show how voice-hearers have different kinds of relationships with voices, and how these provoke varied emotional responses.

4.4 The case studies of Mary and Paul: mapping relationships with voices

Mary, a retired staff nurse in her fifties, used to hear up to seven voices frequently. She said:

They [the voices] were very busy last summer, particularly her. She'd say, "Watch out for this, watch out for that. Do this." And the observation bloke again, and that comes out in the paranoia. [She sighs.] And this sort of thing. He'd say, "That's dangerous." And this sort of thing. He'd say, "Look, I don't like that man on his bike, look at that dog, you might get bitten." And he'd be making up these stories for me, which I would continue. [She laughs.]

Mary does not hear the voices at the same intensity or frequency all the time. She said that they were 'very busy last summer', and later she elaborates on this by explaining that she was 'very paranoid'. Her heightened anxiety also features in this account, as both of Mary's voices are creating paranoia by alerting her to potential threats in her environment. Mary finds it particularly difficult to cope with the female voice, which is described in more detail elsewhere in the interview as being a parental figure that provided 'negative nurture'. This voice has *internally individualised agency*, as defined in Wilkinson and Bell's schema (2016), given that it is bound to one specific agent. This voice said to Mary 'Watch out for this', but we are not told what object or person it is referring to. This voice leads Mary to become more hypervigilant for voices or sounds with threatening content coming from the environment. This is what the psychologists Dodgson and Gordon (2009, p. 326; see also McCarthy-Jones, 2013, p. 187) call 'hypervigilance hallucinations', which arise from a mistaken cue in the environment.

In this extract, Mary also occasionally hears a characterful voice that she calls 'the observation bloke' that has *internally individualised agency*. Mary has experienced traumas that include childhood sexual abuse, which will be discussed further in the next chapter. The observation bloke's voice makes Mary feel afraid and anxious, in that it provides 'a commentary of what's going on as I was seeing things, as I was stimulated visually or aurally'. For example, the voice alerts her to the possible threat in her environment of 'that man on his bike', whose dog might bite

her. Mary has noticed that her voices are usually triggered by 'an external stimulus', such as disclosure of a traumatic event in a complex needs group. But her voices are also triggered by white noise, such as groups of people talking, and in this sense they also fall into the category of 'hypervigilance AVHs'. Notably, Mary's voices have a relationship with each other where two of the voices will discuss her, so that it feels to her as if one of the men is angry with her. Mary does not play with or develop the characterful aspect of these voices, as they either frighten or irritate her. Mary was highly reflective in the interview on her thought processes, and she understands that she would 'challenge it [the voice] quite early on', as she found that if a voice 'was challenged straight away' that 'this got rid of the voice'. This intercepts the dialogue between Mary's voices, so that it does not carry on building, and Mary is relieved of the anxiety that is provoked by the voices.

In contrast with Mary's multiple voices, Paul, an ex-soldier in his early thirties who is now unemployed, hears the voice of a more defined character called 'the Captain'. He said:

A lot of other voice-hearers have 'a voice'. It is somebody different from themselves. With me, it is just myself. I visualise him as me but with a scruffier beard and different attire and things like that [...] He looks different to me. He's quite aggressive, quite an old-school man's man. That's how he comes across [...] It's just there 24/7, always talking away to myself, getting replies and all this. That's just the way it is now. Some voice-hearers can put their voices away. Some tell them, 'I don't want to speak to you at this moment, could you come back later on?' With mine, it's just part of me, I'm like a Siamese twin, but on the inside.

Like Mary, Paul views his voice at times as being like a person. It is a characterful voice, 'an old-school man's man', who has his own distinct appearance, dress-sense, and emotive aspect, with the voice being aggressive. Therefore, it offers

another example of a voice that has *internally individualised agency*. Interestingly, Paul also draws attention to how his voice is internalised: it is 'just part of me'. He emphasises this connection by saying that the voice is 'a Siamese twin [...] on the inside'. The logic of the 'twin' here suggests that Paul has an intimate relationship with the voice, viewing it as internal and conjoined to him. Notably, he earlier claimed that it is 'my own voice but in different tones', which also suggests that he understands himself to be having a relationship with a voice that is at some level part of himself.

Later in the interview, Paul develops the image of the voice by saying that it 'was the captain of the ship really'. Such a characterisation has links to Paul's military background, and it is a military image that he uses to invoke the imbalance of power in his relationship with the voice. As with Mary's voices, Paul's voice triggers fear and anxiety. Paul said, 'He [the Captain] was on the bow, making all the decisions and I was just there in the background watching him.' Here Paul is describing an intimidating relationship where the voice has the power to watch him in a spectatorial way. Paul does not seem able to establish any firm boundary with the voice, where he might manage to get control, and he listens to it all day long. As the psychiatrist Marius Romme and Mervyn Morris, a psychiatric nurse (2009, p. 2), suggest, many voice-hearers who become psychiatric patients 'were afraid of their voices, overwhelmed by them, and felt powerless'. This power imbalance between the voice-hearer and their controlling voices is an issue that will be explored later in this chapter.

These vignettes that I have just discussed illustrate how there is more complexity in the relationship that Paul has with his deeply characterful voice (which has rich

agency), while Mary's voices are stereotypical person-like presentations. For Mary does not invest in developing the characterful qualities of her voices in her mind. She is more able than Paul to assert a boundary with her voices, by challenging them early on. The examples of both Mary and Paul demonstrate that there is a range and variety in voice-hearing experiences, and the diversity in voices will now be further shown when I analyse different ways of 'relating' to voices, as well as different kinds of relationships that voice-hearers have with their voices, using a typology that I will now introduce. This is similar to Wilkinson's schema in the sense that I, too, am exploring whether the agency of a voice determines the type of relationship that one might have with it.

The first sub-category will be the experiences of voice-hearers who 'minimally related' to their voices, by which I mean that they had very little connection with the voice, and /or resisted any connection with it. This differs from a 'relationship' where there is a level of reciprocity, as is demonstrated by some of the voice-hearers engaging in a two-way dialogue with their voice/s. Given that many of the voice-hearers did have relationships with their voice/s, the second sub-category will involve exploring how some of the voice-hearers have intimate, and often complex, relations with positive voice/s. The first and second categories are about whether or not there is a relationship with the voice/s. The third category will explore the quality of a relationship in terms of how voices can be distressing and/or controlling. I will now begin by discussing cases where interview participants are relating to voice/s in a minimal way.

4.5 Voice-hearers who relate minimally to voice/s

In this section I will consider the most minimal attributes of a phenomenon with which a voice-hearer can create a relationship. Three of the voice-hearers heard non-human entities. Gary is in his early forties and unemployed. When he was a patient in an inpatient psychiatric ward, he heard the non-verbal auditory hallucinations of planes taking off.

Gary: A couple of times I did actually hear a helicopter right above my head, sort of thing, and I actually got the feeling that I was going to be kidnapped or something. You know what I mean? I did at the time think they were real.

At the time the hallucinated sound of these planes triggered considerable distress. Gary does briefly relate to these sounds, in the respect that he is highly anxious that the helicopter is a threat, and that he is 'going to be kidnapped'. This suggests that Gary believes the pilots to have malevolent intent, and 'the power to deliver the threat' (Birchwood et al., 2014, p. 24). These pilots have *internally individualised agency*, which is one of Wilkinson's and Bell's (2016) categories.

Two voice-hearers reported voices that did not speak to them. Ling is a postgraduate student in her twenties. She immigrated to England from China when she was ten years old. Ling described experiencing a crowd of voices between the ages of sixteen and eighteen that are *soundless*. Usually it is presumed that voices have an audible quality in the absence of an external stimulus. Ling said:

I think I had experiences prior to that that were indicative of external presence. I think the voices were a manifestation of the external force. They didn't speak to me before.

Here Ling conceptualises voices that do not speak; instead, they listen to her. Ling believes that the listening voices have malevolent intent, and she is afraid. Clearly the proximity of the voices is distressing for Ling. She describes how these voices represent 'an invasion into your psychological inner space'. Her apparent inability to assert a boundary with the voices perhaps contributes to why it feels to her that they are intrusive.

Jim's voices also did not speak. This crowd of voices provides another example of voices that function as a unit, with no conversation existing between the voices. Unlike Ling, Jim finds that his crowd of voices are positive and supportive. Jim is in his early sixties and unemployed. He reported loneliness and bullying when he went to boarding school as a child. As an adult he is also isolated, and said:

I just plan things, and what I'm going to do, as if there are close friends in the room [...] Mainly silence, but also sort of wishing what might happen if I did this, and this will lead to this, and so on [...] I very much have particular conversations with particular people, and discuss going out and women with friends, some of whom have recently got married, and maybe ten years ago. And...life events and planning for the future.

Here Jim is describing the 'felt presence' of long-term female friends. These friends listen in a supportive way. The friends' presence offers Jim much-needed companionship when he has a very limited social circle. It appears that Jim is still in contact with some of these women, on whose identities the person-like entities of these voices are based. Jim knows, for instance, that some of the women were recently married. These voices have *externally individualised agency*, in that Jim understands them to be 'close friends' who are present in the room, even though he cannot see or hear them. This is the first of my examples to have this kind of agency, yet Jim's relationship with his voices is complex and intimate, as is Paul's

relationship with the Captain's voice (only this voice speaks as well). This would indicate that the agency of a voice does not have to dictate the kind of relationship that the voice-hearer has with it.

For Jim, who spends a lot of time alone, his flat is a space where he feels safe to 'plan things' aloud with voices that belong to long-term female friends. So, while they are personified, it is a passive, mute position they take in relation to the voice-hearer. This means that Jim has a high degree of autonomy and power in his relationship with the voices. For Jim is the one who initiates 'conversations with [these] particular people', who as we already know never reply or speak. That said, Jim finds that the 'males are more domineering, and the females are more understanding', and he does not mention being able to influence whether it is females or males who are present in the room. According to Jim, none of the people makes him 'feel anxious', and he understands their 'presence [to be] a force for good'. Jim is unusual in my sample in that he enjoys support and warmth from the 'particular people' that he hears.

Some voices did speak, and yet did not have any conversation with the voice-hearer whatsoever. Chigaru is in his early fifties and unemployed. His voice, he said, 'just called my name'. Chigaru found this a startling experience, and thought that there was a neighbour standing outside his bedsit. The voice has *internally individualised agency*, because Chigaru cannot identify the neighbour.

Several of the voice-hearers only related to their voices for brief periods, as they were afraid of them. Simon is in his early seventies and a retired labourer. He sought refuge in a Christian church after he had a vision of Christ who was eight foot high

and 'glowed like a giant candle', speaking the words '*Ecce homo*' ('behold the man'). Wanting to understand the voice, Simon engages the voice in a to-and-fro conversation. But when he read the Bible it felt to him as if there was a message saying that he 'had been cursed'. At this point he stopped engaging the voice that he was hearing in a dialogue, as he thought that it belonged to the devil. Interestingly, this particular voice disappeared altogether, although Simon did continue to hear other negative, critical voices.

In Chapter 2 I discussed studies which explore relationships that voice-hearers have with distressing voice/s (Hartigan et al., 2014; Corstens and Longden, 2013; Suri, 2010). One-third of the interview participants described how their voice-hearing was a one-way phenomenon, as they were too distressed by the voice to engage it in a dialogue. Gary is one such voice-hearer who feels so powerless when hearing the voices that he is unable to engage them in a conversation or question them, and yet he still has a relationship with the voices. He found that his voices were always triggered when he was in bed. His bedroom was in fact a space of potential anxiety for him. The voices occurred either on the border of falling asleep, or they woke him in the night with their 'mumbling'. The voices have *externally individualised agency*, in that Gary thought that they belonged to the women he had worked with in Romania prior to his breakdown. Gary's is a very different kind of relationship to Jim's positive, comforting relationship with his voices, which were also associated with women he used to know (*externally individualised agency*). So again this emphasises the point that the type of agency does not determine the kind of relationship a person has with their voices. This would suggest that my own additional sub-categories to Wilkinson's and Bell's (2016) four categories of agency would be helpful in further understanding voice-hearers' relationships with their

voices. Gary feels persecuted by his voices, as he believes that ‘they were just like having a good laugh at my expense, sort of thing’. If the bedroom is often experienced as a space focused on sexuality and sexual desires, Gary alone in his bedroom connects hearing these voices to his own insecurities as to how women perceived him. After two to three months these voices ceased altogether.

4.6 Intimate relationships with positive voice/s

Eight interviewees (approximately one-quarter of the sample) reported having an intimate relationship with a single voice. They may have heard other voices at times, but this single voice addresses the interview participants when no other voice is speaking to them. For just six people, positive voice content led to the voice-hearer fostering a relationship with their voice, in which they sought supportive advice or guidance in a to-and-fro dialogue. One such voice-hearer is Anna, who is in her early forties and recently had a baby. She is isolated at home, and hears a comforting voice when she is ‘in a good mood’.

Anna: I’ll actually tune into this reassuring voice and ask them things, you know, and they’ll give me feedback. I don’t know what that is [and she laughs]. I don’t know if that’s my soothing self-talk or, you know, some type of spiritual thing.

Anna has found that the voice is ‘reassuring’ when she is feeling positive. This suggests that Anna’s mood influences the content of what the voice says to her. The fact that Anna only listens to the voice when her mood is ‘good’ means that the voice is consistently supportive and Anna has learnt to trust it.

Over time her willingness to engage in a to-and-fro dialogue with her voice means that she has developed a relationship with it, where the voice offers her reassurance,

such as saying “You’re wonderful, you’re on the right track”, kind of thing’. Anna even looks to the ‘voice to sort everything out for me’, which suggests that she invests it with considerable power and agency, where she believes what the voice tells her. This ‘relationship’ by offering her hope makes Anna feel more positive. Such a close attachment has formed with the voice that Anna remarked that she would choose to keep the voice. For although Anna does not know if the voice is a part of her ‘self’ (‘my soothing self-talk’) or a spirit, she clearly sees the voice as being distinct from her. Indeed, she comments how it has ‘got a personality now’.

Six of the interview participants had a complex, intimate, positive emotional relationship with their voice that functioned like an attachment figure (Berry et al., 2012). An attachment is the bond in a relationship. As Levy et al. (2014, p. 96) note, there are different attachment styles with different attachment figures. ‘Secure attachment’ is characterised by ‘a well-organised, undefended discourse style in which emotions are freely expressed’ (Levy et al., 2014, p. 96). By contrast, insecure attachment is characterised by a lack of trust, with the person avoiding or ignoring the attachment figure. Many people with mental health problems have been found to have an insecure attachment style (see Berry and Drake, 2010), so perhaps it is easier for a voice-hearer to relate to a voice than it is to relate to a person. In Chapter 2, I mentioned how Berry et al. (2012) note that in cases where social networks are very limited, voices may function as attachment figures for people with psychosis. Strand et al. (2013) are in agreement with this, as their study showed that for those voice-hearers who heard voices that had a supportive content ‘none [...] expressed wishes to be rid of these symptoms’, as the ‘voices were mainly referred to as substitutes for loneliness and longing’ (Strand et al., 2013, p. 7).

Like Anna, Peter hears a single positive voice of a spiritual entity. He is in his late fifties and is unemployed. Since his mother's death a few months before the interview took place, he has heard her voice. The voice, therefore, has what Wilkinson and Bell (2016) call *externally individualised agency*, being a very direct representation of his mother:

Peter: I can go and put a candle in the cathedral, and burn that and have thoughts and talk to my Mum, and know she's there, you know. [...] Every day I speak to her. It's always pleasant. She's always having a good time. Erm, it's definitely her voice.

Peter evidently feels comfortable in this religious space, which is dedicated to a sacred purpose of exploring his relationship with his dead mother's voice. The continuity in his mother's voice that is 'always pleasant' enables Peter to trust it, and an attachment quickly forms through this to-and-fro dialogue. Thus, in the cases of Anna and Peter, trust and consistency are important for dialogue and reciprocity to build with a 'characterful' voice. Anna listens selectively to the voice and welcomes its positive comments. In Anna's and Peter's cases, an attachment with the voice forms.

Nick is in his early thirties, was formerly a graphic designer and is now unemployed. An attachment formed with his maternal voice that said words of comfort for four years, when he was being physically assaulted and verbally abused at school.

Nick: It was telling me just to walk away. 'Hold your head high. You're not the loser here. They are.' It was just comforting things.

Two of the voice-hearers heard a 'characterful' positive voice that they conceptualised as having a defined embodied personality. Sam is in his late twenties

and unemployed. He alleges that his father, who was an alcoholic, sexually abused him when he was aged ten and threatened to kill his sister. His father then suddenly died of liver failure when Sam was still ten. Like Anna, Peter and Nick, Sam has a strong attachment or connection to one of the voices that he hears. He said:

She [my nurse] walked in and I can remember seeing [...] I'd been sitting in front of her a long time. This is my soulmate, this is my soulmate. Now she's just a voice and I think I'd be a bit weird if I was, you know, treating this voice like my soulmate or something, yeah [...] It's a really positive voice, but it's just the fact I think it would be weird. I'd get my hopes up thinking that I'm going to meet her sometime, and then in reality, and after that happened, I would, you know, I would be able in reality to meet her. She's not my soulmate.

The strongly personified voice is clearly linked to the nurse, Marian, who was influential in Sam's life by facilitating a hearing voices group in the psychiatric ward where he was an inpatient. The voice has *externally individualised agency*. The rich agency of this highly personified voice that he subsequently hears means that Sam is 'treating this voice like my soulmate'. Sam, who has a limited social network and no partner, like Anna and Jim and many of the other voice-hearers whom I interviewed, craves intimate company, and indeed hopes to meet Marian one day. Here he is referring to seeing the nurse Marian whom he previously knew, as opposed to meeting with a voice that has an embodied form. Nonetheless, Sam has some insight that this meeting would not be possible, and this then leads him to reject the idea that Marian is his 'soulmate'. In this way he asserts some kind of boundary with the voice, where he does not see the voice as 'real' in the sense that it is an actual person.

The voice-hearer who had the strongest sense of the voice having an embodied form was Jason. Jason is in his early thirties and unemployed. He reported how his

first voice-hearing experience occurred when he was driving his car home. The voice felt to Jason as if it was on the right-hand side of his head. Later, Jason recognises that the voice sounds like Jenna Chapman from one of the TV programmes he watches. Jason had a comforting to-and-fro conversation for ten minutes with the voice, which led him to start crying. At this point Jason told me that he kissed the voice that was directly to the right of his head. Then he said, 'I don't know why I kissed the voice.' Immediately after the kiss the voice said 'Hello', and engaged Jason in conversation by asking him what he was doing. Jason was the only one of my interview participants to report any physical contact with a voice.

Helen is an eighteen-year-old voice-hearer and a college student. She is the first of the examples that I have discussed to report a relationship with multiple (2-3) voices. When Helen first heard the voices of two little girls, they said abusive things. These voices are 'characterful' in the respect that they have defining physical features: for example, one is 'quite short, and one is quite tall. They've both got long blonde hair, but they wear, like, ragged dresses.' Notably, Helen reports a two-way relationship with the voices, where they function as a unit. For example, she said that 'they [together] say you may as well die' and 'we're going to, like, rule your life and everything'. The voices even embody emotion as a unit, and Helen gives the striking example of how 'they can get very emotional and, like, start crying'. Helen's reaction is to feel distressed herself as well, for it feels to her 'that they're a part of me now'. Nevertheless, over time the voices have become supportive, and Helen has an intimate relationship with them. She said:

Helen: Now I feel special hearing the voices. I know that may sound really weird, but I do because I feel like I've been chosen. Because they've chosen to try and probably help me out, maybe.

The voices only became encouraging and helpful because Helen was advised by a psychologist from the early intervention psychosis team to listen to the voices for only one hour, at 7 p.m. each evening. Helen set a boundary in this way. She told me that 'If you're [the voices are] good, I'll talk to you for an extra half an hour; but if you're naughty, you won't get an extra half hour and I'll keep cutting down the hour until you've realised I'm the boss and I'm trying to be in control.' Despite the fact that Helen was trying to gain power over the voices by imposing this boundary, she was also advised by her psychologist, who framed the voices in relational terms, 'not to block the voices out', for the reason that 'the more you block the voices out the more they're going to get angry with you'. The psychologist suggested to Helen the strategy of 'let[ting] the voices roam around' in her mind. Helen found that when she followed this advice, the voices 'soon get bored and go away'.

Over several months Helen has developed a complex, intimate, positive emotional relationship with her two voices, which function like attachment figures (Berry et al., 2012). Helen found the bereavement of a close relative very difficult. She said:

I found it quite hard, like, during Christmas time because my granddad died, like, two years ago. But I found them [the voices] really soothing; like, they were very, like, considerate of my feelings and everything, and they were being, like, really good. And they said, 'Right, we'll do this and we'll do that' and everything, and I found them really helpful [...] Like, they say, 'Oh, we could go to your granddad's grave and put flowers down, we could go and check on him for you to make sure he's all right', and everything like that, and I found that really helpful.

Helen's voices help her to express her feelings. Not only are the voices 'soothing' and 'considerate of my feelings', but these voices with *internally individualised agency* are agentic interlocutors that offer to help Helen in various non-defined

ways. They also make the helpful suggestion that she visit the external environment of the graveside, which comforted Helen, as did her role of tending her grandfather's grave, and she held the belief that 'he's up there [in the sky] looking down on me'. Helen's voices act as a bridge between Helen and her dead grandfather. Her account illustrates that the voices offer an intimacy in the form of an attachment, with the literal spaces that they choose to occupy having an impact on the voices. Having outlined how voice-hearers had intimate, and often positive, relationships with their voice/s, I will now give examples where voice-hearers heard distressing or controlling voice/s.

4.7 Relationships with controlling and/or distressing voices

4.7.1 One voice or multiple (2-3) voices which are distressing and/or controlling

Nearly half (fourteen) of the interview participants linked their attachment to their voice/s to a specific or a repeated trauma that took place either in their childhood or their adulthood, such as the suicide of a close relative, or childhood sexual abuse. Patrick is in his late fifties, and is an academic. He experienced a traumatic childhood, and associates the terrifying voice with that of his dead alcoholic mother. Patrick experienced a voice as 'a noise happening inside your body [...] Like if I shouted really loudly now, you could properly feel the vibration.' He found himself on two occasions 'actually sort of ducking [...] it was the loudness of it and the force of it [the voice]'. Usually a person ducks to avoid something. So, Patrick provides a fascinating spatial topology here, for the vibration is inside his body, and yet he feels he has to duck. He clearly is very afraid of the voice. The voice loops round his chest and his head, which creates such anxiety for Patrick that at no point does he feel

able to engage directly with his voice and have a 'relationship' with it. For a long period he continued to experience the voice as a distressing, unpleasant sensation.

Like Patrick, Tom hears a distressing voice. He hears the voice inside his head. Tom is in his early thirties and is unemployed. He began to hear voices when he was eighteen years old, shortly after the sudden death of his father. Tom was unable to cope with his bereavement. He said:

My dad died of cancer in 1998, and after he died of cancer I heard my dad speaking to me inside my head after he died [...] It was exactly the same as my dad's voice [...] I was in a stage of grieving, but once that passed I think it's just like an everyday male voice, you know. Maybe somebody aged between thirty and fifty. Just with a kind of north-eastern accent, sort of speaking to me [...] After my dad died, I started wearing his clothes and things, and kind of like doing my hair the way he had his hair and stuff; and started talking about the same things that he was talking about. And, like, so my family just thought I was some kind of weirdo.

The voice gave Tom advice about 'what I should do with life and things like that', and he found this so 'distressing' that 'I was ready to kill myself over it'. The characterological qualities of the voice are such that the age of the voice is the same as when Tom's father died, and it also has the same north-eastern accent.

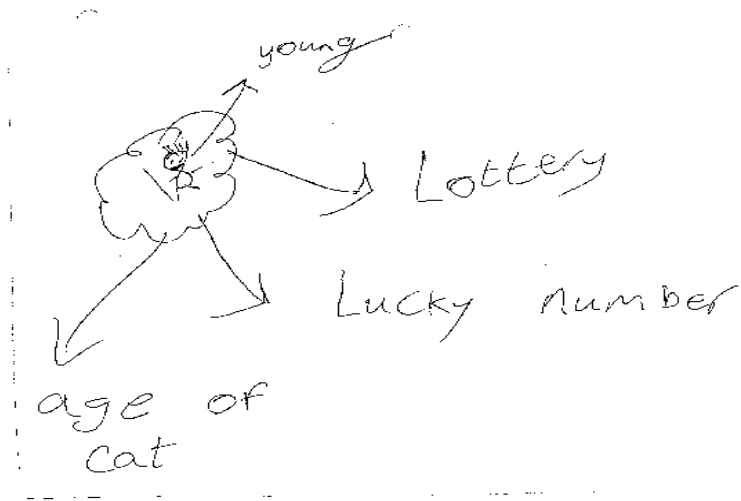
Escher (2009, p. 56) argues that voices 'come at times when it would be natural to feel emotion but the person is not able to do so'. Tom had very little time to prepare for his father's death, given that his father passed away just three months after receiving a diagnosis of terminal cancer. Tom said that his father's cancer 'was really traumatic', because his father 'lost a lot of weight' and underwent negative personality changes, having been 'this nice person' who was 'caring and loving, [and] had a great personality'. In Tom's own words, his father 'started to go mad'. For Tom, who said that 'I couldn't cope with the loss of my dad dying', his father's voice

became an attachment figure for him in the sense that it bridged a gap between him and his dead father (Berry et al., 2012). Unable to recognise the reality of his father's death, Tom, in the domestic space of his father's former home, literally becomes the voice, when he takes on the identity of the voice as he continues to hear it. That is, he acts out that he is his father, by wearing his clothes and copying his haircut. He even converses about similar topics.

This identity crisis is undoubtedly a reaction to Tom's sudden bereavement, and led to all the members of Tom's family disowning him, with the exception of his mother. After eleven years Tom saw a bereavement counsellor over a course of nine months, and was helped to process his emotions that related to his father's death. Afterwards, he was able to recognise the voice as an 'everyday male voice', that is distinct from the memory of his father's voice. Thus, the therapy completely changed the voice's identity through changing Tom's relationship with his dead father. The voice, therefore, moves from Wilkinson and Bell's (2016) category of having *externally individualised agency* (agency that is associated with Tom's dead father) to the category *internally individualised agency* (the voice of an unknown everyday man), suggesting the mutability of voice agency.

Like Tom, Callum could not cope with the death of a close family member. Callum is twenty years old and a volunteer in the café of a mental health project. He has heard the number 18 speaking to him since he was four years old. The external figure of the number 18 is not itself personified, but it has characterological qualities, as Callum hears 'a middle-aged male voice, that was sort of northern'. Thus, the number is a voice that has *internally individualised agency*. I asked Callum to draw the number in the interview (Illustration 1).

Illustration 1: Callum's drawing of his voice, the number 18



The figure 18 has the 8 as a human figure, and this is perhaps because Callum hears the number speaking to him. There is an arrow pointing away from the number to 'young', and this is perhaps because Callum has heard the number speaking to him since he was four years old. Another arrow points in a different direction to the 'age of cat', as Callum has seen the vision of a cat for the same length of time that he has heard the number speaking to him. Callum sees 18 as being a 'lucky number', as he won the lottery using these numbers, and he also enjoyed being aged eighteen.

The number only 'literally changed to negative as soon as I [Callum] found out that my grandfather was ill' with terminal cancer. Just four of the interview participants had heard voices that were initially comforting, only for them to start providing them with information of an unpleasant nature. The voice of the number 18 started to issue malevolent instructions for Callum to perform harmful acts to himself or to others. Callum said:

It was round my 13th birthday that the number 18 started sort of becoming negative. Up to then, I sort of not enjoyed, but I found it comforting, sort of thing. And then it started getting into self-harm and thoughts of doing stuff to other people, like attacking them and stuff like that. [...] It was exactly the same voice, it just sort of started to become negative. It started basically like it was really silly things, like I would get a drink and it said 'Chuck the drink down the sink.' Silly things like that, and it sort of built up, built up, then it got 'Right, you need to do this to this person. You need to self-harm afterwards, and then do this.'

As I have already mentioned, the number started giving negative instructions after Callum's grandfather had been diagnosed with terminal cancer. Earlier I discussed how Hayward et al. (2012, p. 77) and Romme and Escher (2000, p. 67) have found that relating socially to voices has parallels with relating socially to people. Similarly, in Callum's case his inability to help his dying grandfather led to a feeling of powerlessness which is reflected in his inability to negotiate any boundary with the voice of the number 18 that behaves in increasingly powerful and intrusive ways.

For example, initially the number gave Callum instructions to carry out tasks that graduated from harmless 'silly things' like fetching a drink, to self-harming, and then assaulting another person. Earlier I discussed how Birchwood et al.'s (2014, p. 23) study illustrates how distressed voice-hearers may comply with a persecuting voice, when they believe it has the power to deliver a malevolent threat (Birchwood et al., 2014, p. 24). Notably, Callum reports how he knew that the number 'weren't real', and yet it was strongly 'influencing me' and 'sort of pushing me towards' doing harmful acts. Callum's compliance with the number 18's instructions led to such 'disturbed' aggressive behaviour that he spent four and a half years as an inpatient in an adolescent psychiatric unit in south-east England. For several months Callum believed that the number had such power that it had links to God, because it was omniscient in the sense that 'it just sort of knew stuff' that in Callum's opinion was

‘really random’, such as where mental health professionals lived who worked on his ward. Callum never felt able to have a conversation with the voice, or challenge the voice in any way. Evidently, dialogue with a voice is not always positive, and has the potential to be problematic, as I will now illustrate with the cases of Tumelo and Phil who had toxic relationships with their voices.

Several of the other participants also reported how they acted out on their voices. Tumelo is in his early fifties, unemployed, and comes from Kenya. He said that his voices ‘used to make me do things I really didn’t want to do’, such as saying something to his niece that scared her when she opened the door. The implication of Tumelo’s relationship with the voice is that it destroyed his relationship with his sister, who was an important person in his social circle. Of particular interest are the complex relationships that voice-hearers had with the voices of family members. Several of the interview participants found that their relative’s voice was abusive all the time, and they were constantly being bullied. Tumelo, who was verbally and physically abused at school, heard his brother’s voice criticising him:

Tumelo: He’s seven years older than me, so it sounded like he was a thirty-year-old adult. It sounded exactly like his voice, to be honest. When he speaks to me I related in the way that I know who that is. That’s my brother having a go again.

In terms of an intimate relationship that the hearer had with their voice, there was no difference in richness and complexity from hearing the voice of a family member (as in Tumelo’s case), or the voice of a spirit (as in Anna’s case), to some of the voice-hearers hearing the voice of a crowd of strangers (as in Ling’s case). These are examples of *externally individualised agency* (e.g. hearing a family member), and *internally individualised agency* (e.g. the voices of unknown men), which shows that

intimacy is a broad theme that is found in different categories of agent-representation in auditory-verbal hallucinations as presented by Wilkinson and Bell's (2016) schema. In many cases a feature of this intimate relationship was that the voice-hearer showed a capacity or willingness to dialogue with the voice. From the examples provided, we can see that when Anna hears the voice of 'a spirit' (that has *internally individualised agency*), this does not have such a defined identity as, say, Tumelo hearing his brother's voice (which has *externally individualised agency*); and yet each has a reciprocal to-and-fro relationship with that voice, even if in Tumelo's case it is largely a negative relationship.

Phil, in his late forties, is a nurse on a medical ward. He reported a very abusive childhood and he hears the controlling voice of his mother. He regularly harms himself to appease the voice. Phil said:

Phil: I feel as though I am her, because of her voice thing, as well as sort of to tell me to dress as her. Yeah? So that's how I feel, like, well I'm not me, I'm like a split personality.

The relationship between Phil and the voice is construed in a way where Phil complies with his dead mother's voice by dressing in the style of clothes that she used to wear. This is similar to the case of Tom who wore his dead father's clothes. However, in Phil's case he uses the language of 'split personality' to highlight how he feels that his sense of identity is in crisis, as his 'character' is now like that of his dead mother.

I would suggest that each of these cases that I have discussed demonstrates that the voice-hearers have a varying capacity to influence or manipulate the relationship with that voice. Both Patrick and Anna listen selectively for the voice and welcome its

positive comments, and this process means that an attachment with the voice forms. However, for Tom the boundary between him and his father's voice is so permeable that he in fact starts to embody the voice, when he acts out that he is his dead father; while Phil feels compelled by his dead mother's voice to dress as her. A significant majority of the voice-hearers whom I interviewed heard two or more voices, and I will now discuss cases where there was a complex two-way or three-way relationship with the voices (since frequently the voices appear to have a complex relationship with one another, as well as with the voice-hearer).

Five of the interview participants began to experience at least one voice telling them to harm themselves or others. Like Helen, Nick hears multiple (2-3) voices, which he associates with trauma. Nick recalls physical assaults when he was bullied at school, which include 'being beaten up really badly, sort of like the elephant man, lumps all over my head'. Another time he reports how classmates tried to drown him in a lake; on another occasion 'they actually tied me to a tree in the woods and just left us there'. Nick felt that he 'couldn't speak to my dad or my mum about anything', and one time after he was physically assaulted he reports how his mum called him a 'soft fucker'. Nick began to be harassed by abusive voices after he went to university:

Nick: Later this comforting voice turned into a mocking voice [...] It was joined by a male voice as well [...] The male voice was very, very nasty. It would goad me into harming myself; it would goad me into killing myself. The female voice would sometimes tell me not to do that, but other times it would laugh at me. She'd be talking to the male voice, saying 'He hasn't got the bottle'.

Here there is a three-way relationship, as the two voices appear to have a complex relationship with one another, as well as with Nick. The malevolent, bullying male voice issues instructions for Nick to kill himself. Only at certain times will the

female voice intervene, and tell Nick not to pursue this action. At other times this 'mocking' female voice will address the male voice directly, and make derisive comments about Nick. In this respect the female voice undermines and emasculates Nick, by suggesting that 'he has not got the bottle' to commit suicide. Nick feels powerless in his relationship with both voices. Feeling harshly judged by the female voice if he does not act on his voices, he frequently complies with the male voice's harmful commands. However, he would not give any example of a command. Nick only said that 'They're saying stuff I wouldn't say [...] It's based around one of my children. I would not want to think or say these things at all. Really frightening, very frightening. And it's constant.' Indeed, at the time of the interview Nick felt so intimidated by the voice that he was considering running away from his family. The contrasting examples of Helen and Nick indicate that voices may work together as a unit to address the hearer, as in Helen's case; or the voices can have a complex relationship with one another, as well as with Nick. Perhaps because Helen's voices were a unit it was easier for her to change her relationship with them, whereas in Nick's case the female voice would goad the male voice to be even nastier and stronger in its commands, so that Nick felt that he was powerless to stand up to them. Finally, I would like to outline how some of my interview participants had a relationship with a crowd of voices. I will now illustrate ways in which a crowd of voices may function as a single entity or as a multiple entity, where the voices had a complex relationship with one another, as well as with the voice-hearer.

4.7.2 Voice-hearers who have a relationship with a crowd of distressing voices

Zuberi is in his mid-forties, and a second-generation immigrant of Afro-Caribbean parents. His voices prevent him from sleeping. He hears voices that sound as if they

are young men and women standing in his garden. The voices say, 'Why aren't you coming out? Why are you staying in all the time?' The voices that have *internally individualised agency* function as a single entity, as they have no individual character and there is no conversation between them. Despite the persuasiveness of the voices, Zuberi's response is to try to ignore the voices. Clearly he is distressed by them, for he said that if he complies with what the voices want, he will become 'a madman' and be locked up in a 'top security' psychiatric ward. This leads to him taking antipsychotic medication to 'trap [...] out the voices'.

Carla is in her early thirties and unemployed, and lives in west India. Initially, when Carla was fourteen years old, she heard one 'inner voice' that 'wasn't stressful', which she identified as being part of her 'self'. She explained that she ran away from home aged fourteen after being raped, and only then did she start hearing many voices that sounded like the men who had sexually assaulted her. This crowd functioned as a single entity. Carla said: 'I knew the voices were them because I couldn't really understand the language, since those who were involved were not speaking in English either.' The voices were 'a bit fuzzy', so indistinct that Carla 'couldn't really understand the language'. Notably, she did not start to hear these voices until she was aged thirty-two, or eighteen years after that first rape. The link between the malevolent voices and the trauma of the rape was only made when Carla started to experience what she calls 'dissociations' after undergoing an operation for a brain tumour. At this point she said that 'two of my friends' were doing voice dialogue with what she calls her other 'selves', and began to 'get messages from those other selves, and they would tell me what happened'. At this point Carla started to recollect having 'gone through several instances of sexual abuse [...] even after running away from home'. Carla does not comment on whether the character of

the male voices that she identified as being her abusers from the first incident of rape changed thereafter, when she recalled these later ‘instances of sexual abuse’.

Four other interview participants also heard crowds of voices that had a malevolent intent. Sarah is in her early seventies, and is a retired teacher. Frequently Sarah used to hear a threatening crowd of voices coming from the other side of the wall, which functioned as a single entity. She said:

They sounded like voices. I couldn't say men or women. It wasn't people I knew, or anything like that. It was just voices that were shouting abuse at me, and what they were going to do my children [...] They were abusing the kids. It was about abuse. They were going to chop their legs off if I didn't stop smoking. Every time I got a cigarette, the whole thing would go up again. It didn't stop me smoking.

Not only is Sarah's group of voices anonymous, but they are genderless, and according to Wilkinson and Bell's (2016) schema are voices that have *agency without individuation*. We do not find out if the voices address each other, as well as speaking directly to Sarah. The voices pick up on Sarah's insecurity and anxiety about having been sexually abused by her uncle, before the age of three. However, she cannot remember the event. Sarah recalls ‘flying down the stairs ... in a state of total panic, with my uncle down the stairs after me. And then he got my head and he stuck it in the corner of the settee, and I can't remember anything else.’ Following this experience of being entrapped and powerless, Sarah had no recollection of what happened next, if anything.

In the above extract, the voices related to this trauma, as they behave in powerful ways by issuing threats that they will abuse Sarah's own children. This would suggest that in Sarah's mind the voices are aggressive, person-like entities, which

have the power to sexually assault another person. There is a discrepancy between this conceptualisation and Sarah's earlier description in the vignette of the voices being people with no defined gender. This illustrates that the voices can move between Wilkinson and Bell's (2016) category of *agency without individuation* to *internally individualised agency*, which illustrates that these may not be fixed, stable categories. (This example is similar in this respect to the earlier mentioned example of the voice of Tom's dead father becoming an everyday male voice.) Interestingly, Sarah's voices become active when she lights a cigarette. The voices threaten her, saying that they 'were going to chop their [her son's and daughter's] legs off if I didn't stop ... smoking'. This threat does not stop Sarah from smoking. Nonetheless, she remained very afraid of the voices, to such an extent that she was largely mute for twelve years: Sarah remaining mute signals an attempt to stop a relationship with the voices, as there is no reciprocity or dialogue with them. However, her silence also diminishes the possibility for relationships in the external world.

Like Sarah, Peter (introduced above) hears a malevolent crowd of voices that also function as a single entity. His voices sound like the men who physically assaulted him in the street in London when he was a young man. Thus, these are examples of what Wilkinson and Bell (2016) categorise as voices that have *externally individualised agency*, as the voices are associated with specific identities in the outside world. Peter said:

The voices related to actual incidents, like 'we're going to get you', 'we're following you' and 'we're watching you'. So, these people who had mugged me were still somewhat in the vicinity of my life physically.

As with Helen's voices, a unit of voices addresses Peter ('we're going to get you'). Only in Peter's case it is not two voices but a crowd of voices that address him,

which have 'no definite character. They're just voices in general.' For Peter these voices have a 'felt presence' to them. This is 'a hallucination of a social agent with communicative intentions'. For a voice not only has 'various sensory properties associated with it', but 'an entity, like a person, is felt as well' (Ferryhough, 2016, pp. 228-9). Peter was haunted by these attacks when he was later homeless, and told me that 'the physicality of the attacks stayed with me, the feeling of a shadow being intimidated and mugged stayed with me. And I kind of heard voices.' Clearly, he is unable to colonise his own space, and feels intimidated by the persecutory voices that he is hearing. He reports how they have the agency to conduct a visual surveillance ('we're watching you'), and even pursue him ('we're following you'), with the intention of attacking him.

When he seeks refuge in the open, exposed space of stairwells, Peter continues to hear the voices of the men who attacked him; thus he believed that they were 'still somewhat in the vicinity of my life physically'. Here a relationship is clearly physically demarcated, in comparison to other relationships that have so far been described, such as Sarah's relationship with her crowd of voices. Indeed, the only detail that she gave me of the physical vicinity was that it felt at times as if the voices were fifteen feet away from her. From talking to Peter it was clear that the feeling of presence can arise independently of the experience of hearing the voice. Sometimes he heard the men's voices without feeling their presence; at other times he can feel the men's presence but does not hear their voices. The geographer Nigel Thrift (2003, p. 103) describes 'the individual body as a part of something much more complex, as a link in a larger spatial dance with other "dividual" part of bodies and things and places which is constantly reacting to encounters and evolving out of them'. If it is the case that Peter is relating to 'delusional' bodies, these bodies do not

begin and end with the physical individual, or even with the voice itself; but instead Peter is in a 'spatial dance' with these voices, which in his mind at times have 'bodies'. Interestingly, the voices did not speak between themselves as a social group would. Instead, Peter reports how 'I'd hear voices coming from them, although they didn't seem to be talking'. Nor do the voices have distinct accents, but instead were a 'neutral kind of voices'. Notably, these voices are not just located in the specific identities of Peter's attackers who are in the outside world, but instead they are mobile in the sense that at times it felt to him as if 'the voices were sort of beginning to sit inside me and take effect and cause me alarm and stress and anxiety'.

Anna, introduced earlier, is another interview participant who also reported hearing a persecuting voice that belongs to a 'club' of voices. Unlike the previously discussed examples of crowds that function as single entities, this voice has individuality in that it is a distinguishable agent that belongs to a 'club' that is a crowd of voices, and the voice addresses Anna directly. However, no examples are offered of the voice speaking to the other voices in 'its club'. Anna feels that she needs to comply with or appease the voice. She experienced her second breakdown in her early thirties. Anna said:

The second time I was hospitalised, there was a male voice. It wasn't sort of an external voice, it was a voice inside my head. And it was telling me to do things, really strange things, like 'stand on the table' or 'go and lick the toilet seat'. It seemed like an initiation thing. It was like this voice was goading me into doing things I didn't want to do [...] I had to join its club. I had to become like that voice. I had to become one of them. It was quite strange.

The perceived increase in the power of the male internalised voice acts as the mediator of Anna's compliance with tasks that make her increasingly distressed.

Anna said that she believes that the identity of the voice may be ‘the devil’ that has *internally individualised agency*. The relationship between Anna and the voice is construed in a way that makes her feel that she needs to comply with or appease the voice in order to ‘join its club’. However, there is also an identity crisis occurring, where she feels that she needs to become ‘one of them’ – that is, like these person-like entities of the voices, by taking on characteristics of the voice, in terms of her behavioural responses. This leads to the voice ‘goaded me into doing things I didn’t want to do’. Anna does not specify what these specific behaviours are, perhaps because she is ashamed, or feels guilty.

4.8 Concluding comments

By mapping voice-hearers’ relationships with voices, I have shown that voices are associated with different emotions. It can be a dynamic emotional relationship, for as we have seen some voice-hearers experience a traumatic event which makes positive voices become distressing, even controlling. For example, Callum’s ‘number 18’ voice turns hostile during the terminal illness of his grandfather, while the maternal, comforting voice that Nick hears becomes malevolent when he has the pressure of going to university. Thus, as I mentioned in Chapter 2, there is a salient distinction between acute stressors that precipitate voice-hearing (e.g. a terminal illness) and developmental events (e.g. going to university), and I will investigate this distinction further in Chapter 5, when exploring the association that voice-hearers make between their voices and trauma. Emotional relationships with voices also changed because some voice-hearers worked at manipulating or changing their relationship with their voice/s, so that these became kinder. Given that voices are

mutable and fluid, they are not fixed in stable categories as Wilkinson and Bell's (2016) four levels of agent-representation in auditory-verbal hallucinations suggest.

The sub-category that I presented of voice-hearers' relationships with intimate and positive voices indicates how the type of agency did not determine the level of intimacy that some voice-hearers enjoyed with their positive voice/s. For example, Paul chose to find 'common ground' with 'the Captain's' voice, which had *internally individualised agency*, and built a relationship with it. Paul's relationship with this voice had an intimacy comparable to Jim having relationships with voices that were like those of his female friends, which had *externally individualised agency*; only Jim's voices did not speak to him.

In the case of distressing and/or controlling voice/s, a feature of these relationships was that some of the voice-hearers often wanted to gain some kind of distance from the voice/s. Frequently, the voice-hearers found that this was not possible, and the result was that the voices felt powerful. These voice-hearers often had insecure or permeable boundaries with their voices. For example, Callum's voice of the number 18 issues him with instructions that he complies with, even harming others; while Phil, who hears his dead mother's voice, acts as if he were her, and dresses as her. Significantly, an emotional reaction was dampened if the voice-hearer were able to assert some kind of boundary with the voice, as happened in Mary's case, when she challenges the voices early on, by telling them to 'shut up'; while Tom was encouraged by his therapist to work at changing his relationship with the voice that sounded like his dead father, so that it became an 'everyday male voice'. Consequently, the voice lost some of its power and emotive quality. The voice, therefore, significantly moves from Wilkinson and Bell's (2016) category of

externally individualised agency to *internally individualised agency*, which illustrates that that these are not rigid, stable categories; indeed, there is more crossover between their categories than Wilkinson and Bell recognise. Another example that I provided is of how Sarah's voices move between the category of *agency without individuation* to *internally individualised agency*; though in Sarah's case, the voices continue to cause her a great deal of distress, as now these become aggressive person-like entities that shout threats of what they will do to her children.

These examples illustrate that voices are fluid, with the voice-hearer's perception of a voice changing, depending on the environment or circumstances at the time. For example, although Jim and Anna were initially very fearful of their voices, they built trust and rapport with them over time, and invested them with agency. For example, Anna believes that her voice is able 'to sort everything out for me'. In the case of Jim, he initially heard a critical 'unknown old man' (that had *internally individualised agency*), and over time came to have a relationship with voices that sounded like his close female friends, which helped him to 'plan things'. He feels far more able to assert some kind of boundary with these voices, as they do not speak to him. The issue of voice-hearers being able to create boundaries with their voices is of crucial importance. In Chapter 7 I will explore boundaries further, when I illustrate how voice-hearers establishing boundaries with their voices offer new and better social and spatial experiences, and how this might reduce the distress and anxiety that voice-hearing can cause them.

Both Anna's and Jim's voices come to function as attachment figures, which is a substitute for a very limited social network (Berry et al., 2012). Nonetheless, it is too simplistic to say that these voice-hearers, and other voice-hearers whom I have

discussed in this chapter, view voices as being exactly like people, in the way that relational therapies suggest is happening (see Hayward et al., 2011, 2014a, 2014b). For this fails to take into account the ways in which voice-hearers manipulate and play with their relationship with the voice, which is possible because it is something that they create – even if it feels to them that the voice is outside them. At the other end of the spectrum, the voice-hearers I interviewed who relate in a very minimal way to their voice (e.g. Patrick, who experiences his voice as an unpleasant vibration in his chest) do not view this as merely aberrant auditory processing, which is what biomedical hallucinations researchers understand voice-hearing to mean. Thus, I am advocating a more nuanced understanding of voice-hearing, where my participants' experiences of voice-hearing are understood to be somewhere between these two end points, if we think of voice-hearing as running from minimal relating to rich relationships with characterful voices. In order to appreciate the complexity of such relationships with voices, we need to attend to how emotions come into play.

Many of the examples that I have provided illustrate how voice-hearers construe both voices and emotions in complex ways. Mapping relationships with voices is crucial to understanding voices and emotions, for as we have seen, relationships with a single voice, multiple (2-3) voices and crowds of voices triggered a range of positive and negative emotions. These dynamics of emotions take place in spaces or places. Thus, it is helpful to map ways in which different spaces and places may affect how voice-hearers relate to their voices and to their emotions. I am interested in what impact creating real or imaginary boundaries has on voice-hearers' relationships with their voices. For those voice-hearers whose relationship with the voice was initially a positive one, but then something difficult or traumatic happened in their external, social world and the voice turned malevolent or critical, it may be

difficult for them to establish a firm boundary with the voice. In the next chapter I will further consider how voice-hearers relate to or have relationships with distressing voices and negative emotions. I will explore how voice-hearers suppress emotion, and how trauma impacts on individuals in other distinct ways.

CHAPTER 5:

The Relation between Trauma and Voices

5.1 Introduction

All but one of my interview participants considered that they had experienced a traumatic experience or adverse life event that they linked to their later voices. They related voices to a broad range of difficult experiences from childhood and adulthood, including sexual abuse, physical abuse, emotional abuse, bullying, bereavement, serious physical illness and migration. In the interviews, my own direct prompting created space for participants to make these links, for example through questions such as: 'Has anyone (e.g. a doctor or a friend) suggested that you connect your voice-hearing to trauma or difficult life events? Has any other source, such as the internet, led to you making this connection?' In Chapter 2, I indicated that Corstens and Longden (2013) make a salient distinction between 'acute stressors' (e.g. a terminal illness) or 'developmental events' (e.g. starting a new job) that trigger voices. In this chapter I will explore further what aggravates or elicits the voices, when I provide examples of how trauma impacts on individuals in distinct ways when they experience distressing voices. Researchers have already seen that there is a strong association between childhood abuse and adversity and psychosis (e.g. Bebbington et al., 2004; Gromann et al., 2012; Connor and Birchwood, 2012). Dillon et al. (2012, p. 146) argue that there are 'dose-dependent relationships evident between the severity and number of types of adverse experience and the probability of so-called psychotic symptoms'. At this point I would like to note that following the philosopher Ian Hacking's work on 'false consciousness' in the context

of multiple personality disorder, there are debates about establishing the truth in accounts of childhood abuse.⁹ However, I am aware that this is controversial, and this issue is not the concern of this thesis.

As noted in Chapter 2, Reiff and colleagues considered how voices may be direct or indirect 'symbolic representations' of early life trauma (Reiff et al., 2012, pp. 256-7), and Romme similarly argues that emotions play a crucial role in understanding the relation between voice-hearing and trauma. He claims that 'voices are the stories of threatening emotions; emotions of the person twisted by terrible experiences, hopelessness, feelings of guilt, aggression and anxiety' (Romme, 2009, p. 9). In the previous chapter I explored the relations that voice-hearers have with their voices. In this chapter I will begin with a brief overview of various theoretical models, before showing how these relate to my sample. I will be following Romme and Escher, and indeed many other theorists (e.g. Corstens and Longden, 2013; Suri, 2010; Kalhovde et al., 2013), by suggesting that if an emotion is suppressed, then this might become embodied in the voice itself. In Chapter 2, Corstens and Longden (2013, p. 280) argue that emotions are both the trigger for voices, and embodied in the voices. This chapter will further tease out this complex set of relations that may involve a broader range of emotions than those emotions (e.g. anger, shame and guilt) which are mentioned in Corstens and Longden's (2013) study. I also compare

⁹ Hacking locates this work on 'false consciousness' in a wide analysis of 'memory wars', arguing that 'false beliefs, which seem to be memories, have terrible effects'. He writes that 'false memory syndrome' usually refers to a pattern of memories of events in one's own past that never took place. Hacking (1995, p. 68) earlier claims that 'what interests me is less the truth or falsehood of that proposition' that people have been abused 'than the way in which assuming it leads people to describe their own past anew'. The 'memory wars' occurred in the 1990s. Increasingly doctors were diagnosing patients with multiple personality disorder. Treatment often involved long-term therapy when the past was revisited, and this led to some patients accusing men, and sometimes women, of abuse or assault. This resulted in litigation battles when the perpetrators were put on trial. At this point some of these patients were accused of having created 'false memories'. For more information, see Frederick Crews, *The Memory Wars: Freud's legacy in dispute* (1997).

how some of my other interview participants describe how they dissociate, and the way in which they understand voices and emotions in relation to this dissociative tendency. In doing so, I build on Suri's (2010) study (introduced in Chapter 2), which identifies how there is a dissociative mechanism in her participant Lisa's voice-hearing, when the emotion of anger gets projected into Lisa's voices. In this chapter, I will explore how emotions may be split off into the voices that the participants hear.

5.2 Theories of emotional regulation

Suppression of emotion arose as a key category when I coded the data from the interviews, with six interview participants reporting in detail how they were unable to process emotion. According to Freudian psychoanalytic theory, 'suppression' is a mechanism that is a conscious process where the individual chooses not to think about something (Freud, 2001). This is different to 'repression', which is a defence mechanism that is identified as being an unconscious force. McCarthy-Jones (2013, pp. 302-3) argues that we learn in childhood how 'to cope with emotions'. However, if an individual experiences early life stress, this may result in deficits in emotional processing (McCarthy-Jones, 2013, p. 303). He uses the term 'emotional suppression' to refer to how a person is inhibited in their 'behavioural responses (e.g. facial or vocal expressions) to emotional stimuli' and explains that this 'has been found to have a number of negative consequences' (McCarthy-Jones, 2013, pp. 302-3). He notes how one negative consequence of schizophrenia patients using emotional suppression is that they 'hear more frequent, longer and louder voices'.

In this chapter I will compare how other participants describe how they dissociate. According to the American Psychiatric Association (APA, 2013, pp. 296-7), dissociation is a psychological defence to trauma that is expressed as 'marked

discontinuity in sense of self and sense of agency, accompanied by related alterations in affect, behaviour, consciousness, memory, perception, cognition, and/or sensory-motor functioning'. Dissociative fragmentation is conceptualised as a protective mechanism that permits individuals to detach psychologically from events that are too overwhelming for the psyche to process (van der Hart et al., 2006). This detachment from the threatening or traumatic events may happen on a conscious level, when the emotions are suppressed, resulting in extreme shutdown. Or otherwise the detachment may be unconscious, with the individual repressing the event and their emotions.

Longden et al. (2012, p. 28) have explored how voice-hearing may be understood as a dissociative rather than a psychotic phenomenon. The authors argue that 'voice-hearing experiences, including those in the context of psychotic disorders, can be most appropriately understood as dissociated or disowned components of the self (or self–other relationships) that result from trauma, loss, or other interpersonal stressors'. An example of this is provided by Jacqui Dillon (2009, p. 192), a voice-hearer who is the National Chair of the English Hearing Voices Movement, when she describes how she is 'inhabited by different people. These voices had different names and identities. They had defined and distinct personalities.' Dillon said that after her breakdown her 'own identity shifted: I moved from being "me" to "we"'. So, what she is in essence describing are multiple selves. The complexity of dissociation and its accompanying anxiety was addressed by the doctor Morton Prince as early as 1905, in his famous study of Miss Beauchamp, one of his patients (see especially Prince, 1913, pp. 251-65). In this chapter I will be exploring how some of my interview participants understand dissociation to be related to trauma, and to their voices.

There has also been work done in trauma testimony studies on how survivors of trauma may be unable to bear witness by returning to the original moment of trauma. Caruth, in her reading of Sigmund Freud, argues that 'trauma is not locatable in the simple violent or original event in an individual's past, but rather in the way that its very unassimilated nature [...] returns to haunt the survivor later on' (Caruth, 1996, p. 4). Jill Bennett, who agrees with Caruth, considers how memory plays the role of 'enact[ing] the state or experience of post-traumatic memory' (Bennett, 2005, p. 35). Ruth Leys (2000, p. 78), a historian of the life sciences, considers how the subject of trauma may oscillate between mimetic and anti-mimetic positions where trauma is a historical, external event. The historical, external event, she argues, 'comes' to the subject, but cannot be constituted. The subject, however, may be compelled to attempt such constituting. Herman, whom I introduced earlier, has focused on the understanding and treatment of incest and traumatic stress (Herman, 2012), and writes that 'though traumatic memories lack verbal narrative and context', often adults and children will 'feel impelled to re-create the moment of terror, either in literal or disguised form' (Herman, 2001, p. 39).

In this chapter I will present the cases of a small number of my participants who were unable to recall early traumatic experience, even though they were convinced that it had taken place. For this reason I asked participants in the interviews to explore the experience of voice-hearing, to talk and give a narrative without the pressure to access and describe in detail traumatic experience if they were unable to articulate such feelings or return to such key memories. I will now discuss the cases of Mary and Paul, as these are exemplary, because of the detailed ways in which they describe how this suppression is linked to their voice-hearing experiences.

5.3 Voice-hearers' suppression of emotion

Mary, whose testimony was first discussed in the previous chapter, worked as a nurse for thirty years. For twelve of these years she heard voices at times when she was working as a staff nurse on a medical ward in a busy hospital. Mary is very reflective about the way that she consciously shut down her emotions when she was working in a highly stressful working environment where 'people die'. She said:

Once I was engrossed in work, I could keep going. But it was difficult. I mean, you shut down your emotions because you've got people working on a medical ward, and people die. They die. But you've got to get on with your job. So you can't be emotionless, but you've got to shut it out somewhere. And I was shutting down completely. I did what I had to, you know, tell relatives or whatever. But I had nowhere to go with that as a nurse. And all these emotions built up and up and up. So by the time I had the operation in 1999, they were there...they were at their height.

Mary initially describes a normal tendency of staff working on a medical ward to keep their emotions in check, so that they can do their jobs. Deaths on the ward are expected, and as Mary puts it, 'you've got to get on with your job'. However, in Mary's case she was 'shutting down' her emotions completely. Given that she frequently worked nights, and was the nurse in charge of the ward, she found it helpful to feel in control of the space as far as was possible, by having 'the door shut', as she didn't 'want people walking in and all the rest of it'. She would also 'stick to a routine', when dispensing medication to patients. Mary recalls that if 'I had it all organised I knew I could cope with it, and that way I could keep my emotions at bay, suppressed, because that's it, I've got everything organised'. Later in the interview she said that 'the best way I've seen it [the shutting down] ever explained, was someone explained it to me as Data in *Star Trek*. The robot who wants his

emotions.’ This particular robotic image which Mary selects indicates a perceived fundamental lack of emotions.

Mary reflects that ‘when I was working, I didn’t realise how much I was suppressing’. In the above extract, Mary said that her ‘emotions built up and up and up’, and yet she had no one with whom to share her feelings. She said that ‘one of my bugbears of let’s say adult nursing is that they don’t get any debrief’. However, it was not until her late thirties when she experienced an ‘acute stressor’ of undergoing life-threatening, major surgery that Mary started to hear voices. There can be a ‘sleeper effect’ of trauma (Briere, 1992), where the person does not process the trauma emotionally at the time when it actually takes place. As the psychiatrist Judith Herman (2001, p. 211) notes, survivors of abuse may successfully cope with adult life until defensive structures break down due to a very stressful event. In Mary’s case, the stress of undergoing ‘two major operations, which nearly killed me’ was compounded by her being in a vulnerable, dependent state as she ‘couldn’t move off the bed, and I was being fed’. She was also on morphine, which altered her mental state.

Many people experience delirium in intensive care units (Girard et al., 2008; Page and Kurth, 2014), but the situation becomes more complex, as Mary later explains. Mary was later encouraged by a psychiatrist to make the connection between her ‘childhood trauma’ of being sexually abused by ‘a very respected member of the community’ when she was a young girl and the voices that she hears. Following a change of diagnosis from schizophrenia to personality disorder, Mary went on to have three years of intense psychological support by attending group therapy run by a psychologist, organised by a Complex Needs Service. Mary now connects having

a schizotypal personality disorder with how she 'shut down' emotionally. During the course of three years of therapy, Mary learns to identify her emotions, and to link voices to emotions, which she said was a 'ping light bulb moment'. In Chapter 7, where I discuss 'spatialities of the emotions', I will explore how Mary is framing 'the brain' that she sees as creating these voices, and what this says about the way she understands and distinguishes self, voices, the past and the present. This will help us to understand further how she is making sense of the brain between both inside and outside.

Mary identifies how one of the male voices that she hears represents the anger that she is unable to feel or articulate. Mary is suggesting that the suppressed emotion comes out in the voice, and she calls this voice 'Mr Angry'. This is similar to how Suri's (2010) study described the dissociative mechanism involved in the emotion of anger being projected into Lisa's voice. Only in Mary's case, she acts out how 'Mr Angry's with me today', by 'storming around looking angry'. Thus, Mary describes the voice as having an external reality, in that she conceptualises it as being like a person who accompanies her. Mary said that other members of her complex needs group (who knew that Mary was a voice-hearer, and permitted her to 'bring her voices into the group') were relieved that she was able to make this connection between her emotion and her voice, as it explained her behaviour.

However, usually it is the case that Mary shuts down or shuts out her emotions. Mary thinks that behind these emotions that she is suppressing are the traumas of major surgery, an acrimonious divorce and sexual abuse, all of which she has suppressed. In the interview Mary told me that she had been groomed as a child by 'a very respected member of the community', who told her 'wonderful stories' about

‘what he had done in the war’. Mary said that he then went on to abuse her sexually on multiple occasions, until her family moved away from the area when she was nine years old. No specific details of the alleged abuse were provided. Afterwards Mary was not believed by her family, and felt rejected by them, which led to her isolating herself.

Mary’s case is similar to that of Sarah, who also alleges that she was sexually abused in childhood, in that Mary hears the voice of a girl screaming ‘out of my back gate’ from the rural space of the ‘big open fields’ behind her home. The voice is so realistic that she calls the police. When the police were unable to locate the girl, Mary ‘had to assume that this was a voice now’. We have seen how Mary’s trauma may be ‘embodied by the voices’, a phenomenon that was discussed by Corstens and Longden (2013, p. 271) in their study with a hundred voice-hearers, which I referred to in Chapter 2. In Mary’s case, the precise emotion of anger exacerbated voice presence.

Paul, an ex-soldier, is another participant who would appear to have actively suppressed his emotion. Clearly he was unhappy in the army, as he gave ‘a year’s notice’ to leave front-line military service in Iraq. Paul does not comment on this process of suppressing his emotions; however, it was the case that during the daytimes he kept his emotions sufficiently in check for him to perform his duties as a soldier successfully. During this period he said that while ‘I had a lot of people around us [...] I was very lonely and I was going through bad sleep and depression and anxieties’. Significantly, it was at this point that he began to hear a voice.

Paul: I think my brain has tried to fix something. It’s tried to take us back to a childlike state and create an imaginary friend, somebody who I can talk to.

Roz: Yeah?

Paul: And it's just gone horribly wrong.

Roz: When you say it's gone horribly wrong, in what way?

Paul: Well, I think the brain is amazing ... well, it's just unbelievable the things that the human brain can do. And I think what it's trying to do is because I signed off and I gave a year's notice in the army, and I think it's tried to get me through that year. It's just somebody to talk to and to relax [with] on an evening and just to be open and get upset, really, erm, but without anybody else hearing or me being judged. And then maybe at the end of the year, that stops.

Here Paul said that he thought that his 'brain has tried to fix something' by creating the voice. Paul did not mention whether he heard the voice when he was engaged in his duties as a soldier, which included combat on the front-line; only that he engaged in a to-and-fro dialogue with the voice each evening in Iraq when he was on his own, and able 'to relax'.

During this period of military service, Paul said that he felt 'very lonely', and that the voice helped him 'just to be open and get upset'. This would imply that at other times his emotions were shut down, as when he did not hear the voice it was very difficult for him to 'get upset'. It is as if he needed to hear the voice to release this emotion. In the previous chapter I discussed how Paul later developed a spectatorial relationship with the voice, where he felt that he was being watched. But at this earlier point in time he thought that the voice did not judge or criticise him. Describing how he regressed to 'a childlike state', Paul would confide in the voice, as if it were a person. As he put it, 'it was somebody to talk to', for at this time he felt that his fellow soldiers could not be his confidants.

After leaving the army, Paul told me, mental health professionals were keen to make the 'big link' between his voice-hearing and his military service. Interestingly, Paul resists this interpretation of his trauma, and claims that 'the only thing that has contributed [from his experience of military service to his voice-hearing] is probably heightened anxiety, but as far as the voice, it played no part in it whatsoever'. James Johnson, an ex-veteran from Vietnam, describes how 'much denial exists about the lingering effects of combat trauma' (Johnson, 2012, p. 4). Possibly Paul himself is also denying the impact that his ten-year period of military service had on him. Nightmares and sleep problems are seen as hallmark symptoms of trauma for a soldier who is affected by combat (Johnson, 2012, p. 4).¹⁰ Notably, Paul himself sees his nightmares as being more disabling than the voice-hearing experience itself. Nonetheless, Paul himself connects his voice-hearing to being bullied as a teenager, 'not just only in school but outside of school, like from people around the streets [...] so I was going through a bit of a turmoil with that'. Paul told me that he started to hear a voice when he was sixteen years old after he collected his GCSE results, which were poor. The voice told him that he 'was a disgrace' for doing badly in his exams. He heard this voice for two years, and then he did not hear any voices for another ten years, until he was in the last year of his military career.

We have seen how in Mary's and Paul's cases 'problems and emotions [are] put out of mind' (Romme, 2009, p. 71). In both cases there was an 'acute stressor' (e.g. life-threatening surgery, military combat), when difficult emotions and voices were

¹⁰ The presence of psychotic symptoms in post-traumatic stress disorder (PTSD) has now been recognised, and one of these symptoms is voice-hearing (see Kastelan et al., 2007). A charity named 'Veterans at Ease' in Durham, which was set up by a former soldier, estimates that 30% of veterans may be suffering from combat-related mental illness (PTSD).

triggered. Interestingly, there is a spatial dimension to these voice-hearers suppressing their emotions. For Mary subsequently tries to keep her emotions shut down, to quieten the voices, by creating a sense of control in the medical ward where she works. For example, when she is on night-duty she keeps the door to the corridor locked, so that people cannot suddenly enter and surprise her. This shutting down of emotion also appears to be happening when Paul is doing his duties as a soldier on the front-line in Iraq. Indeed, it is only when he is alone in the evenings that he feels that it is safe 'to talk to [the voice] and relax', and 'get upset'. In Chapter 7, I return to this issue of voice-hearers creating boundaries, and working on their relationship with their voices in a 'safe space'. Having outlined these ways that voice-hearers suppress their emotions, I will now compare how other interview participants dissociate, and the way in which they understand voices and emotions in relation to this dissociative tendency.

5.4 Dissociating from emotion

5.4.1 Bereavement and feeling 'frozen'

Sarah experienced the trauma of her father, who was an ex-miner, committing suicide in the mid-1980s after a period of unemployment, when he burnt himself to death in his garage. After her father's suicide, it was four years before Sarah began to hear voices, when she had the 'developmental trauma' of moving to another school for a promotion. Sarah had repressed the 'acute stressor' of her father committing suicide by not acknowledging it consciously. During this period, she was busy working as a teacher in a school, and put her problem and emotions out of mind in the way that Romme described above (Romme, 2009, p. 71). However, she recalled the following sense of detachment at the time:

I wouldn't talk about it [my father's suicide] to anybody. Everybody wanted to say things, and I was just frozen. So that was when I went in. That was the start of putting a shell up... That was me stopping acknowledging emotions.

Unlike Mary, Sarah did have social support at the time of her trauma. However, the shock of father's suicide meant that Sarah was 'just frozen', and despite the prompting of others, she did not feel able to discuss her emotions about her father's death. Sarah described feeling numb, as developing 'a shell', that is, a hard exterior to protect her emotions. Unable even to acknowledge her emotions, Sarah does not process these. Significantly, when Sarah four years later experienced her mental breakdown, her psychiatrist told her that she 'seem[ed] to have just gone in. Dissociation. I had dissociated. I had just put the barriers up.' Dissociation here involved Sarah in not allowing herself to feel anything, as she could not bear to think consciously about her father's suicide.

Voices frequently occur in people during bereavement, and this is connected to grief, depression and sleep disturbances (Forrer, 1960; Clayton et al., 1968; Osterweiss et al., 1984). Amara told me that after his father died when he was seventeen years old, he started to hear a voice that sounded to him as if it were his uncle telling him 'to believe'; he was not offered any bereavement counselling to help him cope with his loss. As he puts it, 'I had nobody to talk to. I think that hit me hard.' Tom was another of the interview participants who had to wait many years before he was given bereavement counselling, which helped him to process the loss of his father who had died after a short terminal illness, when Tom was eighteen years old. As I discussed in the last chapter, Tom was 'really upset' after his father's death, but felt unable to express his emotion. Instead, he drank alcohol as a way of coping.

In the cases that I have discussed, the attachment loss caused by these bereavements makes the individuals feel 'numb'. In Sarah's case, she is highly avoidant of any reminders of the trauma. I would suggest that her dissociation from the terrible event of her father's suicide is sustained, because she 'may not have the integrative capacity to fully accept and realise what is dissociated' (Steele and van der Hart, 2014, p. 83). Unlike Mary and Paul, Sarah was never offered any psychological therapies, which could have allowed her to build skills that strengthened 'the capacity to function and integrate' this traumatic event that is dissociated (Steele and van der Hart, 2014, p. 83). Having focused on the experiences of individuals who feel 'numb' and do not allow themselves to feel the pain associated with the loss of their fathers, I will now move on to discuss cases where dissociated individuals experience flashbacks that break through the dissociating process.

5.4.2 Voice-hearers dissociating from emotions and flashbacks

'Dissociative reactions (e.g. flashbacks), share much in common with auditory-verbal hallucinations and yet are distinct experiences' (McCarthy-Jones and Longden, 2015, p. 9). DSM-5 claims that flashbacks are a dissociative reaction. Its list of intrusive symptoms for PTSD includes flashbacks – described as follows:

'Dissociative reactions (e.g. flashbacks) in which the individual feels or acts as if the traumatic event(s) were recurring' (APA, 2013, p. 271). Thus, a flashback is an attempt to break through the defences and the dissociating process in which a person ignores the traumatic event/s that has happened to them. A flashback is painful to a person, as it reminds them of the traumatic event that has happened to them.

This is illustrated by my participant Phil, who was working as a nurse on a medical ward when the experience of being squirted with water by a colleague led to him having his ear syringed; this ‘triggered off a memory from my childhood’. Phil remembered being abused by his father, who ‘had just been beating me, basically’. Phil also claims to have been sexually abused by his father, and he has a distinct memory of this abuse taking place in the bathroom, where water was presumably splashed in the bath.

Phil: The flashbacks would be when the voices were more difficult [...] I would have a flashback to my childhood in the bathroom. That flashback would be my Dad in the bathroom, but me in the bath. So would be that general imagery. Then when the voices were more intense, the imagery would be specifically what he did. I would remember him masturbating me, as he was masturbating himself, you know. So it would be more like intense, yeah? Where when it wasn’t intense, it was just like the bathroom, and me and him playing, you know. Once the voices got worse, the imagery obviously went worse.

It is striking how Phil notes that when the voices worsen, these are accompanied by visual flashbacks. The psychiatrists Kingdon and Turkington (2008, p. 40) classify ‘traumatic psychosis’ as individuals having ‘the tendency to externalize flashbacks or voices’, and the aim is for them to learn ‘through therapy to reattribute them to their source – usually traumatic events in earlier life’. Phil waited several years until he had such an intervention from a psychologist, who encouraged him to make links between these visual and auditory experiences and earlier trauma; but even then, there was not ‘an in-depth discussion’ of his voices.

Significantly, Phil makes no mention of his emotions describing this experience. He relates the voices to the trauma of sexual abuse, and notes an intense feeling of powerlessness as a flashback gives him the image of him being trapped in the enclosed private space of the bath, as his father knelt or stood in the bathroom both

masturbating himself and masturbating Phil. No other person is reported as having been present in the bathroom. Strikingly, the voices are described as 'more intense' in the context of such a flashback, which has specific imagery. Elsewhere in the interview Phil told me that he hears voices when 'I particularly got stressed', and he understands this to be 'because I'd been in a high-stress environment as a child'. Phil told me that when he hears voices in the context of flashbacks, he had further 'memories from my childhood', which included being 'sexually abused by my older sister who was fourteen at the time when I was five', and 'my mother also sexually abused me, and my father also threw bestiality into it'.

Simon is another participant who experienced a dissociative reaction, one of particular interest because he was so young at the time of the trauma. During World War II, Simon was living with his Jewish family in East London, an area that according to Simon was 'heavily bombed by Hitler's planes'.

Roz: Is there anything else you would like to tell me about linking voices to earlier childhood trauma?

Simon: I do link it one hundred per cent, especially on reflection. No way do I think different, no absolutely, because one of nine people in a family, and one in a hundred diagnosed like me, and specifically the thought of being blown out of the bed and across the room, it might have been partial, but my head would have been like a lump of jelly at the time. So later on, ten or eleven years of age, I'm running and would stop. I would think to me there is a direct connection, trauma.

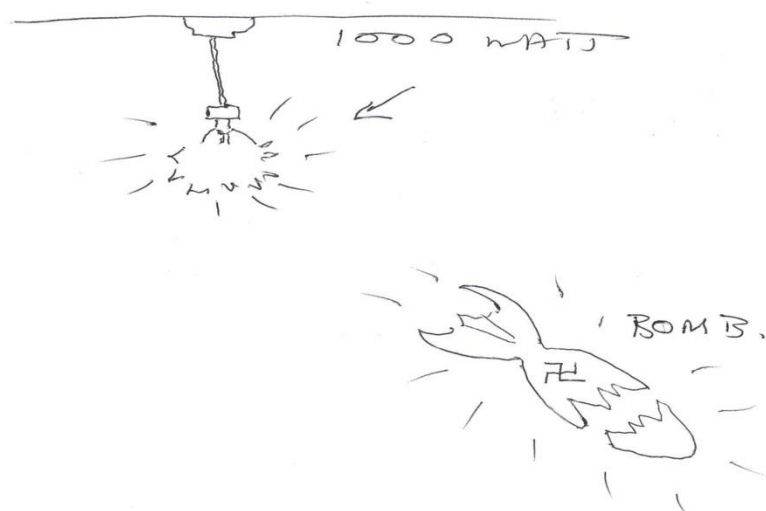
It was only in his late thirties that Simon was informed about the bomb blast, when his mother told a psychiatrist that he had been 'blown out of bed by a bomb blast' as a three-year-old child. According to Simon, his mother 'carried maybe a sense of guilt', because she had not taken him and his siblings overnight to a bomb shelter, as she thought that it was 'too uncomfortable' to stay there. It was the psychiatrist

who made the connection between Simon's voice-hearing and this childhood trauma, which Simon then agreed with 'one hundred per cent, especially on reflection'. In the above extract Simon points to his own vulnerability, when he said that 'my head would have been like a lump of jelly' at the time of the bomb blast.

Simon told me that he had no recollection of the bomb. Nonetheless, prior to his mother ever telling him about it, he reported how when he was eleven years old he told his friends that he 'felt I had been blown up', when 'I would run and everything would suddenly black out as if it was from a light switch'. This appears to be a flashback, although Simon did not describe it as this. Simon also said that 'when I was in my twenties I was talking to friends on occasions, and I felt as if I had been blown up. Just a feeling I had, it felt as if my head had exploded.' Thus, Simon's mind is recreating what Herman describes as 'the moment of terror' in a 'literal form', years before his mother informed him about the bomb blast.

The connection that Simon makes between the bomb blast and his voices is explored in a drawing that at my request he produced for my study.

Illustration 2: Simon's drawing of the WW2 bomb blast



In notes that he wrote about the drawing, Simon said that ‘my brain was a 1000 watt bulb, and it had exploded’. He understood this to be ‘a precursor to hearing “the demonic voices”’. In the drawing a ‘1000 watt’ bulb hangs from a ceiling, and there are rays of light coming from it. Beneath it there is a bomb with the Nazi swastika on it, which is exploding. Interestingly, the ‘demonic’ voices themselves are not depicted. Perhaps it was too frightening for Simon to externalise his voices in the drawing, in spite of the fact that his relationship with his voices has now improved.

Another interview participant, Carla, who was introduced in the previous chapter, understands herself to have ‘a dissociative personality’. She reports hearing the voices of her ‘different selves’ during periods of dissociation. That is, she conceptualises the ‘self’ as multiple, in the respect that she views herself as having ‘other selves’ that are ‘separate individuals’. Carla began to experience dissociations after undergoing surgery for a brain tumour. She said:

The only way I’ve been able to even know that I had these experiences were after the dissociations started coming into the picture. I couldn’t really understand that I had any of these experiences, but it made sense to two of

my friends, who get messages from these other selves, and they would tell me them.

Carla is only able to draw connections between the voices and the traumatic memory of having been sexually assaulted by a group of men once she begins to experience periods of dissociation following the brain surgery. Notably, no mention is made of emotions at all in this description of the flashbacks. So we cannot know if Carla's emotions were impacted in the way that Romme (2009, p. 21) suggests: he argues that 'because traumatic experiences [...] distort one's emotions, it becomes more difficult not only to cope with them, but also to recognise emotions as one's own'.

This chapter validates Romme's (2009, pp. 41-2) finding that some of the voice-hearers 'start hearing voices as soon as the [sexual] abuse starts', whereas 'others start to hear a voice later, [and] recognise it as that of the abuser', as it has characterful qualities that make it sound similar to them. Carla began to hear the malevolent, hostile voices of men after she ran away from her home in India and was raped at the age of fourteen. Romme makes the point that voice-hearers frequently have to 'learn this' connection between the voice and their earlier abuse 'by talking about their voice in therapy', and sharing with the therapist the characteristics of the voice and the abuser (Romme, 2009, p. 42). As I have already mentioned, in this chapter and in the previous chapter, some of my interview participants, such as Carla, Phil and Peter, identify their voice/s as sounding like the individuals who sexually abused them.

In this section I have outlined how Phil and Simon who experience dissociation appear to be unable to process their emotions, whereas Carla makes no mention of emotions during the periods of flashbacks. All three cases involve repression that is

happening at an unconscious level, whereas the cases of Mary and Paul illustrated how they were making a conscious decision not to allow themselves to feel or think about what they cannot bear to recall.

In her work with holocaust survivors, the psychoanalyst Dori Laub (1995, p. 63) writes of 'an imperative need to tell' one's own story and 'to know one's buried truth'. However, a small minority of my interview participants were unable to recall early traumatic experience, even though they were convinced it had taken place. For this reason I differentiated my study from the truth-seeking that Laub describes, and I asked participants in the interviews to explore their experience of voice-hearing without pressure to bear witness to the original moment of trauma. In the introduction I referred to the work of the theorists Caruth and Leys, who provide different arguments as to why individuals cannot return to the memory of a trauma. I will now discuss the cases of Mike and Sarah, who are both unable to return to this moment.

5.5 Difficulties in recalling early trauma

Six of the interview participants reported having experienced sexual abuse. Mike related the auditory character of his voice to his abuser, so that the voice often evoked intense anxiety. Mike said:

The voices are usually male and nasty. I do think they're related to, you know, a lot of what I hear is the voice of my abuser when I was a child, because I was raped when I was at primary school when I was ten. Some drug, I think it was ketamine. So it really did affect my brain, you know, that's something that affects my personality, so I have to kind of engage with the fact that I just don't lose all sense of who I am. I really go into delusion when I'm being him, because I don't know who I am any more [...] The voice is kind of an old man now. Yeah, I mean, you know, the guy is kind of getting on, that abused me, so I think the voice is really an old, slightly weird, older, weird man [...] I think it would be fair to say that as I got older, the voices got older.

Mike relates to the voice as a post-traumatic after-effect of the rape. It has been noted elsewhere how the drug ketamine may lead to voices, which has been reported in one case to lead to hearing 'a demon's voice' (Lim, 2003). In Mike's case, he said that the drug was used to tranquillise him, so that he was unconscious in the space of a primary school when he was sexually abused. A primary school is an environment that is usually associated with safety and trust, in which children actively engage with their surroundings, with their teachers and with each other. Despite Mike's certainty in this passage that he was raped, shortly afterwards in the interview he reflects on how he was 'out when whatever happened'; and therefore, he is 'never going to be able to kind of say exactly what happened in a way that's going to be satisfying for you to pin the tail on the donkey'. It is very significant that Mike himself has the insight that he will never be able to 'pin the tail on the donkey', as he puts it, and this suggests that a certain degree of anxiety is generated by the inability to return to the original moment of alleged trauma.

In Mike's case the past trauma is located in the spatiality of his body, with Mike wanting to know 'what the hell happened to my body?' Notably, he obsessively returns to this alleged trauma in the way that Herman (2001, p. 39) described above in an effort to reconstruct what may have happened. Mike's interactions with mental health professionals take him no closer to establishing if the rape actually took place, with one psychiatrist just taking notes and listening to him, while being 'quite careful about not making conclusions'. Mike's uncertainty over what happened means that he 'compensate[s] for that by wanting more certainty in other areas of life'. He mentions how he suffers from obsessive compulsive disorder. Finding his voices 'deeply obsessive' in their character, Mike mentions how he even applies 'the

obsessive pattern that happens in OCD' to his voices, by 'trying to know the outcome or restrict the voice-hearing experience in some way'.

Strikingly, Mike views his traumatic experience as having had a detrimental impact on both his 'brain' and his personality, in the sense that he had become *ego-dystonic*: that is, his anxiety was that he had an ego-alien experience where he 'lost all sense of who I am', as his thoughts and behaviours were in conflict, or dissonant, with his self-image (Rosenthal, 2003, p. 102). Mike describes becoming his abuser in a similar way to how Tom recalls acting as if he were his dead father in the previous chapter. Mike personifies the voice as a direct representation of his abuser's voice. He told me that 'the guy is kind of getting on', so now he hears an older-sounding voice. Mike was the only one of my interview participants to report this characteristic.

Like Mike, Sarah cannot recall the sexual assault that she alleges took place when she was aged three. She recalls 'flying down the stairs ... in a state of total panic, with my uncle down the stairs after me. And then he got my head and he stuck it in the corner of the settee, and I can't remember anything else.' After this alleged abuse, Sarah's uncle was not invited back to the family home for many years until the funeral of Sarah's father took place. Abuse is a subject which Sarah's voices frequently pick up. For example, when Sarah is in a non-specified room in her home, she hears her daughter's voice crying 'Help me, Mum!' from the secluded, invisible space of her attic. The voice felt 'real' to Sarah, and she is so frightened that she is mute and unable to respond. In the interview, Sarah does not mention any emotional response that she experienced at the time, so it is not clear whether she was not conscious of her emotions, or if she suppressed them. Another example is when Sarah hears the voices of children crying in the alley at the back of her house. An

external voice told her ‘to get up, and get these passports, and to get these children out of this country, because they were being abused’. Perhaps Sarah’s voice is enacting how she wished that she had had the power to stop the abuse when she was a very young girl.

We have seen from the cases of Mike and Sarah that while they were unable to access memories of their traumatic events, they in fact ‘felt impelled to re-create the moment of terror’ in the way that Herman earlier described (Herman, 2001, p. 39). I would suggest that the process of being interviewed helped these voice-hearers to put these experiences in the context of their life-history. For as Sarah said, ‘it’s clarified things [...] you’ve got to sort it out in your head’.

5.6 Concluding comments

Overall, I would argue that there are differences between the psychological mechanisms and strategies involved in the suppression of emotion and dissociating from emotions. Suppression is a defence mechanism that is a conscious process, and this was illustrated by how Mary and Paul both chose to shut down their emotional response to the acute stressors that they faced. In contrast, Sarah felt ‘frozen’ to the point where she could not even acknowledge her father’s suicide. This is an example of someone unconsciously repressing a terrible event and their emotions. I shed further light on this dissociative tendency when I indicated the way in which Phil’s case shows how worsening voices may be accompanied by visual flashbacks. In a small number of cases, the participants had amnesia regarding the trauma, and could not access the memory of the event that they believed had happened to them. The fact that three of my interview participants believed that they had traumatic memories that they could not access, and hence ‘feel impelled to re-

create the moment of terror', in the way that Herman (2001, p. 39) describes, demonstrates the devastating impact that trauma has. I would suggest that the examples of Simon, and particularly Mike, show how individuals can be so affected by early-life trauma that they keep returning in their minds to the trauma that they believe has happened to them.

Many of the examples presented in this chapter could be understood through a sub-category of psychosis that Kingdon and Turkington (2008, p. 40) classify as 'traumatic psychosis'. While this study is not using diagnostic labels to describe the voice-hearing experience of my interview participants, it is helpful to understand that a sub-group of voice-hearers have experienced such adverse or traumatic life experiences that these feature in the content of their voices. The most striking example was sexual abuse, with Mike hearing a voice that has the characteristics of the 'weird' man who he believes abused him when he was ten years old. This supports the findings of researchers such as Ellenson (1986) and Thompson et al. (2010), who argue that a history of sexual trauma means that voices may have a sexual content. Thus, in these cases where individuals are not able to recall trauma, the voices remind them of what this trauma may have been.

Herman's argument that some individuals with psychiatric labels have experienced chronic trauma supports the findings of many other researchers who have interviewed psychotic patients (e.g. Spauwen et al., 2006; Shevlin, 2007; Birchwood and Connor, 2012; Bebbington et al., 2004). Indeed, Herman (2001, p. 121) suggested that a more suitable label for the group of survivors of abuse is 'complex post-traumatic stress disorder'. Herman (2001, p. 3) thinks that by medicalising trauma as 'symptoms', we are failing patients who seek help for distress

that is linked to trauma. As she writes, 'the ordinary response to atrocities is to banish them from consciousness' (Herman, 2001, p. 1). In her opinion, 'established diagnostic concepts, especially the severe personality disorders commonly misdiagnosed in women, have generally failed to recognise the impact of victimization' (Herman, 2001, p. 3).

This chapter has shown that trauma affects voice-hearers in different ways, but that a marked feature of nearly all of these accounts is that the participants shut down their emotions, or could not access their emotions. Sometimes these shut-down emotions became embodied in the voices, as Mary so strikingly describes with her voice 'Mr Angry'. Approximately one-third of my participants were migrants, and they too reported experiencing how traumatic or difficult emotional events had affected them. In the next chapter I will explore how people with migration experience linked their voices to difficult emotional experiences.

CHAPTER 6:

Cultural Differences and Migrants' Interpretations of their Voices

6.1 Introduction

In the Introduction, I indicated that Western psychiatry often does not take into account cultural diversity when considering patients' emotions and how they interpret their voices. One of my research aims was to explore how voice-hearers' emotions mediate their negotiations with questions of migration, belonging and place. In this chapter I focus specifically on migration, aiming to understand the link between migrants' alienation, dislocation and mental distress and hearing voices. At this point I would like to note that not all of the migrant voice-hearers whom I interviewed considered that they had experienced significant racism; that is, discrimination or prejudice directed against them based on the belief that another's race or ethnicity was superior. Nonetheless, voice-hearers who are migrants and/or from black and minority ethnic backgrounds may well still have experienced alienation or dislocation, simply as a result of belonging to a different racial, ethnic or national group.

In this chapter I will be exploring the agency of voice-hearers who are migrants and/or from black and minority ethnic backgrounds in actively negotiating the gaps between their understanding of hearing voices and those of their family, their society or the medical establishment. There has been minimal research exploring migrants' active role in these negotiations (though see Minchin's [2016] study exploring the cultural meaning-making of African-Caribbeans who have heard voices); therefore, this takes on critical significance and will be the focus of this chapter. I will not try to

suggest that there is a specific difference to migrants' experiences of hearing voices, or individuals from black and minority ethnic backgrounds. The reason that I am looking at these together is that these individuals may see themselves as being outside white, anglophone, British culture.

Researchers argue that migration itself can be traumatic. There has been a massive increase in migration to the UK in recent years. Net long-term migration to the UK was estimated to be 248,000 in 2016.¹¹ Migrants, in particular refugees, may be fleeing 'torture, war or organised violence', and in their 'flight searching for safety, many [...] endure further hardship and suffering' (Patel, 2009, p. 123). In addition to these factors, 'women refugees and asylum seekers may also have been subjected to violence and rape', and they 'may face questioning about their experiences, often before they are able and willing to talk about these' (Kotecha, 2009, p. 60). Migrants may find that recalling experiences stirs up very uncomfortable emotions for them. Migrants are also 'leaving social networks behind' (which may or may not be well established), and as a result experience 'a sense of loss, dislocation, alienation and isolation' (Bhugra, 2004, p. 129). Several studies of migrant and minority ethnic groups suggest that the risk of psychosis is substantially increased in migrants (Heinz et al., 2013; Morgan et al., 2010; McGrath et al., 2004; Kirkbride et al., 2012; Cantor-Graae and Selten, 2005; Parrett and Mason, 2010). Veling's study (2013, p. 166) found that 'both first and second generation migrants have on average a two-fold increase in risk for psychotic disorders'. In my study I did not recruit participants according to diagnosis. However, it is likely that some of the participants with

¹¹ Migration Statistics Quarterly Report, May 2017. Office for National Statistics, <<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/internationalmigration/bulletins/migrationstatisticsquarterlyreport/2015-02-26>> [accessed 27 June 2017].

experiences of voice-hearing would be deemed to have had psychotic experiences. Five of my interview participants were first-generation migrants, while four were born in the UK, but had at least one foreign-born parent. Some of the migrants were white migrants, and would not be thought of as being from black and minority ethnic backgrounds.

Seven out of nine of the voice-hearers from black and minority ethnic backgrounds whom I interviewed lived in cities. Three of the migrants lived in an impoverished area of Hackney in London. Significantly, there is a higher rate of psychosis in dense urban areas (Allardyce et al., 2005; Vassos et al., 2012), where migrants are likely to experience more isolation. Krabbendam and van Os (2005, p. 795) note that 'the rate of schizophrenia in (variably defined) urban areas is around double the rate of that in (variably defined) rural areas'. One explanation that they give is that 'more individuals with genetic liability for schizophrenia move into urban areas' (Krabbendam and van Os, 2005, p. 796). That said, there are more social minorities and migrants living in inner cities. As Heinz et al. (2013, p. 188) note, 'this risk [for schizophrenia and other psychoses] is especially high in some groups that are potentially exposed to high levels of social exclusion and racist discrimination, e.g. individuals from the Black African and Black Caribbean group (Reninghaus et al., 2008; Cooper et al., 2008; Morgan et al., 2008)'.

People with migration experience use a variety of religious and cultural frameworks that are different from the majority culture into which they migrated, which help them to make sense of their voices. One example of this is provided in Grace Cho's *Haunting the Korean Diaspora* (2008), which explores her mother's experience of hearing voices. Her mother had emigrated from South Korea to

America, so Cho is a second-generation migrant; she remembers the emotional impact of the Korean War on her mother, and adopts a trauma framework to make sense of the voices heard by her mother. She says, 'trauma is expressed in the form of voices from dissociated pasts, voices from the wounds of history' (Cho, 2008, p. 189). She argues that a voice offers 'the best method by which to "see" haunting, because it accounts for the incompatibility between information and experience, thus creating a vision of that which is not available to direct experience' (Cho, 2008, p. 194). Cho remembers how when she was a child in America, if she asked her mother about her former life in Korea, her mother 'would stare silently at some spot on the wall' until she stopped asking her questions (Cho, 2008, p. 2).

I am interested in whether migrants' voices are inflected by their cultural roots. If racism is felt strongly, does the voice-hearer see themselves in racialised terms? I will now discuss a study which explores how voice-hearers describe the impact of their race or ethnicity on their sense of identity, and/or their voices. Haarmans et al.'s (2016) study used an 'intersectionality framework' to explore how categories of social identity, including race and gender, shaped 44 clinical female participants' voices, 'potentially extending insights into reciprocal influences between voices and social experiences'. The voice-hearers were recruited from psychiatric services in Toronto. Over half of the sample included women with ethnic-minority status, who were 'doubly or triply marginalised by statuses as minoritised women diagnosed with psychosis' (Haarmans et al., 2016, p. 210). This research is of particular significance, as currently there is a paucity of research on ethnic-minority women's experience of voice-hearing. The researchers developed a codebook for exploring how the content of the voices was structured, so that when the women were interviewed researchers could 'code whether the aim of the voice (according to the

voice-hearer) is to undermine or affirm' (Haarmans et al., 2016, p. 277). Some of these categories were described as relating to 'racialized conditions of worth' and 'racism', and there was some overlap with 'gendered conditions of worth'. Notably, the authors found that 'voices undermined by threatening and controlling are particularly evident in the ethnic-minority women' (Haarmans et al., 2016, p. 207), with fourteen out of the twenty-four women reporting such voices. Examples were given of how voices made racist slurs: for example, 'black women are too hard to deal with, we prefer white women!' (Haarmans et al., 2016, p. 208). Another example was of 'gendered violence', when the voice said 'the devil will rape you' (Haarmans et al., 2016, pp. 208-9). The study did not identify specific emotions, though the study did note that two-thirds of both ethnic-minority women and white women found their voices distressing.

Rhodes et al.'s qualitative study (2016, p. 7) similarly found that six of the migrants related the content of their voices to difficult emotional or traumatic experiences. All of the participants were refugees or asylum-seekers living in the UK, and 'subject to at least one traumatic event involving political violence (for example, the experience of torture, war and political killings)', and diagnosed in a psychiatric setting as having psychotic symptoms that included voice-hearing (Rhodes et al., 2016, p. 3). In the interviews, participants were not asked directly about any traumatic experiences. Nonetheless, three participants said that they heard voices from specific episodes involving an attack, either involving themselves or someone else. Following his mother's murder, Sando heard his mother speaking to him in different geographical locations, such as on the street. Given that he still 'feels a deep connection' to his dead mother, he said 'I run after the woman, calling her [...] you know, the woman turned back and looked at me and it wasn't her' (Rhodes et

al., 2016, p. 6). Rhodes et al. observe that such voices were 'often taken to be real and external to the person' (Rhodes et al., 2016, p. 6).

In this chapter, I will begin by considering how two participants linked their voices to early cultural roots and difficult emotional experiences. I then extend research on migration and psychosis by showing to what extent voice-hearers who are migrants and/or from black and minority ethnic backgrounds own agency which is evident in them choosing religious or cultural frameworks that are different from the majority culture into which they migrated, to help them to make sense of their voices and emotions. I am interested in how they actively negotiate the gaps between their own understandings of voices and those of their family or society. It is difficult to disentangle questions of migration and racialisation in the interviews, and so my analysis frequently moves across the two – since they frequently, though not always, overlap. Finally, I will explore the voice-hearing experiences of three migrants who are bilingual: that is, fluent in their use of two languages. I wish to indicate the significant links between voices, language and emotion, with migrants viewing the voice/s that they hear in their native language as being distressing or comforting. In addition, migrants may have experienced early-life trauma or isolation in their formative years. In Chapter 2 I discussed the new robust research linking childhood adversity, specifically trauma, with the onset of psychosis (Morgan and Fisher, 2007; Fisher et al., 2010; Connor and Birchwood, 2012). I will now explore how two migrant voice-hearers interpreted their distressing voices in the context of early marginalisation and racism.

6.2 Marginalisation and racism in the voice-hearer's childhood and hearing voices

Tumelo is from East Africa, and migrated to England when he was four years old, where he was raised as a Muslim. Distressed by voices that swear at him in Punjabi and call him names, Tumelo had a difficult experience, that of being bullied at school, where he experienced racial abuse. The prejudice of the other boys made them less than keen to make contact with him. They were told 'don't touch a brown man or a black man', he reported. Alleyne (2009, p. 168) notes that 'shame has left us with complexes about our skin colour and its representations'. Initially, Tumelo 'knuckled down and just got on with it', that is, he did not become upset or disappointed that he was excluded. He does not say how he felt about his skin colour, or whether he stigmatised himself. He also described an incident when he was four years old, when another child 'threw this rock' at his head, shouting 'Paki this, Paki that'. Once again Tumelo did not tell me his emotional reaction to this other child, only that he 'learned to stand up for myself', by deciding that 'I had to fight back'.

In the previous chapter I discussed how some voice-hearers suppressed their emotions. Similarly, Tumelo suppressed his emotional reaction at the time of the bullying, which has interesting parallels with how he later copes with emotion in relation to the voices that he hears. When he experienced the bullying, Tumelo lacked social support to cope with it. He reflects that racism was not challenged in the 1960s, and victims of racism 'just got to get on with it', which is why 'if somebody swore at me or started shouting at me, I'd just give it back'. This way of defending himself led to further conflict and aggression. Now, as a voice-hearer in his fifties,

Tumelo feels under pressure to conform to a British identity as a speaker of good English, so that he is accepted in the UK. While Tumelo's voices do not discuss his racial abuse, they do insult and criticise him in Punjabi. This could suggest that Tumelo has internalised his racial abuse. Lipsky (1987) and Lorde (1984) suggest that people can absorb the 'values and beliefs of an oppressor and come to believe that the stereotypes and misinformation about one's group are true (or partly true). Such a process can lead to low self-esteem, self-hate' (Alleyne, 2009, p. 170). We have seen how Tumelo's voice, which functions as an *internal saboteur*, calls him names. Although he stands up for himself, by swearing back in the same language, he still does not feel that he has a firm boundary with the voices, which he felt 'were against me no matter what I did'. (In the next chapter I provide further examples of the difficulties that interview participants experienced when they were unable to establish a clear boundary with their voice/s.) It would seem that Tumelo's retaliation mirrors the powerless, antagonistic relationship that he once had with the boys who picked on him at school for his colour. By repeating the same dynamic, he may compound this negative pattern in his internal mental world, so that he is unable to move away from name-calling, and calling voices names in return. Clearly, he finds this dynamic to be upsetting and frustrating.

Studies of ethnic minority groups corroborate this finding, that racist bullying has a negative impact. The Fourth National Survey of Ethnic Minorities provided UK evidence of a cross-sectional association between interpersonal racism and mental illness (Karlsen and Nazroo, 2002). When 5,196 people of Caribbean, African and Asian origin were asked about racial discrimination in the previous year, those who had experienced a racist attack were five times more likely to suffer from psychosis. In Karlsen et al.'s (2005) study, a nationally representative sample comprised: 733

Irish, 691 Caribbean, 650 Bangladeshi, 648 Indian and 724 Pakistani people aged between 16 and 74. The finding was that the people's 'experience of racially motivated verbal abuse or physical assault was associated with between a two- and threefold increase in the risk of CMD [common mental disorder] and psychosis' (Karlsen et al. 2005, p. 1800). These population-level studies do not examine the ways in which racist bullying may negatively impact on the victim's self-esteem and sense of identity, even shaping the voice-hearing experience itself, as is explored in both Rhodes et al.'s (2016) and Haarmans et al.'s (2016) studies that I discussed earlier, which show that there are important links between traumatic or difficult emotional experiences and voices.

Ling is another interview participant who found her early years very difficult. She spent her first ten years in China before she migrated to England. Like Tumelo, she felt that she 'didn't fit in with others' at a young age. When other children in China did not include her, her response was to not 'give a damn'. She commented that it was a case of 'me rejecting other people rather than them rejecting me'. Nonetheless, in the interview she still connected this feeling that 'I didn't belong' to a sense of powerlessness. As an adult, she tries to eject the uncomfortable memories of her early childhood in China from her internal world, only for her voices to remind her of these. Ling believes that her voices are powerful when they tell her that people wish her harm ('they're after you, after you'), and she worries enormously about being deported to China. Indeed, Ling was so frightened of the voices that she was unable to engage in a dialogue with them, and her response was to isolate herself again. She does have the awareness, though, that the voices were a 'really negative reflection of myself', and in particular contain her 'negative emotions' that she fears expressing to others.

Ling describes the voices in terms of having been ‘a sensory or cognitive overload’. Interestingly, even though she is trilingual (speaking Japanese, Chinese and English), she hears the voices speak to her in English. Ling vigorously emphasised the fear associated with hearing voices, and said:

I can’t pinpoint what the internal trigger was, because something just switched in my brain or something because it’s – ah, I find it difficult to put it in words, because – I guess it’s to do with something that happens in my head ... There’s something happening in the surroundings around me [...] Suddenly I was bombarded by the voices and everything’s coming into me without being filtered.

Like Tumelo, she is unable to establish a boundary with the voices, and is ‘bombarded’ by them to the point where it feels to her that ‘everything’s coming into me’. While she identifies that there was an ‘internal trigger’ for this overload of stimuli from her environment, she does not indicate what this may have been. Perhaps she herself does not know. Later in the interview she connects her voices with her ‘deliberately trying to push [...] my history or my background which I couldn’t control – away from me’. This is very spatial language, and in the next chapter I will explore the significance of space and spatial metaphors in voice-hearers’ relationships with their voices. Both of these case studies illustrate how voice-hearers’ core beliefs about their cultural upbringing can directly influence the beliefs and thoughts that they have about their voices.

Having explored how early childhood experience has a role to play in some participants’ later voice-hearing experiences, and their emotional responses to these voices, I would now like to focus my discussion on culture and religion in the case of people with migration experience, as I am interested in how these frameworks may also shape participants’ voices. In particular, I will be exploring migrant voice-

hearers' own agency in actively using these frameworks to make sense of their voices.

6.3 Religious and cultural frameworks for making sense of voices

The majority of the existing literatures on religion and voice-hearing focus predominantly on Christians (e.g. Dein and Littlewood, 2007, on British Pentecostals; Luhrmann on American Evangelicals, 2012). Of relevance to this thesis is the work that has been done on the affective dimension to the experience of hearing God's voice. Dein and Littlewood (2007) studied Pentecostal Christians in London using phenomenological interviews. They recognise that hearing God's voice is accompanied by emotional changes (Dein and Littlewood, 2007, p. 218). They found that hearing God's voice is 'generally associated with positive affective changes including feelings of peace, certainty and well-being' (Dein and Littlewood, 2007, p. 219).

A Christian religious framework helped one of my interview participants, Charles, to cope with his voices. Charles was born in England and is of mixed racial heritage: his mother was English and his father was African Caribbean. Charles is distressed by his voice, and seeks solace in a Catholic church. He feels valued by the other members of the community, when he gathers with 'a couple of hundred people in church and they're all praying at the same time'. He said:

I go to church every now and again [...] I went to a Catholic school when I were young. And you say the prayers [...] if you're praying to a higher power, asking the higher power to help you and for guidance as well. With the Catholic prayers, I don't really agree with all the prayers or the terminology in the prayers.

Charles had no exposure to any religion in the Caribbean, where his father was born, so therefore he sought the religious framework of a Catholic church, as he had attended a Catholic school. Charles found that this Christian setting helped reduce the anxiety associated with his voices and aids coping. He clearly finds comfort in the ritual of prayer, even though he does not agree with all the content of these prayers. I will now discuss other accounts that my interview participants gave of how they used a broad range of religious and cultural frameworks to interpret their voices.

As the anthropologist Tanya Luhmann notes, culture is likely to have an impact on voices. In a recent (2015) study, Lurhmann and colleagues undertook qualitative interviews with samples of twenty adults each living in or around geographically diverse sites that included San Mateo, California; Accra, Ghana; and Chennai, India. Inclusion criteria were that participants were over eighteen years of age, had personal experience of voice-hearing and matched criteria for 'schizophrenia' or affective psychosis, according to the Structured Clinical Interview for DSM-IV Axis 1 Disorders, and had capacity to consent. The interview asked participants about the phenomenology of their hallucination experience, and was loosely based on the Maastricht interview developed by Romme and Escher (2000) which I introduced in Chapter 2. Luhmann et al. (2015) found that those outside Western culture understood themselves as being intrinsically connected through relationships, and therefore were 'more likely to imagine mind and self as interwoven with others' (Luhmann, 2015, p. 43).

Luhmann et al. (2015, p. 43) argue that social expectations 'may shape the voice-hearing experience of those with serious psychotic disorder', in that participants 'in Chennai [India] and Accra [Ghana] were not as troubled by the

presence of voices they could not control; they interpreted them, in effect, as people – who cannot be controlled’. There was a positive aspect to hearing these characterological voices speaking, which sometimes had a ‘playfulness’ to them (Luhmann, 2015, p. 43). For example, one woman heard Hanuman, the Hindu god represented as part monkey, issue playful instructions, and on one occasion she pinches his bottom. This idea that the cultural shaping to voices outside Western culture means that their affective tone actually shifts where they are positive, as Luhmann et al. (2015, p. 43) note, provides a contrast to the violent, harsh voices so common in the West that are associated with a diagnosis of schizophrenia. This finding is corroborated in a recent book in which Luhmann and colleagues (2016) present case studies of twelve individuals living with serious psychotic disorder in the United States, India, Africa and Southeast Asia. Marrow and Lurhmann (2016, p. 213) suggest that ‘different cultural invitations shift the way someone pays attention to his or her auditory experiences, and that these shifts become habituated and orient the dominant content of the voice-hearing experience’. The way in which culture shapes the affective tone of hearing a voice is an area that I will now explore.

Amara was the only voice-hearer that I interviewed to experience a double displacement: moving from Ghana to Sweden and then to the UK, where he became homeless after a breakdown. Amara’s dislocation from West Africa and his cultural roots has had so great an impact on him that he ‘think[s] in my head if I never left Sweden and came to England would I have experienced hearing voices? And still I can’t answer that, but yes, I still try to find a link.’ Amara’s uncertainty on this point underscores his real fear that this cultural uprooting was the trigger for his breakdown, as he felt more at ease in Sweden where he had lived with a foster family. In London he was on his own, and there was the added stress that his father

had recently died, as I described in Chapter 5. Amara was seventeen years old at this point, and was not offered any bereavement counselling.

At the onset of his voice-hearing, Amara often withdrew to private spaces, such as a tower-block, where he would hear the voice of his uncle telling him ‘to believe’ in Akan, which is the language indigenous to Ghana. (I return to the issue of hearing voices in multiple languages below.) He said:

I was sleeping round in the tower-block late at night and suddenly I just woke up sweating and hearing this voice [...] I don't know what triggered it really. It was in a dream I thought I was in, so it was something real. I ran out of that place. It was a tower-block, I was sleeping in the fire escape area at the top floor. And I run out and come out in the street in the middle of the night hearing this voice telling me, Amara, to believe.

Here Amara is woken by a voice that sounds as if it is his uncle speaking, and he is immediately afraid. Physically located in an enclosed stairwell at the top of a tower-block, Amara finds this a psychically dangerous space, perhaps because it is dark and he cannot locate the source of the external voice. Clearly he panics, and he moves away from the person-like entity of the voice that he imagines pursuing him down the stairs to the exit of the tower-block. For Amara in his delusional state, physically locating himself in the safer outside space of the street is a way to try to reduce the anxiety created by his delusional psychic experience, as he gains some distance from his voice. In the next chapter I will further explore the real or imaginary boundaries that voice-hearers try to create with their voices.

As Luhrmann et al. (2015) suggested earlier, those outside Western culture are ‘more likely to imagine mind and self as interwoven with others’ (Luhmann, 2015, p. 43). Interestingly, Amara interprets his uncle’s voice as being a message from his

ancestor. This is because he had been exposed at a young age to voodoo practices in Ghana, where they think that ancestors, such as grandparents, may try to establish a connection with you. In Amara's words, he said that they believe that the 'past generation ... [are] trying to come back, to communicate and tell you something'. Initially, when Amara heard his uncle's voice after the death of his father, he was not sure 'whether it was God or a human being to believe in, you know ... It just continues to repeat itself.' Amara said that it was because the voice sounded like his uncle that 'I was linking it to my past, you know [to the uncle] ... I was thinking that that might be the link, that he might have been telling me something.' Despite the familial connection of this being an uncle to whom he had been close as a young child, before his uncle emigrated to America when he was eight years old, the voice distressed Amara, and he would even rush out of a building in an effort to escape it.

Earlier, I discussed how Tumelo hears negative voices. He also hears a positive voice that he calls 'God'.

Tumelo: He'll tell me when to leave home. He'll say, 'I'll be there.' I'll be starting to get ready to leave home and he'll tell me when. He'll say when to go. 'Leave now.' He's kind of there for me. He's there for me in a way that helps. It helps me get along.

Tumelo has a feeling of gratitude for hearing God's voice. This is an external voice that sounded 'old' and had a 'friendly' tone like the God in the Koran. Although Tumelo said that he hears God's voice, it is not actually God in his opinion, as he does not link the voices to his Muslim faith. Instead, he said that it was 'just a personal connection', as speaking to this voice 'reassures' him. Here Tumelo provides a practical example of how God helps him to decide what time he will leave his home. At other times, he said that God's voice will advise him on 'what is going to

happen'. He gives the example of God telling him which present to buy, which the recipient is then expecting. This makes Tumelo feel 'a little bit psychic really'. Even so, Tumelo does wish at times that all of the voices 'went away and they didn't come back and I would live free without them'. For while God's voice makes Tumelo 'feel safe', the other critical 'human voices' (such as that of his brother) make him 'feel kind of retaliatory'. Tumelo said that he has found it necessary to 'fight back' against these voices, in order to change the power balance with them. He did not mention if these voices ever had any dialogue with God's voice.

Perhaps the fact that Tumelo has been stigmatised and marginalised by fellow Muslims has a role to play in how he sometimes regards the experience of hearing voices as abnormal. For several years he has not attended services at the local mosque in south-east England, as he was told that 'if you have a mental health condition, you shouldn't go to the mosque'. Tumelo understands that he is already forgiven for his sins because he is unwell, and therefore there is no need to pray to God. However, he did continue to pray to God 'to ask for strength'. He was deeply affected by stigma, as he felt that the Muslim community regarded him as 'just a waste of space' when he took on a chronic patient role for several years. Fear does exist in the Muslim community, as heard voices are commonly attributed to jinn, which are creatures created out of smokeless fire that can issue threats, insults or command behaviours, as well as being comforting through offering advice (Blom, 2010; Guthrie et al., 2016). Tumelo's isolation means that hearing God's voice provides him with some understanding, and helps him to endure his distress.

Linda, who is a white South African, migrated to England when she was seventeen years old. She understands her voices in the context of psychosis; she is also interested in how an ancient culture explained voices. She said:

There's a psychic centre that's trying to push through to us, to communicate to us, because I think that they heal ... they make use of it in a very different way. They communicate through the voices that were there, I believe, back in the ancient days, like remnants of something that we used to have as a cure that people would actually use, and that's what I believe personally. I also think it is souls – it's your soul and your mind that are bound by your body – because now I'm hearing my partner's voice. He really had me tripped up.

In New Age spirituality, the third eye is often associated with clairvoyance, and in the interview Linda herself said that she had been told by a psychic that she had 'very strong potential for being a psychic myself'. However, here Linda is also referring to another tradition called Theosophy, in which it is believed that the third eye is connected with the pineal gland. According to this theory, humans had in ancient times an actual third eye in the back of the head with a physical and spiritual function. This eye atrophied as humans evolved, and became what is known today as the pineal gland (Blavatsky, 1993, p. 295).

As the psychologist Isabel Clarke (2010, p. 112) argues, a number of voice-hearers 'see psychosis in the context of the human capacity for a spiritual/mystical way of knowing'. The view that psychosis can be interpreted as what the psychologist Caroline Brett (2010, p. 155) describes as 'a transformative crisis' has, as she points out, been promoted by a number of theorists, including Jung (1983), Laing (1967), and Grof and Grof (1990-92). Even those who are distressed by their voices may find a spiritual or religious framework helpful, as is described by the voice-hearer and psychologist Peter Chadwick (1997, p. 47), who recalled that 'given

the spiritual and religious nature of my delusions, it was a great source of comfort to be able to regularly visit the chapel on the ground floor of the hospital'. He said that visits from 'paraprofessionals such as the chaplain ... eased me out of seeing God as potentially vicious and punitive' and this gave him 'much peace and (most important of all): hope'. For Linda, a spiritual framework provides a meaningful way for her to understand the voices that she hears, as she believes that 'souls' are communicating through the voices, with the potential to heal her. She does not have any religious belief, and commented that 'we don't have God around to talk to, to ask questions to'. Therefore, cultivating a relationship with these 'souls' that speak to her offers her a meaningful way to understand the voices that she hears, to reduce the anxiety associated with the experience and help her cope. Like Amara and Adrian, who are also bilingual, Linda hears voices in multiple languages. In Linda's case the voices speak to her in both English and Afrikaans.

I will now discuss the links that migrant voice-hearers make between voices, language and emotion, in order to explore further the different kinds of relationships they have with their voices.

6.4 Voices, language and emotion

After migrating to a different country, several of my interview participants reported that they felt displaced and excluded, and struggled with feeling isolated. Adrian moved from Germany to England at the age of eight, and was unable to speak English for a year and a half. He 'remember[s] being very frustrated when I couldn't verbalise what I wanted to say', and this led to him 'screaming and shouting'.

Research shows that many voice-hearers who communicate in two or more languages hear voices speak to them in different languages at different times (de

Zulueta et al., 2001). Furthermore, some of these bilingual voice-hearers experienced voices in one language but not the other. De Zulueta et al. (2001, p. 285) note that in one case it was 'as if the two language systems and their accompanying psychotic phenomena were dissociated, one split from the other'. In another study conducted by Wang et al. (1998, p. 502), one bilingual voice-hearer stated that 'now I think in both English and Spanish, so they [the voices] speak in both English and Spanish'. The authors concluded that patients diagnosed with schizophrenia hear voices that 'mostly reflect the subject's thinking processes' (Wang et al., 1998, p. 503). Nonetheless, these studies do not elaborate on the role that emotions play in the bilingual participants' voices and responses to them, and this is a topic that I will now explore further by indicating how bilingual voice-hearers relate emotionally to voices in one or two languages.

Research has not found the native language of bilingual people to facilitate emotional expression. Koven (2001, 2003) found greater affect and more complex speech when the children of immigrants used the language of the host country, which was also the language that they socialised in with their peers. Significantly, the migrant voice-hearers heard their voices in either their second language or their native language, and sometimes in both languages. Earlier, I discussed how Ling who is trilingual (speaking English, Chinese and Japanese) hears her voices in English, which she has spoken since the age of ten. This is the language that she prefers and most commonly uses. She said that she thought that she might hear voices in English (as opposed to her native languages) because 'the voices were the self that I want to become which turn against me'. That is, she wished that she was 'proper or original or some sort of authentic British person, not of immigrant background'. Yet, she does question: 'Why are they only saying negative things to

me? I don't know.' Ling was at one time very distressed by her voices; but even so, she found it very difficult to express her emotions, and only trusted her husband with how she really felt.

Adrian is different from Ling in that he hears voices in two languages. From his twenties onwards Adrian heard a critical, negative voice of his mother speaking to him in German at different times. He also hears voices in English. Adrian said:

This is the sadness about the illness sometimes that [...] the most predominant voice I have in my head at the moment is my mother's, quite clearly sometimes [...] It says *du stirbst* [you're going to die]. And she keeps repeating that. And it's doing my nut in, to be honest. But I think, you know, if it was my mother, she wouldn't say that to me on a regular basis.

As a long-term user of mental health services, Adrian's intense exposure to psychiatric discourses has meant that he views voice-hearing as an 'illness' that causes him considerable 'sadness'. Despite having a 'medical' perspective of voice-hearing, he is also interested in exploring what his voices mean to him. In Chapter 4, I discussed how Peter sees his voice as a very direct representation of his mother. However, Adrian's experience of hearing his dead mother speak differs in the respect that it is culturally specific. Not only does the voice speak in German, but Adrian connects the voice with his dead mother, whom he associates with the memories and experiences of his early life in Germany.

Adrian is afraid of the voice and finds it distressing, as it issues a warning: 'you're going to die'. Despite seeing the voice as a symptom of 'schizophrenic' illness, Adrian also feels that he needs to create a boundary and challenge the voice, by telling himself that my 'mother wouldn't say that to me'. Nonetheless, Adrian still wishes for a connection with his mother, and wonders if 'it [his mother's voice] could

be filling a need' for contact, as the voice 'keep[s] her memory alive'. Clearly, he finds hearing this voice 'stressing sometimes', as is indicated by how he reports having a 'love–hate relationship' with his dead mother's voice; nonetheless, he does not identify any difficult emotions that the voice stirs up, other than 'hate'. He is, however, able to recognise that the voice is repetitive in its content, which helps to reduce the fear associated with the voice.

Adrian's reaction to his dead mother's voice encourages the view that intrusive thought / perceptual experiences are threatening. But, as McCarthy-Jones (2013, pp. 167-68) points out, 'in contrast, in many non-Western societies and sub-cultures in the West, voices may be viewed as less threatening, and hence be reacted to more calmly'. In non-Western cultures, traditionally, 'hearing voices' was just a variation of one's internal world. Sudhir Kakar (1984, p. 272), an Indian psychoanalyst, argues that Eastern culture emphasises a 'pursuit of inner differentiation', unlike Western cultures that emphasise constancy of the 'inner state'.

Amara is one bilingual voice-hearer who is able to make radical changes to his relationship with a distressing voice. As I mentioned earlier, Amara hears his uncle's voice telling him 'to believe' in Akan, the language indigenous to Ghana. It was only when he attended a hearing voices group many years later that Amara was able to reframe his voice: from being a frightening act of transmission across cultures, to having relevance to his current occupation, which is volunteering as a peer supporter in a British psychiatric hospital. In Amara's words, when he hears his uncle's voice 'telling me to believe', he will 'carry on doing what I'm doing and in my head I'd be like, you know, let me just do what I'm doing'. He finds that this dampens the voice, so that it is less intense. As the psychiatrist Romme (2009, p. 21) notes, 'changing

the relationship [to the voices] seems to become possible with the recognition that the person her/himself gives power to the voices, and by starting to take back power, it becomes possible to change the relationship with the voices', so that the voices are less distressing. Nowadays, Amara interprets the voice of his 'uncle telling me to believe' as the choice to 'believe in the things that when I wake up today I'm going to the ward, and I am ready to help to talk to someone'. Amara's role as a peer supporter on the men's psychiatric ward gives him a positive sense of identity, as he has found that the men there can relate to his story of lived experience of mental health issues, which he shares with them.

These examples show that bilingual voice-hearers who hear voices in one or two languages may associate these with positive and/or negative emotions, depending on the power balance that exists with the voices. In this respect, they are no different from voice-hearers who hear voices in only one language, and in the next chapter I will further explore how voice-hearers assert a boundary with their voices in order to manipulate the power dynamic, and in some cases change the emotions that the voice embodies, and even their own emotional response.

6.5 Concluding comments

Some emotions are unacceptable to the voice-hearers who are migrants and/or from black and minority ethnic backgrounds. For example, I discussed how Ling split off her emotions, and described how her emotions came out through her voices, which were 'a really negative reflection of myself'. In this respect Ling was similar to Sarah, a white voice-hearer, whom I discussed in the previous chapter, as she also split off uncomfortable emotions and thoughts that her voices would embody. However, for the voice-hearers who are migrants and/or from black and minority ethnic

backgrounds, there was a particularly complex pattern of emotion within and across different bodies, as is demonstrated when Amara hears his uncle from Ghana telling him 'to believe'. Any model for understanding the phenomenon of voice-hearing in the migrant population needs to take into account the complex ways in which voice-hearers construe both voices and emotions. Notably, adopting cultural or spiritual frameworks to understand voices is not always helpful, as is indicated when Amara, who believed in voodoo practices because of his upbringing in Ghana, initially becomes distressed that his uncle is trying to communicate a message to him in his native language from another continent.

Amara, like some of the other voice-hearers I have discussed, is bilingual, and he heard a voice in his native language. As I have already noted, at present there is minimal research on bilingual voice-hearers and how they construe relationships with the emotions and their voices. I have contributed to this area of research by indicating that bilingual voice-hearers may hear their voice/s in either their native or second language, but that in both cases voices may embody strong positive or negative emotions. Nonetheless, as is the case with unilingual voice-hearers, it is possible for the voice-hearer to change the emotional valence of the voice by creating a different relationship with it.

This chapter has shown how displacement had a detrimental impact on many of the migrants, and yet many were resourceful in actively choosing cultural, religious and spiritual frameworks to help them make sense of their voices. The voice-hearers' agency in negotiating their own understandings of voices frequently challenged the 'medicalised' perspective often shared by their family, society and the medical establishment. (This was also the case for white and non-migrant voice-hearers as

discussed in other chapters.) For example, Tumelo believes that his positive voice is that of God; Amara attends a hearing voices group to change his relationship with his voices; and Linda is interested in how an ancient culture explains her voices. Even Adrian, who understands voices to be a symptom of the illness 'schizophrenia', learns to challenge the negative voice of his dead mother, and in this way sets a boundary.

Those who linked their voices to difficult early-life events, such as Adrian who experienced displacement from his cultural roots, and Tumelo who experienced racist verbal abuse and a physical assault, were least able to cope with voices that they believed were more powerful than they were. Indeed, childhood trauma can feature in the content of the migrant's voice-hearing experience, as is illustrated by Tumelo hearing the voices in Punjabi of boys who verbally abused and physically attacked him when he was a child. These examples would indicate that a lack of boundary between the person and their voice can be problematic, as this increases anxiety and distress. In the next chapter I will further explore how asserting a real or an imaginary boundary with a voice may have a bearing on how voice-hearers relate to their voices and their emotions. Romme and Escher argue that it is important for voice-hearers to be 'creating boundaries' with their voices: therefore, my analysis of how voice-hearers invoke boundaries in a broad range of spaces and places will add to this existing research.

CHAPTER 7:

Voice-hearing and Spatialities of the Emotions

7.1 Introduction

In order to explore the role of emotions in the dynamic experience of voice-hearing, it is important to understand the ways in which emotional relations happen in space and place. As the geographer Anja Kanngieser suggests, there is 'a geography of voice' in the respect that 'voice and space – co-create one another' (Kanngieser, 2012, p. 337). In the case of voice-hearers, they are hearing a voice or voices that others do not hear. Nonetheless, for many of the voice-hearers whom I interviewed, this experience has auditory features where the voice is characterful and sounds so 'real' to them that it is as if a person were actually speaking, as I discussed in Chapter 4. Therefore, Kanngieser's argument about voice and space co-creating one another is apposite for these experiences of voice-hearing, too. Kanngieser notes that when someone hears a voice, it is the 'soundings' and 'affective transmissions' of the voice that 'make up our different relations' (Kanngieser, 2012, p. 337). She points out that 'pace, accent and dialects, intonation, frequency, amplitude, and silence' affect our capacity to listen and to respond to hearing a voice (Kanngieser, 2012, pp. 336-7). Kanngieser (2012, p. 339) notes that health and cultural geographers have undertaken minimal research on the 'practices of listening-itself' (though see Simpson, 2009; Anderson, 2002; Back, 2003; Lorimer, 2007; Rodaway, 1994). There is virtually no research in health and cultural geography that has considered listening to voices that no one else hears. Further investigation is needed as to how voice-hearers listen to and respond to their voices, so as to explore the

ways in which they create an emotional relationship with critical, even malevolent voices, or kind voices in real or imaginary spaces.

As I discussed in the literature review, Romme and Escher consider that space and place affect how voice-hearers relate to voices and emotions. They argue that boundaries with voices are of critical importance, as it is by limiting voices to a specific time and place that voice-hearers are able to 'take back power' from the voices, and thus change the power dynamic with them (Romme, 2009, p. 21). I discussed in Chapter 2 how some studies do recognise that voice-hearers experience and constitute boundaries with their voices (e.g. Jones et al., 2016; de Jager et al., 2016; Hayward et al., 2014b), and indeed change their relationships to negative voices over time, so that they are less frightened of them. In this chapter I wish to contribute to this existing literature on spatial boundaries by giving examples of how voice-hearers experience or invoke boundaries with voices and emotions in a range of familial, social and public spaces.

I begin with material spaces that embody memory, as the voices of voice-hearers' deceased mothers share these spaces with them. I wish to present how material environments, such as the domestic space of a deceased mother's flat, mediates an ongoing social relationship with the voice. I go on to explore relationships with kind or hostile voices, where voices were located or experienced in the interiors of the body or brain, or even in buildings' interiors, as I aim to show how voice-hearing is a spatialised experience, where the space may act as a spatial resource or constraint. In doing so, I give examples of voice-hearers trying to assert a boundary with their voice/s in these spaces, and how these different possibilities mediate individuals' emotional relationships with their voices. After presenting these interior spaces, I

give examples of spaces where the boundary between voice-hearers' inner mental lives and their external environment is unclear and mutable, so as to reveal the capacity of these personal / material spaces to mediate how individuals construe relationships with voices and emotions in complex and ambiguous ways. In particular, I am interested in how voice-hearers try to change the power balance with voices, so that they are in control. This leads to a discussion of how voice-hearers may still feel controlled by the voice/s, or as having freedom from it in particular sites.

Many of the voice-hearers whom I interviewed were distressed by their voices, and as the geographer Hester Parr argues, such a 'delusional' or anxious psychic experience has the potential to involve 'disruptive senses of borders, boundaries, and borderlessness' between the conscious and unconscious, even temporarily, for people with mental health problems (Parr, 1999, p. 675).¹² Parr explores the experience of one voice-hearer, Edna, who relates to her voices as 'multiple selves', which she 'has to understand, to converse with, and to accept' (Parr, 1999, p. 680). I would suggest that the fact that Edna can relate to these voices, and even dialogue with them, would indicate that her voice-hearing experiences are meaningful to her. Nonetheless, Parr does not discuss what Edna feels. In my own study I will be exploring whether there is a link between voice-hearers invoking a boundary with voices, and how they emotionally respond to warm or malicious voices.

Having laid out the typology for this chapter, I will now begin by exploring how the vignette of Peter allows a direct interpretation of the relationship between the space of his dead mother's flat and the voice, which is clearly known to Peter, as it is a

¹² Parr uses the term 'delusional geography' not in its medical sense (of referring to 'delusions'), but to refer to how delusional experiences involve the disruption to boundaries that I have described above.

representation of his dead mother's voice, as I discussed in Chapter 4. I will be setting out relevant geographical concepts of space and their importance to Peter's experience, and how these are supported or nuanced by the phenomenon of hearing a voice.

7.2 Boundaries with voices in environments of memory

I previously suggested that the boundary that a voice-hearer invokes with a voice may affect their emotional response to a warm or a malicious voice. As the geographer Yi-Fu Tuan (1991, pp. 684, 694) suggests, warm or malicious gossip can transform the feel of a room. Another geographer, Paul Simpson (2009), has considered the ways in which sonorous aspects of speech are important in producing environments. He suggests that 'in listening we become embodied', in the sense that we are listening with our body, and he explores how music and sound resonate in us when we listen (Simpson, 2009, pp. 2569, 2571). For example, the listening experience may 'equally disturb or unsettle us' or make us 'feel at peace' (Simpson, 2009, p. 2571). When the voice is only heard by the voice-hearer – and not by others – the way/s in which they interpret that voice in a real or an imaginary space may depend on whether they feel able to 'turn towards' the voice, that is, invite it into their space (see de Jager et al., 2016, p. 1409).

Peter's mother died several months before the interview took place, and afterwards he moved into his mother's flat. Whereas other participants were frequently fearful of their voices, Peter spent long periods of time in the flat where he actually sought out his mother's voice. The psychologist Mark Hayward et al. (2012, p. 67) observe that 'research has shown that many people have two-way

conversations with their voices. So perhaps the idea of having a relationship with voices is not such a strange idea.' Peter said:

So I connect ... I feel her presence there, and always have done. And there are things there to remind me of her. Like photos on the wall of her, so she is present. [...The voice is] not really a physical entity. More of a kind of like spirit. It's hard to fully kind of categorise that, or define it. But I feel like it's a sort of presence. A mental presence, a physical soul or spiritual presence.

Peter, who is in a position of experiencing grief, seeks out the domestic space that to him does not seem to have changed with the loss of his mother.

Peter's mother's flat is a site at which this relationship was lived out, and now in this material environment he mediates an ongoing social relationship with the voice by speaking to it. The voice does not seem to him to be internally generated, but instead sounds like his dead mother's voice and has a felt presence to it. The work on 'mourning' by a critical thinker in psychoanalysis, John Bowlby (1998, pp. 47-8), conceptualised the grief reaction as a special case of 'separation anxiety'. Anxiety arises when there is a separation of a vulnerable individual from his care-giver. Only in the case of bereavement is this separation irreversible. For Peter, who acknowledges that he has not 'grieved for [his mother] as such', the voice acts as a bridge between him and his dead mother. By listening to his mother's voice, he can feel safer and recall the safety of the good relationship with her.

The psychologists Lynne Murray and Liz Andrews, in their book *The Social Baby*, argue that an unborn baby will prefer the sound of the mother's voice over those of people around her (Murray and Andrews, 2000, p. 15). This information 'gives the unborn baby access to the social world in which she will emerge' (Murray and

Andrews, 2000, p. 15). As a consequence, the new-born baby likes best the sound of the mother's voice. Significantly, three of the voice-hearers I interviewed (Janet, Adrian and Patrick) who heard their mother's voice did not hear a kind voice. They lost the soothing voice of their mother, and what took its place was a harsh, critical voice. As the psychologist Hayward notes, 'when someone has been bullied or traumatized sometimes the memory of what has been said, especially threats or abuse, can be re-experienced again and again as the voice of the bully or abuser' (Hayward et al., 2012, pp. 13-14). There will be some attunement to that particular sound. The ways in which the voice-hearer attempts to assert a boundary with a distressing/dominant voice is of interest, and I will shortly illustrate this when I discuss the vignette of Patrick.

Returning to the case study of Peter, the geographers Jenny Hockey et al. (2005) argue that 'humans are moulded, through their sensuousness, by the "dead" matter with which they are surrounded'. Here material 'dead matter' is being referred to, while I am concerned with matter that is a dead mother who is a kind of spiritual presence. I would argue that the home space of Peter's mother's flat and all that is contained within it, such as the photos of his mother, comes to embody the past in the present. Issues of space and materiality are important for Peter when it comes to negotiating a relationship with his mother's voice. The site of the mother's flat is therapeutic because of the relationship that Peter has with it. Displaying significant items that belonged to his mother contributes significantly to Peter's mental engagement with his material surroundings.

Living on his own in this home, Peter selectively listens for his mother's voice. At the time of this interview, Peter was hearing his mother's voice daily. I discussed in

Chapter 5 how 'voices and visions frequently occur in people during bereavement' (Clarke, 2010, p. 208); I mentioned that there is a large literature documenting depression, sleep disturbances and loneliness following bereavement (Clayton et al., 1968; Osterweiss et al., 1984). Studies have noted how the experience of hearing a voice following bereavement is viewed as more normal in countries such as Japan than in the UK (Rees, 1971; Yamamoto et al., 1969). Voices that occur in the context of bereavement are much more widely accepted than auditory experiences that are associated with psychotic disorders. For as Simon McCarthy-Jones (2013, p. 133) notes, 'AVHs in psychosis have a typical form which involves issuing commands, guidance and evaluative comments directed at the voice-hearer and the ongoing events in their life'. Research has shown that there is an overlap between beliefs considered spiritual and psychotic (Jackson and Fulford, 1997; Lukoff, 1991). Peter acknowledges that hearing his mother's voice serves the function of 'taking the edge of that [grief] kind of away'. This is the only comforting voice that Peter hears, besides his dead dog barking. He hears several malevolent external male voices as well, when he is walking in the street. I would suggest that Peter is negotiating and maintaining the personal identity of his mother when he hears the voice precisely via home space. In this sense the flat is a spatial resource that mediates Peter's emotional life, and is core to the investigation discussed here. Arguably, Peter's good relationships with both the mother's flat and the mother's voice are comforting factors, and we have the example of the dead person who cared for Peter coming to his defence in his inner mental world.

As I have already mentioned, Peter is unusual within my sample in that he hears a positive voice. In fact, some of the voice-hearers needed to get away from their voices. I will now analyse how Patrick constructs his internal world and navigates

external space. Patrick vigorously emphasised the fear that he used to associate with the voice, which he believed pursued him on his way home from a friend's house:

On several occasions in the middle, in the dark, in the middle of these fields, the voice would come. So then, and I started, what I did would be run, to run as fast as I could.

Patrick feels vulnerable in this complex emotional landscape of the remote fields. Feeling pursued by the external voice across the fields, he runs 'fast' in a bid to try to escape it. It seems nonsensical, but also completely understandable that Patrick wants to run away from the terrifying voice. He experienced a traumatic childhood, and he associates the voice with that of his dead alcoholic mother, who had two children taken away and a third child die. In the interview he said that he had a traumatic upbringing, but he did not specify what this 'complex trauma' was. He is so afraid of the voice that he cannot confront it to gain purchase on it. Patrick feels alone in this 'uncanny' psychic landscape (Wilton, 1998), in that it is unnerving and invokes fear. Much of the symbolic importance of the place stems from the feelings that it inspires of dread and anxiety.

When Patrick is socially isolated in the field, his emotions of dread and awe are relational flows between his dead mother's voice and the spatio-temporal environment of the field. Negotiating the outer environment is extremely difficult for Patrick, when the external voice is so persecutory and malevolent. Being constantly aware of his need to flee the voice leads Patrick to undertake an extensive geographical journey, in which he is 'hitch-hiking from Italy to Belgium and [...] halfway up France' in an effort to 'try and get away from the voice'. Eventually, recognising that this movement does not help, Patrick describes the voice as being a

‘peak experience’ of an ‘acute sort of terror’. Besides mentioning ‘terror’ and ‘fear’, no other emotions are identified by Patrick. Yet, Patrick’s account is clearly emotionally charged, as is indicated by how he describes himself as being ‘always motivated by fear’, because he wanted to ‘somehow keep it [the voice] away from me’. What is clear is that the mobile, changing and changeable landscape does not allay this fear, as Patrick cannot escape the external voice that he hears at moments of heightened anxiety.

Thus, in Patrick’s case, there was the sense of expanse as he made a bid to flee the voice by running across the fields. This contrasts with the previous vignette, where there was containment and stillness, as Peter engaged in a relationship with his voice within the bounds of his dead mother’s flat. Thus, Peter’s search for borders and stability is one which provides positive security, and the voice becomes supportive and a confidante. Whereas Patrick, whose borderless delusional experience results in a panicked flight, remains feeling afraid and panicked by the voice. My discussion of how ‘external’ material environments mediate ongoing social relationships with a deceased mother figure draws attention to how a home space and a rural space and all that are contained within them have now come to embody the past in the present. I have shown that whereas Peter felt he was able to invite in his mother’s warm voice, Patrick remained afraid of his mother’s malevolent voice to the extent that he tried to assert some kind of boundary by running away from the voice. In both these cases the voices sound external to the voice-hearers, so that they perceive access to the voice as something to be negotiated, even stopped.

I would now like to compare cases where voice-hearers saw their body or their brain as embodying the voice/s, as this offers the opportunity to explore how these

interior spaces may also mediate voice-hearers' emotional engagement with their voices. Also of interest to me is whether the voice-hearers try to invoke any kind of boundary when they locate the voice in one of these interior spaces.

7.3 Boundaries with voices in spaces of the brain or the body

Several voice-hearers perceived their voice as inhabiting a space within their brain or inside their body. Of interest to me is the relationship between space and the affective relationship a person has with their voice. That is, I am interested in the ways that the space of the body provides a scene in which the dynamics of voice-hearing plays out. Woods et al.'s (2015) study explores the embodied nature of voice-hearing, by indicating how voices may occur in sensory modalities. They argued that 'participants with bodily experiences were more likely to report voices that were abusive or violent' (Woods et al., 2015, p. 328) than those who did not perceive their voice in one or more sensory modality. For example, one voice-hearer described how 'my body and brain felt like they were on fire when I heard the voices' (Woods et al., 2015, p. 327). Three of the male participants whom I interviewed for my study also reported voices that had distressing effects on the body. In Chapter 4, I discussed how Patrick reported how he experienced one of his voices as a vibration inside his chest (see 4.7.1). Jason, whose testimony was also discussed in Chapter 4, reported how his voices were accompanied by distressing 'physical manifestations' in his groin area and hands, when he felt 'like I should be doing something with my hands, like playing the piano, or I felt like I should be strumming the guitar'. This restless sensation is so difficult for him that he has developed a coping strategy of putting 'my hands in my pockets'. Shortly I will discuss how Simon similarly experiences his voice in a sensory modality, only in his case it is his leg.

Before this, I will discuss how Mary creates a spatial boundary between her voices and her 'self', as a further illustration of how voice-hearers construct internal and exterior worlds. In Chapter 5, I mentioned how Mary described it as revelatory when a psychiatrist in the Complex Needs Service made the connection between her 'childhood trauma' of being sexually abused by 'a very respected member of the community' when she was a young girl, and the voices that she hears.

In Chapter 5 I also discussed how Mary identifies the way in which she 'shuts down' her emotions. She describes herself as 'framing' the brain, and making it into an actor in a drama separate from her, when she ironically refers to it as that 'wonderful brain' which addresses her in direct speech, saying 'hang on, you can't shut these emotions down any more. Can't do it.' Mary describes her brain metaphorically as giving her an instruction, as taking control. It is not obvious to think that the brain has its own agency in this way. In Chapter 2, I discussed how Jones et al.'s (2016) study maps agentic ways in which voice-hearers are invoking 'embodied control' in their framing of the voices. Mary refers to a personality disorder type, and tells us that 'the schizotypal part of me' has decided to release what she sarcastically describes as these 'wonderful voices'. This suggests that Mary locates the source of her voices within her brain. She views a part of her brain as acting on its own volition when it releases the voices. Perhaps her ability to separate off her voices as being generated by her brain and not 'her 'self'' enables her to cope well with this experience, as she has some distance from it.

For some of the voice-hearers, however, the boundary between 'the self' and the voice/s was more blurred. For example, Simon struggles to assert a boundary with his voice that he locates in his leg.

Simon: My sense was that my emotions were in my right leg. They were extreme emotions that I couldn't handle, and in a bland way I thought I could cut my leg off [...] I had a black man in my right leg, saying 'you haven't seen anything yet'. I thought I had a curse.

According to Simon, the voice cannot be ignored because he believes that there is 'a black man' inhabiting the space of his leg. The extraordinary, racialised image of a 'black man' in his leg represents Simon's fears. When the man's voice issues threats, Simon does not feel that he can stand up to him and have a two-way conversation. Whereas Mary could separate off her brain that she understands to be generating the voices, Simon's leg is a site where the distressing voice is 'unbounded' in the sense that its boundaries with the embodied self were regularly brought into question. Simon does not see himself as having enough power in his relationship with the voice. His desire to amputate his own leg is shaped by his understanding that he also does not have emotional management of the 'extreme emotions'. These emotions are interestingly located in the same site as the threatening voice of the 'black man'.

Simon, late in the interview, told me that a psychologist has suggested to him that he had 'some autism'. Simon described 'autism' to me with the example of how when he was in the school playground as a child he would 'stop dead as if I was nailed to the floor' and 'just stand staring'. His transcript was one of the least full of discussion of emotions. Therefore, Simon appears not to be able to articulate the emotions that are associated with the voice that is located in his leg, where the boundaries of the embodied self are difficult to define. According to this argument, a lack of boundaries leads to the voice-hearer becoming overwhelmed and feeling powerless in their relationship with the voice.

Having explored how voices are experienced in the interior spaces of the body or the brain, I would like to explore interior spaces further, by investigating how the interiors of buildings may become environments within which the voice-hearers may engage in an active relationship with their voice/s. I am interested in the dynamic emotional interplay between these material and social environments, and the voice-hearers who use them. I wish to explore whether these *social* environments are a frightening or a safe space, and how this impacts on the power dynamic between the voice-hearer and their voice/s.

7.4 Voices, emotions and the interiors of buildings

Carla finds herself being powerless in relation to the external voices that she hears.

She said:

The bad voices were quite a number, actually. [...] I would see these figures standing outside my house [...] I ran to close all the windows and I yelled at my parents at that point. [...] The voices] were really disturbing and they had no connection with those set of bad and good thoughts [...] I actually named all three of them, much later. They were very controlling. So, you know, simple things like what television channel I should watch or I shouldn't watch [...] And I would get into physical fights with them, so if they could not fight me physically they would keep harassing me, you know, with their words, and [...] I couldn't sleep because of that.

These external voices also have a visual presence, and Carla is frightened. The psychiatrist Romme (2009, p. 68) claims that the voice-hearer can be afraid of their voices as they might represent 'the person or persons involved in the traumatic experience'. Later in the interview, Carla said that the voices sounded like men who she alleges raped her when she ran away from home when she was fourteen years old. She did not know these men, who were foreign. Carla is also able to 'see these figures standing outside her house'. She tries to make this into a space of 'safety'

when she ‘ran to close all the windows’ of the house. Personal control was not automatically sustained in the home location, as is indicated by Carla’s tense and volatile relationship with her parents, who are ‘yelled at’.

The geographer Parr (1999, p. 678), whom I introduced earlier, argues that people who experience delusion choose to inhabit particular spaces, and she gave the example of how ‘the Arboretum Park [in Nottingham] is perceived as a “safer” space within which to “behave differently” than is the main city square’. For those in delusional states, physically locating themselves in a park where there is space can mean that they are away from the movement and the crush of bodies in a city square, and also the scrutiny of other people who may make negative comments about their behaviour. However, Carla feels that she has no escape from the voices. Both her domestic space and her mental space are inhabited, as is demonstrated by the ‘controlling’ voices deciding which TV programmes she watches. As the psychologist Hayward et al. (2012, p. 67) notes, ‘relationships with voices are affected by power and closeness’. When these voices are ‘harassing’ in Carla’s personal space, there is a rise of anger. Carla gets ‘into physical fights’ with the voices, becoming agitated to the point where she cannot sleep. Her failure to negotiate a space of ‘safety’ makes her feel very powerless. It is only later that she has enough power in the relationship with the voices to give each voice a name, and to start dialoguing with the voices in order to get more purchase on the experience.

In contrast to the distress in this description of a space is Patrick’s visit to an evangelical Christian church, where he feels comfortable and at ease. Previously I discussed how Patrick was very afraid of his voices. He said:

The reason that I started going [to the church] was that I was so fucked up and afraid and, you know, really desperate; and I suppose, in a way, the church taught me a way of being inside my head, being with myself, that was less scary.

It is Patrick's distressing voices which lead him to seek out a church community where he feels accepted. This was a 'hard-core evangelical church where everybody heard God, and people talked in tongues, and had devils cast out'. The anthropologist Tanya Lurhmann (2012, p. xxiv), who has studied American evangelical communities, notes how these 'encourage people to pay attention to their subjective states with the suggestion that God may speak back to them in prayer'. In this environment Patrick was able to find comfort in prayer, and was encouraged by the church to listen selectively for God's voice. Lurhmann argues that 'to develop that relationship [with God] – and moreover, to feel truly comfortable in experiencing moments in the mind as conversational with an external being – one needs to experience God as personlike' (Lurhmann, 2012, p. 71).

What is striking in this environment is that Patrick's voices 'started to ease off', and the terrifying voice that sounded like his 'mother from some period' disappeared, and instead he would 'often hear God's voice'. God's voice was associated with positive emotions, as he reported hearing a comforting God like the God in the book of Jeremiah in the Old Testament. This God tells Patrick that 'I'll be with you as you walk through the valley of death'. Patrick began 'going to the church and praying and listening for God's voice'. In this way he tunes into this voice that has a neutral tone, unlike the critical voice of his dead mother. Patrick said that God's voice 'would not say a lot', but that he did give him advice on particular issues. God became a confidant for Patrick, and he 'talked to God a lot [...] about anything that was on my mind, so it could be about some problem I had with the benefits agency or getting a

new room, because the landlord wanted to kick me out'. For Patrick, hearing God's voice was a positive experience 'a lot of the time'. Patrick also reported that his mental distress was eased by looking at 'Christ figures and pictures of crucifixion and resurrection'. He also claims to have 'had devils cast out in the church'. The 'safety' provided by the interior space of the church, where unusual experiences are not only accepted but actually sought out, allows Patrick to build a positive affective relationship with his voice.

McCarthy-Jones (2013, p. 168) notes that for some voice-hearers 'ritual may help, by limiting AVHs to socially prescribed times and places'. Nonetheless, Linda had a negative experience when she tried to engage her voices in a spiritual space. She was encouraged by a psychic to 'sit with a candle for an hour every night and open up to the experiences', by asking spiritual entities to 'show you something or say something to you'. However, in Linda's case she was reluctant to engage in a séance with the voices, and stated that 'I'm scared of getting angry with it [voices], because my anger can be quite severe'. Linda's previous experience of having a breakdown means that her voices pose fear for her. She commented that she was 'a bit scared that I'll open the door and everything comes spilling out and I'm back where I started'. The psychologist Isabel Clarke (2010, p. 108) points out how 'a ritual or religious ceremony [is] designed to shift consciousness', and yet for those with a psychosis 'a loss of boundaries and groundedness can easily occur'. Linda herself seems to need to have a firm boundary with the voices. Yet, when she engages in a two-way dialogue with the voices, as a spiritual exchange, Linda opens herself to the experience of hearing voices that are not perceived as her own thoughts.

Having presented a variety of examples as to how voice-hearers have dynamic relationships with voices in interior spaces, that implicitly mobilise emotions, I would now like to broaden the focus to examples where the boundaries between the voice-hearers' inner mental worlds and external space are unclear. The geographer Liz Bondi (2014, p. 65) notes that 'psychoanalysis understands the boundary between interior and exterior to be unstable, porous and mutable. Boundaries, and the distinction between inside and outside, are intrinsically spatial ideas.' Of interest to me is how interior environments may become exterior. I will now illustrate the different kinds of ways in which voice-hearers are reworking boundaries between interior and exterior worlds, and even blurring these.

7.5 Negotiating the boundary between the voice and the external environment

Linda describes how the 'soul and your mind [...] are not bound by your body', when she recalls how she communicated with her ex-partner:

Now I'm hearing my partner's voice. It really had me tripped up [...] I was on my laptop. I was typing to him in a Word document and hearing these voices, and I would type the words up and I've had responses and I actually fully believed that he was sitting on his laptop in London doing the same thing.

Here Linda describes how a virtual space has been traversed to achieve a desired familiarity with her ex-partner's voice. The geographer Deborah Thien (2005, p. 193) notes how 'intimacy allows for a bonding of the self and the (desired) other'. This is an emotional geography of intimacy, in which intimacy is a spatial affair that involves a permeability of boundaries between private spaces. Linda believes that her ex-partner is replying to her typed words, and this means that physical and emotional distance is transformed into closeness, as they are going back to a time when they were together. Her emotional response is to feel 'tripped up', with presumably her

excitement and anxiety being challenging for her, though she does not identify individual emotions. However, this imagined cyber relationship is a poor substitute for a committed, loving relationship, as is illustrated later in the interview when Linda felt 'really angry that I was having these beautiful experiences', now knowing that her ex-partner 'doesn't want me any more'. Her reaction was to direct this anger inwards, and she hit herself.

In contrast to the porous boundaries in Linda's voice-hearing experience is the case of Helen, who strives to locate a sense of boundedness in her bedroom. The geographers Davidson and Parr (2014, p. 130) suggest '(un)conscious engagements with material spaces may be an important part of a "therapeutic" and psychological search for a sense of boundedness'. Helen said:

When I'm home in my bedroom when nobody's looking at me, that's when I talk to them because my room's like my safety, like whatever you call it. But I feel a lot better when I'm in my room because I feel safer and I know that nobody's going to be looking at me thinking: who's she talking to? And I just feel really safe there.

The geographer Michael Gallagher (2011, p. 52) calls it a 'surveillance of sound', when an authority figure, such as a teacher, is listening to and scrutinising what people say. Helen felt liberated when there is nobody listening or 'looking' at her. In these circumstances, Helen feels able to talk to her voices. The space of her room makes her feel 'safer', as it provides privacy that allows Helen to interact with the person-like entities of the voices of two young girls. According to Helen, her voices can sometimes 'get very emotional and like start crying'. Helen fears triggering this intense emotional reaction from the girls, saying 'it makes me upset because I don't want to upset [the voices...] because I just feel like they're a part of me now'. That is, inhabiting the space of her bedroom helps her to renegotiate her relationship with

what feel to her to be exterior voices, so that she can view these as being 'parts' of her, and this reduces her distress.

In the last part of this chapter, I will illustrate how voice-hearers negotiate power in their relationship with the voices, and explore how they experience control or freedom in different sites.

7.6 Negotiating control in personal space

Gary, an unemployed voice-hearer, is in his early forties and has a diagnosis of schizophrenia. In the interview he told me that his first voice-hearing experience occurred when he was being taken to hospital by the police. He said:

All [the voice] said was 'I dare you'. That's all it said in my head. Because I was actually in a police car on the way to a [...] psychiatric hospital. And I was really, like, unwell. I was actually, you know, thinking should I jump out of this car. The second I thought that, the voice again said, 'I dare you'. Thinking about it now it was actually quite funny, but actually it was a police car so the doors would've been locked anyway.

The voice's words 'I dare you' set Gary a challenge. Gary described how the voice was very close to him. Shortly afterwards, he told me that when he heard the voice there was a 'shrinking inside myself'. He is too frightened to engage in a two-way conversation with the voice. Unable to control the distance with the voice, and frightened at the prospect of being taken to another unfamiliar space of a psychiatric hospital, Gary seriously considers following the voice's suggestion and jumping out of the police car. Retrospectively, Gary offsets his rise of fear by his use of wry humour, saying that it 'was actually quite funny' as 'the doors would've been locked anyway' to prevent him jumping. Gary's opinion that he was 'really unwell' at the time

indicates that this thinking was out of character for him. Voice-hearers viewing voices as powerful and invasive was not unusual in the interviews.

Rachel is in her late fifties and unemployed. She describes how her voices intrude upon her thinking:

I was crying all the time. And also, because of the voices, I was going out late at night on my own, sort of prowling the streets [...] Luckily I didn't get into trouble, but actually I used to go to nightclubs on my own because the voices were telling me to meet someone there.

Rachel describes how the voices implored her to visit nightclubs by promising her that she will meet someone. 'Prowling the streets' on her own, Rachel is in a highly distressed state and cannot stop 'crying'. When she experienced 'depression' in the evenings like this, she occupies 'a completely different world' to her other delusional state of 'mania', when she hears the voices of famous artists pursuing her and telling her that 'I was a brilliant artist'. The geographer Parr (1999, p. 682) argues that the 'overwhelming experiences of delusional voices' have the spatial implications of being very disorientating. The 'unboundedness' of delusional experience means that people with mental health problems have difficulties in 'resecuring boundaries of the self and the body (a struggle for coherent "internal spaces")'. The result is that 'overwhelming experiences of delusional voices' have an impact on their 'emotional understandings of the self', so that 'the external spatialities of [...] the street, and beyond took on different meanings and forms to their usual ones'. Parr gives the example of how one man told her that he can be 'walking down the street and hear thousands of voices and I feel terrible, like I'm not really there' (Parr, 1999, p. 683).

When the 'mind-body' is 'psychically disrupted' in this way, Parr suggests that it is necessary for the person to renegotiate routines and spaces' (Parr, 1999, p. 682). In

Rachel's case, notions of safety and coherent selfhood have gone, and in their place are distressing voices and agitation, and she reacts to overwhelming disorientation in time and space by moving about city streets and other public spaces. As Parr (1999, p. 683) suggests, 'people in delusion are simultaneously participating in a shared social reality and a highly individualised one. The geographies involved are ones which exist within and between the internal and external.' Therefore, Parr is suggesting that people in delusion experience intense emotions that are linked to them hearing distressing voices. For Rachel, who is unable to negotiate with these voices that push her around, physically locating herself in nightclubs is a way of trying to locate a sense of boundedness. This might be described as 'resistance through spatial tactics' (Painter and Philo, 1995, p. 117). Only in this environment Rachel cannot control 'real world' relationships, and still alone – despite the voices' promise that she will meet someone – she moves on to another nightclub, in the hope that the promise issued by the voices that seem very powerful will come true.

7.7 Concluding comments

In summary, my analysis has addressed the gap in the existing literature on the spatial dimension of hearing voices, by extending our understanding of the different ways in which voice-hearers are asserting a boundary with their voice/s to establish more control, and even change their emotional relationship with the voice/s. Voice proximity and intrusiveness was a difficulty for some of the voice-hearers. As Parr noted earlier, the delusional or anxious experience that is invoked in these different kinds of spaces is involving what she calls a 'disruptive sense of borders' (Parr, 1999, p. 675). The majority of the interview participants were distressed by their voice/s, as they feared them because they were unable to contain the delusional

experience. For example, while Carla sought a 'safer' space in her parents' home, she could not shut out her voices, as they still controlled her daily routine and activities, such as what TV programme she watched. When Linda invited her voices into a séance, she regretted doing so, as she experienced a frightening loss of a boundary with them. Even when voice-hearers make a bid to escape the voice, as in Patrick's and Rachel's cases, they remain alarmed and panicked. Feeling that they lacked control in the external environment made it harder for them to manage their voice-hearing experience, with the result that they felt pursued by their voice/s. Rachel's panic is only reduced when she seeks out a conscious engagement with the material space of a nightclub, as a way of making herself feel safer through having a sense of boundedness.

In this chapter, I have shown that where voice-hearers put boundaries, and how they blur those boundaries, is very variable. Notions of where the self ends are reworked and renegotiated throughout. This calls into question where 'the self' ends, and where we position other things. As the examples show, 'particular kinds of environments have the capacity to transform people's (emotional) lives' (Gesler, 2003). As I noted earlier, a warm, accepting environment, such as Peter's deceased mother's flat, makes Peter feel able to 'turn towards' his mother's voice in the way that de Jager's (2016) study describes, when previously voices had been a source of distress for him.

My analysis is original in that it gives examples of the diverse ways in which some of the voice-hearers have learnt to assert a boundary with the voice, either in a physical or a metaphorical way. This analysis is also distinctive because I bring the tools of cultural geography to the experience of voice-hearing and demonstrate the

co-creation of voice and space (whether material or conceptual / metaphorical space). The voice-hearers have a varying degree of success at asserting boundaries on a physical level: for example, Simon wants to amputate his own leg, as he feels that only this drastic measure will rid him of the voice and his 'extreme' emotions that he believes are situated there. Whereas Patrick uses what he deems to be the safe space of an evangelical Christian church to negotiate a more positive relationship with the voice, as he learns to associate hearing God's voice with positive emotions, and he selectively listens for this voice (as opposed to the negative, critical voice of his dead mother).

In terms of a metaphorical boundary that interview participants assert with the voice, I would suggest that what Jones et al.'s (2016) study describes as 'the erection of "magical" physical boundaries' (Jones et al., 2016, p. 331) is demonstrated by Mary conceptualising her critical, persecutory voices as being released by a part of her brain. Thus, she perceives the voices as being embodied within her brain. The embodied nature of voice-hearing in both Mary's and Simon's cases was of interest in the respect that Mary was far more successful in imagining a boundary between the voices that she views as being generated by her brain and 'her self', whereas Simon's distressing voice is 'unbounded', so that he cannot compartmentalise the emotion and the voice.

Sometimes the emotional response of the interview participant to their voice was shaped by the voice being embodied in an attachment figure (Berry et al., 2012), when they hear what I described in Chapter 4 as being characterful voices. One of my research aims is to show how space and place affect how voice-hearers related to these characterful voices. A striking example of this is provided when Helen learns

to trust the voices of two young girls, when she engages in a to-and-fro dialogue with them in what she regards as being the 'safe' bounds of her bedroom. In both Helen's case, and in the case of Peter's relationship with his dead mother's voice, the voice became an attachment figure that was a substitute for a relationship that they had lost, as a result of a loved one dying. Asserting a boundary with a voice is an active coping strategy, and offers the potential to change the power dynamic with the voice/s.

Building on this willingness of voice-hearers to work at asserting boundaries, and creating a better relationship with their voice/s, in the final chapter I will discuss a variety of creative and embodied activities, such as fishing and dog-walking, that participants also used as particular coping strategies for living with voices. I will investigate what boundaries they assert with their voice/s in these activities, as well as exploring whether this helps them to accept the voice/s and engage with them in a creative way.

CHAPTER 8:

Creative Practices and Embodied Activities for Mediating Relationships with Voices

8.1 Introduction

One significant feature of emotions is that they are spatialised, as they constitute relations (external and internal) between the one experiencing them and what surrounds him or her. The previous chapter explored a series of complex relations between voice-hearers and the various spaces within and beyond them. In this chapter I extend this analysis by exploring creative practices or embodied activities that seem to be associated with well-being in terms of how they allow participants to renegotiate relationships with their voices. Geographers interested in health have engaged extensively with well-being (Schwanen and Atkinson, 2015; Atkinson, 2013; Kearns and Andrews, 2010). The emotional bridge between ‘the self’ and the external material or social world has been studied by geographers who have investigated the emotional well-being of individuals in therapeutic landscapes (Williams, 2007; Curtis, 2010). For example, the geographers Sarah Atkinson and Karen Scott (2015) explored how children’s experience of participating in dance and movement in an English primary school enhanced their ‘subjective well-being’.

Parr (2008) shows how artworks help people with mental health problems to express negative affects, so as to achieve well-being changes, and her work will be discussed later in this chapter. Voice-hearers’ use of a range of creative activities will be explored in this chapter, which I define as activities that are undertaken in an

ingenious or an inventive way. There has been considerable research on how mood, thought and behaviour – including psychosis – have been linked with creativity (see Jamison, 1989, 1994; Claridge, 2009). Nonetheless, in psychiatry, patients with severe psychoses have often been excluded from narrative, as the psychiatrist Philip Thomas notes (Thomas, 2009, p. 24). It may, however, be the case that voice-hearers have, in fact, explored their voices by keeping a diary (Escher, 1993, pp. 200-205; Beavan, 2007, pp.144-5), writing a poem (Furman, 2003; Shafi, 2010), or drawing a picture (Waddingham, 2017). Ex-service-users are showing an interest in not only writing their narratives of illness and recovery, but in disseminating these to a wider audience that includes service-users. This is indicated by the opening by Anna Sexton of 'The Recovery Archive' (2013) at the Wellcome Trust, which includes the stories of professionalised voice-hearers Dolly Sen and Peter Bullimore, who are practised in presenting their stories of recovery to the public on a regular basis.

In this chapter I am also interested in how embodied activities, like fishing or dog-walking, also help voice-hearers to mediate a different relationship with their voices. In such activities, emotions can be conceptualised as the felt and sensed reactions that arise in an exchange between the voice-hearer and the world as they carry out a particular activity. Such an encounter may elicit a strong affective reaction, such as elation, distress or frustration. I will analyse how voice-hearers construe the relationship between emotions and their voices when undertaking different activities, and in doing so I will extend our understanding of how voice-hearers themselves might actively change or manipulate their relationship with their voice/s. This will build on the previous chapter, where I illustrated with examples how asserting a boundary with a voice was a way of changing the power balance.

Participants did use many distraction techniques (that might not commonly be thought of as creative practices or embodied activities), as they found it difficult to confront their distressing voices. In this chapter, I begin by exploring some of their key distraction strategies, with particular reference being made to whether these reduced emotional distress by creating spatial distance from the voices. Not all creative and embodied practices, such as journal-writing or running, did reduce the intensity or frequency of distressing voices; so, I outline voice-hearers' understandings of why particular creative and embodied activities trigger distressing emotions (e.g. the rise of anger, the pang of disappointment), and what impact these emotions had on their voices. In the next part of the chapter, I explore how emotions are felt and experienced when voice-hearers undertake an embodied activity in spaces that are welcoming and relaxing. I then explore how creative practices are used to explore how voices are experienced in frightening and alarming spaces. These experiential accounts will demonstrate that spatialised narratives can reveal many of the emotions that voice-hearers experience as they engage in an activity, and/or relate to their voices and their surroundings. After this, I focus on the paintings and drawings that voice-hearers produced in private spaces to explore these individuals' emotional experience, and pay due care to the dynamic relationship between the emotions and the voices. It was not always the case that voice-hearers could engage so directly with their voice/s, and in the next part of the chapter I will explore distraction techniques that interview participants used.

8.2 Activities as distraction techniques from distressing voices

Hayward et al. (2012, p. 70) observe how 'when we view our distressing voices as powerful, or too close, we may understandably feel a desire to try to escape them

and to create some distance between ourselves and the voices'. Distraction techniques, such as the embodied activity of listening to the radio, were employed by several of the voice-hearers. This activity is clearly embodied insofar as it involves the senses, and takes place within a space in a social context. Distraction techniques are identified by the psychologists Gill Haddock and Richard Bentall (1993, p. 211) as including 'listening to personal stereos, reading, performing mental puzzles, engaging in certain social activities – in short, any kind of behaviour which serves to take the hearer's mind off the voices'. In Chapter 2, I discussed how de Jager's (2016, p. 1409) study discussed the spatial dimension to voice-hearers' experience of hearing voices, where some chose to *turn away* from the voices. Researchers have briefly discussed distraction techniques used by voice-hearers: for example, in a study that I discussed earlier, Hayward et al. (2014b, p. 7) mentioned that one voice-hearer used humming; while Beavan (2007, pp. 139-45) found that 55% of her 42 participants who tried strategies to ignore / distract themselves from the voice (such as listening to music, or reading a book) had a varying degree of success. I will now illustrate with examples how strategies aimed at distracting from voices are helpful to voice-hearers, because they enable them to mediate a different relationship with the voice/s.

Janet, who spent long periods of time alone in her home, would hear 'the radio [...] telling me to do things'. While she heard these frightening commanding voices, she 'didn't want to *not* have any radio on because that would just mean there were just the voices [...] it seemed better with the radio on'. This suggests that her voices make her feel afraid and in need of support. Notably, she does not try to escape the isolation of her own home, but instead she creates distance between herself and her

voices, which are dominating and intrusive bullies, by having the buffer of listening to the voices from the radio which provide company for her.

Mary, discussed above, also uses music to distract herself from her voices when she visits nightclubs with a friend at 11 p.m., and goes 'into the bustle of the club' to dance to loud music. Mary said that listening to music, such as contemporary pop or reggae, '9 times out of 10 will help', as 'the speed' of the voices changes. The environment of the nightclub is appealing to Mary, as she also knew that she could retreat from it if needed, and 'stand outside [...to] have a chat', where she did not feel crowded. It was important to Mary to be 'controlling your environment', as this was a way of lessening her anxiety.

Helen similarly is keen to find strategies to reduce her distress and anxiety when she hears voices. During a class at college she will try to 'put it, like, to the back of my head' and carry on with her work. But if this is not possible she will 'think of positive things in my head, like a picture of my rabbits'. This creative visualisation technique is a way of distracting herself from her voices. The rabbit is also an 'object' that has a soothing quality to it. Helen associates the rabbit with relaxation, and earlier I mentioned that when she is distressed by her voices at home she will 'play with my rabbits'. What I have discussed here are distraction techniques that voice-hearers have developed to attempt to change their relationship with their voices.

Eight of the men also engaged in physical activity to distract themselves from their voices. Sam runs or sprints when he hears voices. He has the belief that his voices are powerful, and they have control over him as they 'make me run away'. He said that 'when you've got this adrenalin rush you can run for miles', as there is

euphoria from running. This belief is about the power of the voice, but in this case the control that the voice has over Sam is not distressing for him, and he felt pleased that he ran for several miles. Thus, he is different from Patrick, whom I discussed in the previous chapter, as Patrick runs to get away from his voice because he is terrified of it. Some of the other voice-hearers also responded to their voices in a negative and destructive way that created further distress, and I will now give some examples of this.

8.3 Cases where focusing activities are unhelpful

In this section I will discuss focusing activities which involve voice-hearers paying closer attention to the voices themselves: for example, 'by monitoring them and writing down what they say' (see Haddock and Bentall, 1993, p. 211). Gary, who was distressed at hearing voices, went on long walks on his own. He explored these walks in the multi-media output of the songs that he wrote at the time, involving him singing and playing his guitar. Gary said:

I walk a lonely road, because at the time I didn't want to be in the house [where my parents lived ...] So I would just go for walks and I would, like, go for two or three walks a day; and like some of them were, like, six miles at a time. And I just always seemed to be, like, walking, staring at the ground and, like, I didn't want to be in the house. But even though I was, like, feeling, like, really paranoid at the time, so I wrote this song called 'Lonely Highway'.

In total, Gary wrote twelve songs that explored his voice-hearing, but it was in the song 'Night Stalker' that he describes his navigation of external and social space. At this time Gary lacked social relationships, and experienced loneliness. Gary felt 'tortured' by the experience of hearing a voice that he described as being 'a demon in his head at night'. In the above extract, Gary refers to going on two or three solitary walks a day, but it is not specified whether these took place at night. In the

song, Gary's distressing voice is understood by him to be a form of demonic possession, and he describes a profound sense of disintegration where his soul is 'shattered [into] pieces'.

Gary, feeling trapped within his parents' home, prefers to occupy a mobile, changeable landscape: however, he does so in a way that avoids social interaction. The above extract describes how he kept 'staring at the ground' as he walked along the road. His strong negative feelings remain directed inwards, for in the song he described how he had the impulse to 'cut yourself and try to scream'. He did not mention whether he was hearing a commanding voice instructing him to do this, or if he obeyed. However, he is able to identify his rise of anger ('anger crashes in'). Retrospectively, he identifies what he was experiencing at this time as being 'a sick psychotic dream', which suggests that the boundaries between reality and a dreamlike, fantastical state were blurred for him. Clearly, he saw himself as being unwell, as he said that during the walk with the 'rise and fall of pain again, [he would] slowly go insane'. I would suggest that the geographical location of the 'empty streets' contributes to Gary's confusion and fear, as he described how with no company he was 'shouting, "Heaven, please help me"'. Arguably, the isolation and distress experienced during the walk became a negative cycle that Gary got locked into, as he kept isolating himself by going on solitary walks, and he did not seek help.

Hayward et al. (2012, p. 71) observe how 'low self-esteem can often go hand in hand with hearing distressing voices'. It was often the case that voice-hearers in my study responded to hearing voices by isolating themselves and focusing on their voices. This often had a negative impact on their mental health. For example,

Jason's reaction to hearing a powerful voice that feels too close is to try to engage it in a dialogue via the virtual space of emailing. He said:

I've actually gone into my email and said, 'I'm Jason. If you can hear me, please can you log into my email address. It's fine to do so, and leave me a message.' [...] I've just tried to chat to this voice, to log into my email. 'If you feel scared, you can contact me instead.' Obviously, they haven't. As far as writing goes, that's it.

Hayward et al. (2012, p. 33) argue that 'how distressing we find the experience of hearing voices relates to how *truthful* we perceive the voices to be'. In Jason's case, he perceives his characterful voices as being people who have intentions to email him. The very personal nature of the comments made by the voices means that Jason gets caught up in this destructive way of dealing with his voices, and he becomes disappointed when he does not receive an email. The lack of flexibility in his thinking means that he does not explore other ways that he might create a two-way relationship with the voices, which he has to learn to live with somehow. However, the voice-hearer believing that voices have power over them tends to cause most distress if they also believe that the voices intend them harm, as I will now illustrate.

Patrick believed that his voices were very powerful when he was a teenager. When he was an inpatient in a psychiatric ward, he frequently engaged in journal-writing. The clinical view of schizophrenia is that people often lack a sense of self and the insight to provide a coherent, reflective account of their experiences. In recent years this viewpoint has been challenged; the narratologists Roe and Davidson (2005), for example, argue that people with schizophrenia can be agents of their own lives, capable of constructing their own stories. This finding is consistent with the work of Lysaker et al. (2003). The authors suggest that the narratives of

people with a diagnosis of schizophrenia were frequently lacking coherence, as they had difficulty in locating the self as the agent-protagonist in the teller's story.

Therefore, they benefit from the development of greater flexibility of narrative, which gives the individual a sense of owning their story as the protagonist of the story.

In the interview Patrick said that he felt the need to write in journals, even though 'this didn't mitigate the pain of the voices or the pain of the distress'. Journal-writing usually involves someone producing a narrative. Patrick thinks of journal-writing as being 'a survival tactic just to keep me going through to the next day and ... not kill myself or whatever'. It was also the case that writing in his journal could increase his distress. Patrick said:

I think some of the writing I used to do was harmful actually. It used to just trap me in this kind of feedback loop of trauma, and what would have been better for me to do would be to paint or talk to someone. The writing was almost like a pathology: it felt, at times, well, when I read it back, it's like this obsessional, like a hamster running around in a wheel, and hoping that you'll get somewhere; and yet you don't, because the wheel keeps turning. A lot of the writing was like that.

It is interesting that Patrick uses the analogy of a 'hamster running around in a wheel' to describe his journal-writing, for there is also an obsessional quality to the repetitive voices that he hears. In the interview Patrick remarked that his voices 'always said the same things'. However, he did not share with me any excerpts from his journals where he wrote about his voices. Given that Patrick has had very difficult early-life experiences, the distressing voices are likely to be associated with these traumatic events.

Patrick was not the only voice-hearer to find that writing worsened his voices. While Mary and Simon each began a diary about their voices, they did not continue

with this for the reason that writing it increased the frequency of their voices. Notably, when Escher (1993, p. 205) recommends that voice-hearers explore their voices in a diary, she offers the caution that they have boundaries in 'how much time and energy you are prepared to put into writing the diary'. The therapist Diana Hedges (2005, p. 94) suggests that for people with mental health problems 'poetry writing can enable an effective process of self-communication'; nonetheless, she adds that for the client 'it can feel dangerous', as the client 'risk[s] getting in touch with feelings of which they may not be fully aware'.

Patrick, many years later, now understands how 'writing is like externalising thoughts. It's no longer me locked up in the silence of my skull ... piece of paper and words on page'. In his mind, the purpose of journal-writing is to externalise his voices on the written page, and in this way the page mediates the voice-hearing experience, so that there is the possibility of creating some distance from this. Only it would seem that in Patrick's case the very act of externalising his voices means that he ends up 'getting lost' in the voices, as he is spending a lot of time, perhaps hours every day, listening to the voices and getting caught up in their repetitive content. Spending so much time engaging with the voices stops him from doing other activities that might give him a sense of meaning. Therefore, we cannot simply assume that a creative practice is helpful; instead, what is crucial is adjudicating how the practice mediates (or not) the relationship to the voices. The psychiatrist Romme (2009, p. 21) has found that people who coped well with their voices were 'starting to take back power' from the voices, which had made it 'possible to change the relationship with the voices'. People who coped well tended to see themselves as more powerful than the voices. In both Jason's and Patrick's cases, they often felt that the voices were stronger than they were.

I will now use the vignette of Paul to introduce key themes in terms of how he expresses his emotions when he creatively engages in the activity of fishing, while also spending time with his voice. In particular, I will indicate how this helps him to change his relationship to this voice.

8.4 Activities that mediate different relationships with voices

8.4.1 Facilitative environments

Facilitative environments are complex in the respect that they refer not only to the physical attribute of a space, but to the voice-hearer's relationship to that space or environment. In Chapter 4 I discussed how Paul frequently hears an intimidating characterful voice that he calls 'the Captain', which triggers fear and anxiety. One inventive coping strategy that he has is to go fishing. He said:

I loved fishing when I was younger [...] And just to sit at a weir, get out of my room, get out of the house, get out of my local area and sit on a bank and fish [...] He [the Captain's voice] says that he enjoys fishing. He enjoys fishing, you know. And sometimes he would be a bit distracting and I'd miss a bite.

The site is outside both his home and local area, and offers a sanctuary for Paul. Even so, he will 'avoid certain places' when he is fishing, and he 'won't like to fish by myself'. When Paul is fishing in these favourable circumstances, he said that the Captain's voice 'enjoys fishing as well'. This suggests that this characterful voice has its own tastes and preferences. Fishing is an activity that Paul has enjoyed since childhood. Paul understands fishing in a creative way, as within the context of doing this activity he is able to engage in a dialogic relationship with the voice, so that he is less afraid of it. Noticing that the voice enjoys fishing too, Paul is distracted by the

voice to the point where he would 'miss a bite' of a fish on the line. Despite his irritation, Paul is relieved that he has found 'something that we both enjoy'.

Until now there has been little common ground with his voice, so fishing is helpful in that it offers Paul a way of relating to his voice differently as he 'sit[s] on a bank'. The Captain's protective role, which is to 'stop me getting bullied in the future', switches to one of being a companion, and is described by Paul as being a 'family member you love to hate'. This reduces Paul's anxiety, so that he can have 'a good laugh'. Paul encourages other voice-hearers to 'find something you can do together' with their voices, so as to establish 'common ground', as this could mean spending 'a couple of hours of pleasantness' together. This suggests again that the voice is a person-like entity who, in fact, benefits from being entertained. Perhaps Paul is more comfortable in the knowledge that he is engaging in an activity to work on his relationship with his voice that feels distinct to him.

However, some voice-hearers were not comfortable with spending time with their voice/s, and wanted to engage in an activity where they created distance from them. Mary considers that the anxiety that she feels is closely linked to hearing voices. Walking her dog makes it possible for her to relax. It is only during the interview itself that Mary first makes the connection that walking her dog is a way of practising mindfulness. Geographical scholarship exploring the practices of self-awareness cultivated in yoga, and which has used the concept of therapeutic landscapes,¹³ has developed engagements with the ideas of mindfulness (Conradson, 2007; Harrison,

¹³ Studies of 'therapeutic landscapes argue that places can be directly health promoting in ways that imply that particular kinds of environments have the capacity to transform people's (emotional) lives' (Bondi et al., 2005, p. 8). See also Gesler (2003); Williams (2007); Winchester and McGrath (2017); Curtis et al. (2007); Smyth (2005); Wilson (2003); Laws (2009).

2009; Lea, 2009; Williams, 2007). The geographer Jennifer Lea and colleagues (2015, p. 52) argue that mindful techniques can cultivate a 'dialogue with the self', in which the cognitive processes through which we make sense of the world become the object of conscious attention. In this way mindfulness can bring a habit into consciousness, and thereby encourage new reflective habits of cognitive self-awareness. In the interview, Mary said:

I suppose it's very mindful. I take my dog for a walk (she laughs), [...] because there's nobody there, there's nobody around [...] I've always done this... And I didn't realise I was practising mindfulness, but that's what it was, admiring the trees; there were a lot in season, snow on the ground, a bit of rain, raindrops on my glasses, seeing the water, drop, next stopping, stroking the dog. Just feeling, and you know, all that, the whole thing.

In this peaceful rural site Mary notices the snow and the trees in season, and that she is 'stroking the dog'. Describing herself as being 'very mindful' of her surroundings, later in the interview she recognises that as being 'a state of awareness, at rest. A way of relaxing.' Williams and Kabat-Zinn (2013, p. 15) note that mindfulness is not 'merely conceptual, cognitive, or thought-based. Indeed, in essence, it is awareness itself, an entirely different and one might say, larger capacity than thought, since any and all thought and emotions can be held in awareness.' Thus, mindfulness is advocating that a person is more emotionally present. Mary's practice of mindfulness helps her to manage the anxiety that she links with hearing voices, particularly the voice of a negative, critical female. In Chapter 4, I discussed how this voice alerts Mary to potential threats in her environment. Mary finds that when she practises mindfulness, she is able to be unconditionally present 'in the here and now', and the voice stops.

Over the last fifteen years, mindfulness approaches have been found to be helpful for a variety of mental health issues, including psychosis, affective disorders, anxiety and eating disorders (Shoup and Blomquist, 2014; Baer, 2003). Studies have shown that mindfulness-based therapy can increase the well-being of those with psychosis, and improve the ability to respond mindfully to voices, thoughts and images without reaction or struggle (for example, Chadwick et al., 2005; Chadwick et al., 2009; Abba et al., 2008; Langer et al., 2011; Langer et al., 2012). The psychologist Peter Chadwick (2006), who has himself experienced psychosis, has developed a mindfulness-based therapy programme which aims to influence how people relate to voices, paranoia, thoughts and images. Paul Chadwick et al. (2005, p. 353) demonstrate that 'a mindful response involves observing unpleasant psychotic sensations pass, and allowing this movement in and out of awareness without getting caught in rumination or confrontation'. That is, the voice-hearer may practise a non-judgemental awareness and disengagement from the literal meaning of the content of the voices, so that these voices cause less anxiety.

Mary, who describes voice-hearing as being 'in the middle of what feels like a volcano almost', identifies how dog-walking allows her to 'rest her mind'. Similarly, when Helen is distressed by her voices at home, she will 'play with my rabbits' in the garden. Jim is another voice-hearer who finds the outdoors relaxing, which he describes as 'my first love', and for several years he volunteered as a ranger in a country park. Mary was unable to give specific details as to how she would employ a mindfulness approach with a troubling, distressing voice, and only says that this is a 'work in progress'. Yet, by the end of the walk Mary is no longer hearing voices. She understands this to be because 'I'm at my happiest when I'm on my own'. Mary does not describe what it feels like for her voices to leave her. When I asked her why she

thought the voices had stopped, she said, 'they've [the voices have] got nothing to say'.

In contrast, Jason finds that when he walks his dog in the fields at the back of his home, he continues to hear voices. Nonetheless, in this rural and isolated environment he does feel able to express his emotions, as he shouts at 'these voices to "shut up" [...] to leave me alone'. He does not, however, say if he found comfort from expressing his anger.

Having outlined ingenious embodied activities that voice-hearers undertake in facilitative rural environments, I will now discuss how the voice-hearers use creative methods to explore their distressing relationships with voices in frightening spaces.

8.4.2 Threatening environments

In the previous chapter I discussed how voice-hearers may be distressed by external environments, such as moving about city streets and public spaces (Parr, 1999). The geographer Caroline Knowles (2000, p. 83) writes of how individuals with schizophrenia, and coping with psycho-social challenges, often wander the city streets daily in search of shelter and warmth. While I am not assuming that all of my participants could be judged to have the diagnosis of 'schizophrenia', some of them were distressed by their external environment, and this was often characterised by a difficult (sometimes impossible) search for stable and safe psychological and social boundaries. This impacted on the relationship that they had with their voices. Rachel was asked if she would write a poem exploring her voices. She wrote about an occasion when she was walking in an urban space, and felt pursued by her voices 'when she was going through psychosis'.

Day and night

Why do you wake me?

Calling from outside,

Bringing my consciousness into being.

But my reality,

Is not your reality. (line 5)

John, Rob and David

I cannot see you,

But I can hear you –

Calling, persuading and imploring.

What do you say? (line 10)

You say what I want you to say.

Day slowly recedes.

Night begins to creep into being.

Paranoia deepens,

Darkness prevails. (line 15)

Why do you hate me?

Why do you call me a child?

What do you want me to do?

I wander the streets, searching for you

But I never find you. Darkness. (line 20)

Moving about the streets is threatening for Rachel as she is alone, and her 'paranoia deepens'. Research has shown that creating poetry can be helpful as a therapy for schizophrenia, as the process releases emotions in the individual, which can be communicated to a therapist (Shafi, 2010, p. 96). Furman (2003) is another who has argued that poetry should be used to help patients to manage their anxiety, cope with stress and express their emotions. The psychotherapist Diana Hedges (2005, p. 4), who argues that 'poetry is not just an outpouring of emotion', suggests that it can help to work through 'a simple or complex problem [...] to see something fresh and give us insights into our own or other people's difficulties'. For Rachel, who feels anxious that she may 'never find' the source of the voices' (line 20), the blank page offers an external space where she can map the characterful, persecutory voices which she hears, that are 'calling' for her (line 9). In the interview, Rachel told me that the voices 'think you're a baby and some of them will say to you you've got to grow up'. In the poem, Rachel challenges how the voices see her as occupying the position of a child in relation to them ('Why do you call me a child?' [line 17]).

Rachel's act of writing the poem mediates a different relationship with the voices, in which she tries to assert her authority and independence. For example, she told the voices that 'my reality / Is not your reality' (lines 4-5). Rachel even sets a boundary with the voices, when she says, 'You say what I want you to say' (line 11). Having explored how writing poetry is therapeutic, I will outline what effects are noted when a film is made whose production involves a voice-hearer.

Paul, discussed above, explores his voice in a film that he made with Durham University's 'Hearing the Voice' research team. Before the film was made, the producer said to him: 'You know this is about your experience. Where do you want to film it? What do you want to do?' Paul appreciated having this freedom to choose a location. While Paul does not directly refer to the film-making as being a creative practice, I am nonetheless categorising him as being involved in a creative practice. Paul did tell me that he is 'quite artistic', and that he appreciated having the creative freedom to choose the woods as a setting for the film, because he thought that 'the forest is perfect for the way I look at my brain'. His brain is always 'ticking away', even when he is asleep, as then he has dreams and nightmares. Similarly, he said that there is 'always something going on in a forest', for even in a 'beautiful location where you're very safe, and there's nobody around for miles, you're still anxious, you're still scared'. At the start of the film, Paul makes a direct parallel between the forest and his mind, when he says that 'the streams that run through this forest are like my thoughts, my imagination running through the centre of my mind'. That is, he views the stream as representing his creativity. In the film there are close-up and distant camera shots of the shadowy 'powerful, terrifying' trees. Paul is filmed hearing the voice speaking from behind the trees, and this represents how this is frightening and/or distressing for him.

For example, Paul is filmed listening to the voice, and when he responds, he speaks directly to camera:

Voice: You fucking twat.

Paul: The sharp leaves, the fallen leaves, the moss. Erm ... these big, powerful, terrifying trees, just towering over you, dominating you, terrifying you.

Voice: Nobody's listening, except me [there is a lower tone to his voice].

Paul: He's controlled me, controlled my life, he's controlled what I've done.

Voice: I'm the boss.

Paul: Where I've been, he's tortured me, he's tortured me, he's tortured me, he's tortured me. But he's also kept me safe.

Voice: Look behind you.

There is a variety of scale, ranging from dense, confused pathways, with 'little prickly branches' on the forest ground, to large and high 'powerful, terrifying trees, just towering over you'. Perhaps Paul's anxiety may explain why it is that when he spends time in this external space he hears the intimidating voice of a military figure that is tied to senior military rank. In Chapter 4 I discussed how controlling or intimidating voices are associated with a high level of distress (Sorrell et al., 2009; Hayward et al., 2014a; Hartigan et al., 2014; Birchwood et al., 2000). There is clearly a power imbalance with the voice in the film telling Paul that 'I'm the boss', while Paul calls this voice 'the Captain'. Paul projects onto the voice that it is powerful, and it has its own agency. In this way 'sound is inseparable from social landscape' (Smith, 1994, p. 238). The voice responds to Paul's navigation of external and social space by instructing him to look behind him. Paul reacts by looking over his shoulder.

While Paul is able to recognise the voice as being internally generated, it is 'not me' to him in the sense that 'his [the voice's] thought processes are different'. The tone of the voice is aggressive, and Paul finds it so uncomfortable to hear that at the end of the film he looks directly to camera to ask his audience: 'Could you live in here?' As he says this, he points to his head. This is interesting because Paul still

perceives his voice as inhabiting a space within his brain, even though he has creatively used the image and metaphor of the forest in the film to illustrate how he relates to his voice.

My analysis of Rachel's poem and Paul's film shows that for these voice-hearers these threatening urban and rural environments contribute significantly to their emotional engagement with their voices, as the voices become very intrusive, and these individuals react emotionally to them. In this sense, these spaces have their own agency. What is striking is that Rachel uses the blank page in writing poetry, and Paul uses the medium of the film, both to engage their voice/s in these surroundings and to explore their relationship with them. In Rachel's case she even gains the courage to challenge her voice, when she asserts a boundary, and tells it to say what she wants it to.

As Dissanayake (1988) notes, artwork is a communication of human experience and emotion wherein the ordinary is made special and extraordinary. Like filmmaking, artwork also has the potential to expose viewers to the lived experiences of artists with mental health issues (Chalkley, 2005). Seven of the voice-hearers I interviewed produced paintings or drawings of their voices, and I will now discuss how these helped two of them to explore their relationship with their voices, and even mediate a different kind of relationship. Currently research on voice-hearing and creative practices does not adequately consider how the activities of drawing or painting give voice-hearers a specific time and place in which they can explore their voices and change their relationship with them. I will explore how these activities allow the voice-hearer to work through notions of where 'the self' ends, and where they position their voice/s.

8.5 The powers of art

Terrified by her voices, and heavily sedated on antipsychotic medication, Carla stayed in bed. She said: 'I was not showing improvement at all. It [the medication] was affecting me so much. I would sleep twenty hours a day.' During this period Carla was also mute, until one day she began 'painting, throwing colours on the canvas'. Sometime after this, Carla finally spoke, and said to friends, 'So what's that?' She did not say what it was she was referring to. Her father, who was a doctor, seeing Carla's improvement, bought her some art materials. This was the start of Carla creating what she described as being 'abstract art'. However, it was a long time before she was 'able to give a face to one of the voices', because she was afraid of them. Carla shared with me a painting of this voice, which existed prior to my study.

Illustration 3: Carla's painting of 'a dark voice'



Carla, who lives in India, has been raised as a Hindu, and does not restrict herself to one religion. Instead, she has wide-ranging spiritual beliefs, which are explored in her painting. In feedback that she gave me on the painting, Carla initially found the voice 'overwhelming [...] because I couldn't place it'. Over time, however, she has moved towards a position of having a relationship with a richly, characterful voice that is captured in the painting. Describing this as 'a dark voice' that is like 'the Dajal [...] the Islamic term of the false prophet', Carla believes that it has the agency to drive her to 'write some pretty deep stuff which is philosophical and existential, yet direct and practical to real-life situations'. The vivid colours in the painting relay both the intensity and strength of this 'dark voice'. Carla described how the voice can appear to her at night-time with a visual form, 'as a face with a body' (at other times it

just appears as 'a face'). Carla told me that the voice in the painting 'comes in many forms'. This fluid identity of the voice is important to Carla, who mentioned how 'he teaches and he guides and plays around with illusion to keep me going'. Perhaps it is because the voice has no fixed form that Carla has such difficulty in understanding it and its intentions. During the process of painting, Carla came to recognise that the voice is 'a character or my inner archetype'. That is, she sees her voice as being internally generated, and as playing a helpful role as it has 'influenced a huge part of my everyday reality'. Nowadays Carla has a relationship with her voices, where she views them as being a source of inspiration. 'I end up converting the experience [of voice-hearing] into something creative immediately', she said.

Externalising the voice on the page in a visual form is therapeutic for Carla, as this activity enables her to mediate a different relationship with it, where she is less afraid. Carla's example has some parallels with the example of Callum drawing his voice the number 18 (see Illustration 1) during the interview. In Chapter 4, I discussed how Callum had at one time been very afraid of the voice, as it had been controlling and issued him with malevolent instructions. However, the process of drawing the voice enabled him to explore some of its positive aspects, such as the number being a 'lucky number', as he won the lottery using these numbers. This process of externalising the number presumably reduces the fear and distress that he associated with it at one time, although Callum did not say this.

Peter is another voice-hearer who used painting to lessen his distress. When I asked him if he explored his voices in his paintings, he said that 'I think it's always in there'. He added that 'when I feel at my happiest, it's just seeing nature, and soaking

up nature, and that really feeds into my good feelings, and makes me feel euphoric and high, and loved. So I bring that into my artwork, and that sorts of helps me.'

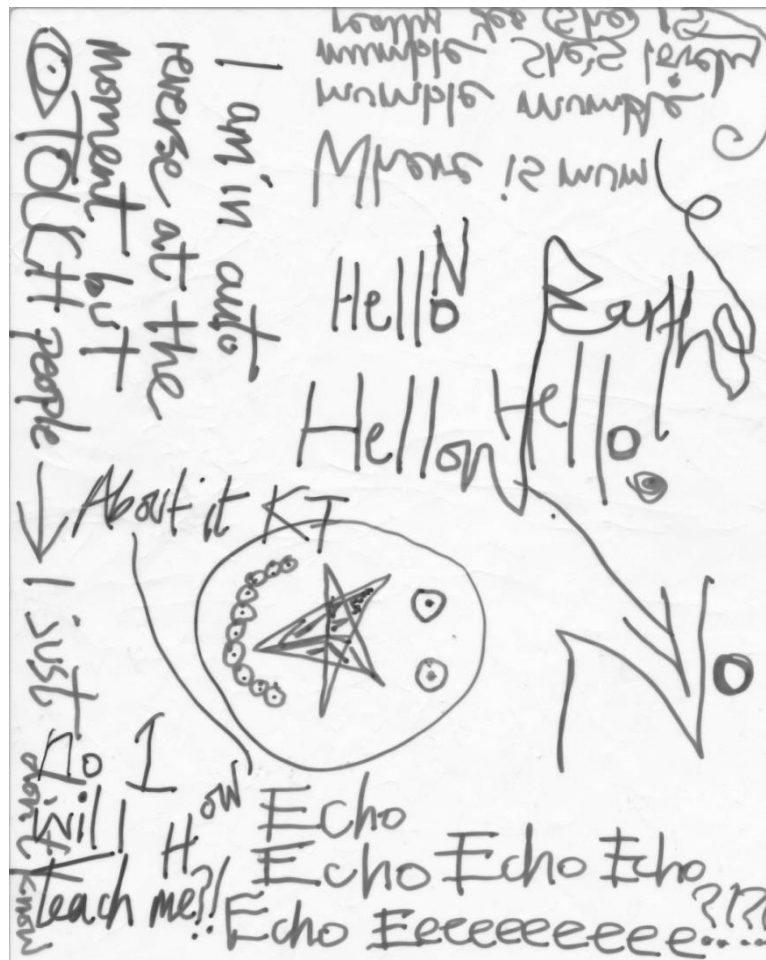
Describing the activity of painting, the geographer Parr (2008, p. 118) notes how this 'artistic practice facilitated a sense of psychological locatedness, enabling a temporarily all-consuming occupational space that distracted from negative and disruptive thoughts and affects'. Parr (2008, p. 116) argues that artworks are a complex practice that provide 'an emotional space of yearning for the security of the ill/mad self'. I would argue that a voice-hearer may use painting or drawing as a process of projective means, as they are moving something outside the self onto the canvas with certain qualities that reside within the self.

Having explored the cases of voice-hearers who are comforted by painting or drawing their voices,¹⁴ I will now discuss a voice-hearer who drew her voices during a time when she was highly distressed by her voices. Janet said that drawing is 'like a meditation, and I can completely switch off from everything that's going on'. Nonetheless, the activity of drawing did not stop the voices. That said, Janet reported how drawing did have the specific effect of 'quietening a particularly persistent voice', which was an internal voice that sounded like her mother. In her own words, drawing was both a 'focusing' activity, and a process that enabled a 'dialogue with the voices'. Janet was keen to explore 'what seemed "chaos" inside'; and indeed, she filled six sketchbooks with drawings that explored her mental distress. The space of the drawing offers what Parr, cited above, calls 'psychological locatedness', as Janet believes that it has the capacity to contain both her positive

¹⁴ There is a large body of literature on uses of art for those with mental health problems. For example, see Rustin (2008); Parr (2006, 2008); White (2009); Wood (1997); and MacLagan (1997).

and negative emotions. I will now discuss how Janet relates to her emotions and her voices in the space of one particular drawing, as this explores her complex emotional relationship with her mother's voice. This drawing was produced prior to the study using red pen on a plastic 'vellum', which Janet chose because of its 'translucency'.

Illustration 4: Janet's drawing exploring her mother's voice



Janet said that 'the repeated word "echo" relates to the repetitive nature of some of the voices and I think the eeeeeeee...relates to the drug Ecstasy'. In the interview about her voice-hearing experience, Janet described her difficulty with having a controlling mother as being at the root of her search for freedom through abusing alcohol and illegal drugs. In Chapter 2, a study conducted by McCarthy-Jones and

colleagues (2015, p. 8) found that voices reflected voice-hearers' relationships with other people in their social world, such as family members (particularly mothers) 'who the women felt were implacably critical, blaming, controlling' (see also Strand et al., 2013). The psychologists Hayward et al. (2012, pp. 164-5) would agree that 'distressing relationships with voices often go hand in hand with distressing relationships with family and friends'. For Janet, the drawing is a space where she externalises her feelings about her mother. In mirror-writing on the other side of the drawing, she writes: 'Where is mum mumble mumble. She's lovely really yes she is?' The final question mark would indicate that at this point she is trying to convince herself that her mother is indeed a 'lovely' person. In feedback that Janet gave me on the drawing, she wrote that the writing was 'written on the reverse so that it is harder to decipher. I think I did not totally believe the words I had written. Perhaps a voice was forcing me to write this.' Given that Janet is describing an intimidating, controlling voice, this calls into question her own autonomy, as she is acting out on the suggestion of the voice when she writes how her mum is 'lovely'.

In fact, the interview suggests a different interpretation of this relationship, as Janet recalls how her mother was so dominating when she was a child that 'trying to speak up for myself was very difficult'. Janet would 'shallow breathe' when she was in the same room as her mother, and at the same time would 'go into this space in my head, which felt safe'. In the interview Janet wonders if she hears voices 'because I had no voice with my mum when I was younger'. Janet also reported how 'life was very conditional when I was growing up', and she was 'expected to know everything'. She gives the example of how she did not have stories read to her at bedtime, but had to read them herself. Another interpretation that Janet offers of the voices is that 'these voices were almost helping me to understand some of the things

I might have missed'. Like Carla, Janet finds that the reflective space provided by the drawing helps her to make sense of the voice, so that she is less intimidated by it.

8.6 Concluding comments

In this chapter I have discussed a range of creative practices and embodied activities that my participants used to attempt to cope with their voices. My analysis contributes to existing scholarship by providing a broader variety of examples of the ways in which voice-hearers were successful in using embodied activities and creative practices to manipulate or change their relationship with their voice/s. For example, Mary told me that it only occurred to her during the interview that when she walked her dog in the countryside she was practising mindfulness, which enabled her to move to a position where she practised a non-judgemental awareness and disengagement from the voice. This embodied practice had the most dramatic effect of any of the coping strategies employed by the interview participants, as the voices stopped entirely. Paul, who believed that his voice liked fishing, used this activity in a creative way to build an alliance with what had been an intimidating voice, so the relationship changes to being one of companionship.

Striking effects were also noted when voice-hearers used artworks to express their emotions, when they explored their relationship with their voice. Janet in the process of drawing recognised that the controlling voice had forced her to write that her mother was 'lovely', when her mother had in fact been dominant throughout her childhood. The process of drawing allows her to make sense of the voice as existing because she 'had no voice with my mum'. Similarly, Carla in the process of painting is able to recognise the link between her voice and her 'self', and she calls the voice an 'inner archetype'. As was the case with the voice-hearers that Luhrmann (2015, p.

44) interviewed in India, Carla is able to start to engage in a playful relationship with the voice, and she describes how 'he guides and plays around with illusion to keep me going'. In this respect, creative practices are similar to embodied activities in that they, too, offer a space that the voice-hearers may use to mediate a different relationship with their voice/s.

Nonetheless, not all of the voice-hearers were successful in doing this. While Rachel does explore her relationship with her voices and her mental distress in her poem, when she feels pursued by them through the city streets, she is unable to create a firm boundary. Yet, she does try to invoke one, when she tells the voices: 'You say what I want you to say' (line 11). Patrick also explores his voices in his journal-writing, but finds that spending such large amounts of time writing meant that he got caught up with the obsessional quality of the repetitive voices that he hears. This nuances the argument that all forms of creative expression are helpful (see Escher, 1993, p. 205; and Hedges, 2005, p. 94, whose work was discussed earlier in this chapter). Not all of the voice-hearers were able to engage directly with their voices, and some used distraction techniques, such as the activities of listening to a radio, or visualising a pet rabbit. Such activities work on a temporary basis to help the voice-hearer to cope, but they did not appear to help the voice-hearer in learning to live with their voices, as they did not work on improving their relationship with them. In both this chapter and the previous chapter I illustrated how invoking a firm boundary with the voice is one possible way of changing the relationship with it. Also, it may help for the voice-hearer to engage in a dialogue with the voices, as is shown by the examples of Paul and Janet. In their cases it is the activity itself – in these cases, fishing and drawing – that provides the context within which there can be a to-and-fro spoken or silent conversation with the voice.

Some of the creative or embodied activities were harmful, as they added to the voice-hearers' distress. Like Paul and Janet, Jason wishes to engage in a to-and-fro conversation with his voices, and is surprised and disappointed when they do not reply to his emails. Nonetheless, this was still a way for Jason to try to invoke a boundary with the voice. As Jason described it, asking the voice to email him was 'my way of saying, "Look, if you're real, contact me now"'. The lack of response makes Jason feel very self-critical: 'afterwards, I just think I'm crazy'. Also harmful was Gary's self-imposed solitude when he went on long walks alone, and externalised his strong negative emotions in his song-writing. Like Rachel, who sought a mobile, changeable landscape in an effort to escape the voices, Gary is unable to set any firm boundary with them, and in one song refers to how he occupies 'a sick psychotic dream', in which the boundary between reality and a fantastical state are blurred. Nonetheless, many of the creative and embodied activities did enable the voice-hearers to express their emotions and voices in ways that were place- and situation-specific and open to change.

I shall now conclude this thesis by discussing several recurring themes or ideas that have arisen during my research that make the case for a fuller understanding of how spaces and places have a bearing on how voice-hearers relate to their voices and their emotions.

CHAPTER 9:

Conclusion

This thesis sought to provide a more nuanced way of understanding emotion in relation to voice-hearing by exploring how thirty voice-hearers made sense of complex voice-hearing experiences. Focusing on the interaction between emotions and voices, I used the framework of Romme and Escher's Maastricht approach alongside concepts from emotional geographies to investigate the different kinds of relationships that people had with their voices. The originality of my project lies in part in its investigation of how space and place affect how voice-hearers relate to their emotions and their voices. I explored how voice-hearers establish boundaries with their voices, and with what consequences. Approximately one-third of the participants were from different ethnic backgrounds, and in my study I investigated how these voice-hearers negotiate questions of migration, belonging and place, so as to indicate how emotions mediate in these negotiations. I explored the spatialization of emotion in voice-hearing, and how voice-hearers use creative practices, changes in their environment or other embodied activities to express and manage their emotions. I turn now to revisit the key findings and arguments in the chapters of my thesis in order to show how it has advanced the understanding of the interaction between voice-hearing and emotion.

In Chapter 4, a primary concern was exploring voice-hearers' relations with their voices. I presented a typology of the different kinds of relationships that voice-hearers had with their voices, ranging from voice-hearers who 'minimally related' to

voices, to voice-hearers having intimate relationships with positive voices, or having relationships with voices that were distressing and/or controlling. Some of these examples showed how voices were fluid and mutable, with my participants' voices moving between Wilkinson's and Bell's four categories for agent-representation in auditory-verbal hallucinations. I also found that the type of agency did not determine the kind of relationship a person had with their voices, which is why my own categories (which were additional to Wilkinson's and Bell's categories) were useful for understanding these relationships. The voice-hearers in my study also had varying success in creating boundaries with their voices. Some of the boundaries that the voice-hearers had with their voices were static – others were changing – depending on the environment or the circumstances at the time. Some voice-hearers were more reflective than others about the agentive processes involved, and were willing to share their spatial strategies for coping with their voices.

It emerged in both Chapters 4 and 5 that many of the distressing voices were linked to adverse or traumatic life experiences, an observation that supports the findings of many other researchers who have interviewed patients who are voice-hearers (see Romme and Escher, 1993, 2000; Corstens and Longden, 2013; McCarthy-Jones et al., 2015; Reiff et al., 2012). In Chapter 5 I drew on existing qualitative work on voices and emotions (e.g. Beavan, 2007; Corstens and Longden, 2013) by attending to the different ways in which participants repressed painful memories and consciously suppressed their emotions, which in some cases triggered voices. I showed how voice-hearers themselves recognized that emotions become embodied in voices, and how this understanding helped them to cope with their voices. I also identified in my sample how some participants described their act of dissociation, which I suggested involves repression that is happening at an

unconscious level. I explored how participants understood voices and emotions in relation to this dissociative tendency. In addition, I discussed how a small number of my participants were unable to recall the original trauma, even though they were convinced it had happened.

In Chapter 6 migrant voice-hearers frequently drew attention to how displacement had a negative impact on them, and this project showed how they were resourceful in actively choosing cultural, religious and spiritual frameworks to understand their voices, and accept them. This agency in negotiating their own understandings of voices was a skill that many of the non-migrant, white voice-hearers shared, many of whom were also dissatisfied with a 'medicalised' perspective of voice-hearing. In Chapters 7 and 8 I explored complex emotional aspects of relations between voice-hearers and material spaces, and the affective relationships that they have with their voices. One of my research questions was to explore how voice-hearers establish boundaries with their voices. Chapter 7 showed the ingenious and skilled ways in which voice-hearers asserted real or imaginary boundaries of some description with voices, which lessened anxiety and distress. Where this was not possible they sought what the geographers Davidson and Parr (2014, p. 130) describe as 'a sense of boundedness' by retreating to particular safe spaces. In Chapter 8 a broad range of examples were provided of creative practices and embodied activities, which provided spaces within which voice-hearers could mediate different emotional relationships with their voices.

Overall my thesis makes an original contribution to literature in emotional geography and to literature on voice-hearing by giving specific examples of how space and place feature in the complex emotional dynamics of voice-hearing

experiences. I also show that the analysis of emotion needs to be more multi-faceted, and involve a spatial awareness, in terms of the voice/s being experienced in an internal or an external location. I will now conclude by reflecting on specific aspects of the project. These include a discussion of how my thesis has contributed to and extended Romme and Escher's Maastricht approach. After this, I discuss how my study has reinforced the value of survivor research. I then reflect on how Romme's and Escher's model, and my commitment to survivor research, led to me choosing the conceptual and methodological framework of thematic analysis to explore the interaction between emotions and voices, which also suggested alternative approaches for future research. I then discuss the implications of my study for clinical practice, before finally outlining possible future directions for research.

9.2 The Maastricht approach

My research has reinforced my commitment to the Maastricht approach, and indeed contributes to the body of empirical work exploring the links that Romme and Escher made between voice-hearers' life-history, emotions and voice-hearing. All but one of my participants linked their voices to an earlier traumatic experience or adverse life event, though many had more than one explanation for why they hear voices (i.e. psychodynamic, medical, mystical, religious).¹⁵ Voice-hearers whom I interviewed who had experienced adversity or abuse, often heard distressing voices. When voice-hearers were able to manipulate power and status in their perceived

¹⁵ For example, some voice-hearers interpreted their voice within a religious framework, and claimed to hear God's voice. Other voice-hearers provided aetiological explanations, where they suggested that the voice is a part of the self. The explanations that the voice-hearers held for their voices were not always static, but changed over time, depending on their life experiences, and interactions they had with their family, and friends, and mental health professionals.

relationship with their voice/s, some were successful in changing the power balance so that they felt that they had more control.

This thesis, therefore, builds on the research done by Romme and Escher, who argue that the voice-hearer needs to feel that he or she ‘takes back power’ from the voices, in order for them to change their relationship with the voice. I consider further how voice-hearers constitute a boundary with their voices in a broad range of familial, social, or public spaces, or circumstances, and gain a sense of control. Some of my participants found that this made the voice kinder, so that it comes to be associated with more positive emotions. Emotions are dynamic as many of the voices are multi-faceted and often change, when the voice-hearer finds a way to relate to their voice differently, such as dialoguing with the voice.

In focusing on the auditory element of voice-hearing, my project conceptualizes hearing a voice to be a relationship with another being that speaks to you. My decision to use Romme and Escher’s Maastricht approach meant that I focused on characterful voices, and other types of voices, rather than different aspects of experience. In my study I could have considered the broader phenomenological experience of a person who hears voices; in particular, how their own internal, subjective experiences involve disruptions of the reality of independence in the world (see Jones and Brown, 2013, p. 7). Hearing a voice is just one experience in this destabilization of reality, that may also include ‘intense feelings of persecution or death’, or distressing imagery (Jones, and Shattell, 2014, p. S10). If I had included in my analytical framework other experience of hearing voices, such as voices that take on multisensory forms where they had bodily experiences and/or the voice took on a visual form (see Woods et al., 2015, p. 327), or are not always clearly distinguishable

from one's own thoughts (Woods et al., 2015, p. 326), this would have changed the shape of the thesis. For my thesis is constructed around the idea that participants have a relationship with another being that speaks to them, and accordingly they have emotional response/s to this voice/s. However, I remain satisfied that my focus on exploring the relationship between auditory voices, trauma and emotion has been a fruitful area of inquiry.

While my research supports Romme and Escher's model for understanding voices, it also reveals some of the limitations of their account. For example, in my study I took considerable effort to recruit participants from diverse backgrounds; indeed, approximately one-third of the participants were from black and minority ethnic backgrounds. Romme and Escher, on the other hand, focused their study on white voice-hearers, and do not adequately consider the culturally specific voice-hearing experience or racial minorities. I found in my study that voice-hearers from black and minority ethnic communities often heard voices in their native language, which embodied emotional conflicts from their early life. Skirrow et al. (2002, p. 87) argue that as voices 'are by definition, self-generated experiences, it seems reasonable to expect that the content of these experiences will reflect the experiences, memories and beliefs of the individual concerned'. Given that many of these participants had experienced adverse or traumatic experiences in childhood, it is not surprising that they sometimes heard a voice that they linked to a single traumatic event or multiple traumas. The migrant voice-hearers' experiential spatialized accounts of voice-hearing showed that these voice-hearers felt emotional (dis)connections with places; and often there was a complex pattern of emotion within and across different bodies. Romme and Escher do not attend closely to this spatial dimension in voice-hearing of voice-hearers being displaced and excluded.

Romme and Escher, while founding figures in the hearing voices movement, are not themselves voice-hearers and arguably their perspectives are more professional than experiential. My study, by contrast, makes use of Romme and Escher's Maastricht approach, but also of the insights and theory of survivor research.

9.3 Survivor research

This survivor-researcher-led project has listened carefully to voice-hearers' stories, thus transforming them from 'subjects' to research participants who felt empowered to contribute their experiences of what it was like to hear voices in different spaces and places. Many of the voice-hearers felt that that they had been silenced, and disempowered in their interactions with statutory mental health services; therefore, the space of the interview gave them a space where they felt heard, so that they could describe in their own words if they made links between their emotions, their life-history, and their voice-hearing. This research offers experiential knowledge where voice-hearers' experiences, beliefs and personhood are taken into account. A 'social constructionist service-user/survivor standpoint', as Sweeney (2009, p. 32) argues, 'may be "better" knowledge, as it comes from the powerless'. For, as she suggests, many mental health users are 'able to construct and deconstruct their own realities'.

My decision to centralize voice-hearers' experiential knowledge means that I have advanced the understanding of the role of emotions in voice-hearing experiences. The survivor researchers Jones and Longden single out specific emotions that elicit or exacerbate voice presence (see Jones et al., 2016; Corstens and Longden, 2013), and in my study I have shown that the analysis of emotion needs to be more multi-

faceted, with many of the thirty voice-hearers reporting a complex relation between two or more emotions in a voice-hearing experience that involves spatial awareness, in terms of the voice being experienced in an internal or an external location. As these first-hand accounts of voice-hearing show the individual experience of voice-hearing is marked at times by intense emotional states (i.e. fear, hopelessness, shame) and stressful interpersonal experience. Building on the Maastricht approach's understanding of voice-hearing, I explored how voice-hearers' process and relate to emotions or 'shut off' emotions, as well as the effects of trauma related to early negative experiences and abuse.

9.4 Methods

In this study I utilized a thematic analysis approach in a qualitative project to explore the relationship between emotions and voice-hearing. Semi-structured interviews are a well utilized methodology in survivor research, and this thesis contributes to that literature. The interviews allowed me to capture rich accounts of voice-hearing from community settings rather than clinical settings. In this context, trust and rapport was established with participants, as they did not fear the consequences of disclosing that they were hearing voices.

Another method that I could have used would have been walk-along interviews. In a study conducted by Upthegrove et al. (2016), the researchers used walk-along interviews with twenty-five young people who had a diagnosis of psychosis. The strengths of this mobile interview was that this qualitative technique allowed participants to describe their experience in 'a non-threatening, open setting' (Upthegrove et al., 2016, p. 94). The interview allowed the researcher to capture

aspects of voices that participants felt were most important, such as the personal characteristics of 'characterful' voices, and whether voices were 'strong', that is, authoritative and powerful; or otherwise, 'weak' (Upthegrove et al., 2016, p. 89). In chapter 2, I discussed a study by Daalman et al. (2011), which argued that emotional control is a discriminating feature of voices. The drawback of the walk-along interview is that it offered no privacy to the participants, who may have worried that others could overhear them talking about their voices in a public space, such as a street. The semi-structured interviews that I conducted with participants were thus preferable on account that these helped me as a researcher to capture their subjective experience of voice-hearing.

By choosing to use semi-structured interviews, in the interpretive process I needed to take care that I explored carefully what participants had to say about the links between voice-hearing and emotions, without imposing my own analysis upon them. As a survivor-researcher I wanted to 'have a chance to "authenticate" service-users' experiences through adding their "authority", helping give it credence and legitimacy' (Russo and Beresford, 2015, p. 156). Therefore, it was important in my analysis of the interviews not to make these narratives merely a subject of my inquiry, where I deconstructed voice-hearers' accounts, and then made their experiences fit the argument that I wanted to construct. Instead, I needed to engage with voice-hearers' experiences in a way where my interpretation perceived and promoted the voice-hearers' alternative narrative, where they were voicing their alternative perspectives for understanding their relationship with voices, and their links with emotions. I am confident that my survivor-researcher-led study has enabled voice-hearers' voices to be heard, in a way that provides a range of insights

into the highly diverse nature of people's experiences and understandings of their voice-hearing.

A limitation of this thematic analysis approach that was conducted within a constructionist framework is that it did not seek to focus on individual psychologies. Instead, this approach seeks to theorise the socio-cultural contexts and structured conditions that enable these individual accounts. The main operating paradigm for my study was constructionist given that I started from a position that my interviews with voice-hearers are complex, context-specific phenomena, in which I took an active position as a survivor-researcher, constructing a particular interpretation of the information investigated (Charmaz, 2014). Thematic analysis is itself not designed specifically to address the emotion of participants. Voice-hearing can be understood as a highly distressing event for many of the voice-hearers whom I interviewed, thus the lack of sensitivity and accuracy in codes that I selected in proving the everyday emotional experience of voice-hearers needs to be considered. When I conducted my analysis I did code the emotional responses of voice-hearers; however, these codes did not point to participants' complex, multi-faceted emotions when they relate to their voices. It is also the case that emotions resist interpretation, on account that emotions cannot be objectified, but cross psycho-social and material boundaries, which is an issue that has been considered in research that has been conducted by geographers (see section 1.4 – i.e. Davidson et al., 2003; Pile, 2010, p. 7). Another constraint of the study is that it focused on a sample of voice-hearers, where all except for one of them related voice-hearing to distressing life events. It is likely that if I had recruited the participants from statutory mental health services – as opposed to community mental health centres – that they may have adopted a medical explanation for their voices.

9.5 Implications for practice

My study is of use to psychologists and other mental health professionals, as the creative spatial strategies employed by voice-hearers could be used within psychotherapeutic contexts to complement existing talking therapies. My thesis offers mental health professionals insights into aspects of therapy that work on changing the relationships that voice-hearers have with their voices (see Hayward, 2012; and Berry et al., 2017 on cognitive therapies; for further insights about boundaries in relation to voices, as suggested by the Maastricht approach, see Romme and Escher, 2000, p. 67). Boundary-setting with voices was shown to help voice-hearers cope with their voices. Helen only spoke to her voices for one hour each evening, when she was in the safety of her room, and was able to ignore them the rest of the time. Mental health professionals could also encourage voice-hearers to seek out 'safe' spaces, where they feel comfortable to engage in a two-way dialogue with voices. For example, when Paul spends time fishing in a rural site, he is able to engage in a dialogic relationship with his voice. The blank page provided when a voice-hearer is writing a poem or doing a drawing offers an external space where a voice-hearer can explore the voices that they hear, and even set a boundary with the voices. Practices such as writing a poem, or creating a painting could be creative practices that a psychologist uses with a voice-hearer in the 'safe' setting of a therapy session, to explore their relationship with distressing voices.

9.6 Future directions for research

In this thesis many of the participants were recruited from the two community centres where I undertook my fieldwork, here called The Gatehouse and Heathside Centre.

Rich and interesting areas of research would be to explore the connections that under-represented groups of voice-hearers (e.g. children, forensic inpatients or non-clinical voice-hearers) make between their voices and their emotions. It would also be fruitful to compare their success at asserting boundaries with voices, and manipulating or changing their relationships with their voice/s. Future research could build on my thesis and other studies (Jones et al., 2016; de Jager et al., 2016) by focusing on the agential processes involved, and explore if this boundary with the voice is static or changing. I am interested in how this boundary with the voice is connected with the voice-hearer asserting power (see Coleman and Smith, 2005; Romme, 2000). Such future research could involve asking voice-hearers whether they share with each other any spatial strategies for coping with their voices, either in conversation or online forums, and the successes or failures that they might have. That said, the participants who appear in this thesis have offered insights that contributed towards a more nuanced understanding of the links between voice-hearing and emotion as I have approached my tasks of analysis and writing. It is the perspective offered by these first-hand accounts that make this thesis a helpful contribution to a growing interdisciplinary literature about voice-hearing.

This thesis has usefully contributed to the understanding of the complexity of the links between voice-hearing, people's experiences of trauma and their emotions. The thesis has shown how people's beliefs about their voices impact upon their experience, and their emotional responses. Throughout the thesis my exploration of the emotional dynamics of voice-hearing has had a strong sense of the spatial. By demonstrating that there is a co-creation of voice and space (whether material or conceptual / metaphorical space), I have shown how an engagement with the discipline of geography enables an analysis that opens up the spatialities inherent in

the emotional life of voice-hearers. The associative and connective process of voices that sound real to the voice-hearers are associated with complex, dynamic emotions, and illustrate the unique role of geographical perspectives in understanding emotional life.



Appendix 1: Participant Information for Participant Observation Research

Rosalind Austin's¹⁶ Thesis: Voice-hearing and Emotion: An Empirical Study

Participant Information Sheet

I would like to invite you to take part in a research study. This will be participant observation research, and involves me taking part in your group discussions, and group activities, such as creative writing classes. Please read the following information. If you have any questions, please do not hesitate to contact me or my Supervisor, Dr Felicity Callard, using the contact details at the end of this Participant Information Sheet. Please read and complete the Consent Form after reading through this Participant Information Sheet.

Please read all the information carefully.

Title: Voice-Hearing and Emotion: An Empirical Study

PhD Candidate: Rosalind Austin (Durham University)

PhD Supervisors: Dr Felicity Callard and Dr Angela Woods (Durham University)

What is the participant observation about?

¹⁶ When I conducted this participant-observation research, my previous surname was Oates.

The participant observation is part of a three-year PhD project investigating people's voice-hearing experiences. The aim of my project is to explore whether there is a link between voice-hearing and people's difficult experiences from childhood and adulthood. In order to achieve my goal, I need to reflect on what people have to say about their experiences of voice-hearing. I am also interested in whether you use tools such as journal-writing or poetry to explore your voice-hearing experiences. When attending your groups, I may ask you questions about your experiences of voice-hearing.

Who can take part?

If you have had first-hand experiences of mental health difficulties, and you are eighteen years of age or over, then you can participate in this study.

Why take part?

Since one of the aims of my research is to shed light on whether there is a link between voice-hearing and people's difficult experiences from childhood and adulthood, the comments you provide will be very important for my project. Unfortunately, participants cannot be paid, but I hope that the time I spend at your community project will make a significant contribution to furthering the understanding of voice-hearing.

How long will I spend at your community project?

I will be spending two days per week at your community project for six months. You can ask me not to take notes on a comment that you make.

What happens after I've agreed to take part in the research?

Once you have read this information sheet you can read and submit the Consent Form. Completing the Consent Form involves signing your name. I will keep notes on comments the group makes securely (on a passport-protected file on a university computer). I will draw on the insights to help produce my PhD, papers and conference presentations.

What about privacy and confidentiality?

I will keep your personal information strictly confidential. Your name will be changed to a number in my notes and will not appear in my thesis or any of the publications that may result from my research; any identifying details, such as places and

institutions, as well as any experiences that you relate, will be removed and/or anonymised.

The responses you provide may be used in published writings in academic journals and in conference presentations. I may directly quote from your comments to help illustrate a point, or stimulate discussion, but I will ensure that you are not personally identifiable by the use of such quotations.

In exceptional circumstances confidentiality may be broken, as in cases where a participant expresses an intention to harm themselves or another person. In such a case, I will inform you of the need to break confidentiality and will attempt to secure your cooperation before doing so.

If you have any concerns or questions about your privacy, then do not hesitate to contact me (details at the end of this Participant Information Sheet).

Are there any risks involved in taking part?

It is possible that in reflecting on and describing your experiences of mental health difficulties and of voice-hearing, you may experience difficult voices and/or negative feelings. You might also end up talking about experiences you had not explicitly planned to talk about. If you feel yourself becoming distressed, I recommend that you talk to a member of staff at your community project. If you need to seek support, sources include: Samaritans 08457 909090; lines are open 24 hrs. And SANEline 08457 678000.

If I give consent to take part in the study, can I change my mind?

Yes. Participation is voluntary, so if you remove consent, I would not document anything that you said or did.

Who is funding the research behind this interview?

This PhD is part of a project run by researchers at Durham University, UK called 'Hearing the Voice'. My PhD is funded by a Durham Doctoral Fellowship awarded to the 'Hearing the Voice' project, and the study has ethical approval from Durham University's Geography Department. If you decide to withdraw from the study, your data will be destroyed.

How will I be able to get in touch with you?

My email address is r.v.austin@durham.ac.uk

The contact details of my supervisors are as follows:

Dr Felicity Callard: felicity.callard@durham.ac.uk

Senior Lecturer in Social Science for Medical Humanities, Geography Department,
Durham University

Dr Angela Woods: angela.woods@durham.ac.uk

Lecturer in Medical Humanities in the Centre for Medical Humanities, Durham
University

The project website is www.hearingthevoice.org



Appendix 2: Consent Form for Participant Observation

Rosalind Austin's Thesis: Voice-hearing and Emotion: An Empirical Study

Please read the information sheet, and then mark the points below.

- I understand that my participation is voluntary in this research.
- I have read the Participant Information Sheet, and understand what is involved.
- I understand that my contributions will be *in complete confidence*, and my name will never be used.
- I know I can ask to have a comment that I have made not included in the research. If I give copies of my creative writing to Rosalind Austin, it will not be seen by anyone apart from her and her two PhD Supervisors, Professor Felicity Callard and Dr Angela Woods.
- I understand that the researcher, Rosalind Austin, will take notes on comments the groups makes and ask to keep copies of any creative writing the group does. My comments may go into her thesis or any of the publications that may result from Rosalind Austin's research. She will keep my personal information strictly confidential. My name will be changed to a number, and identifying details, such as places and institutions, as well as any experiences that I relate will be removed and/or anonymised. If I decide to withdraw from the study, I understand that my data will be destroyed.
- Rosalind Austin will send my community project a sample of the findings of this part of the project.

Signed: _____ (Name, researcher)

Name: _____

Signed: _____ (Name, participant)

Date: _____



Appendix 3: Blog-post for recruiting voice-hearers from BAME backgrounds

Are you from a minority ethnic background, and have you experienced hearing voices?

Can you function well while hearing voices?

Many people hear voices, including those who have high-level professional jobs, but many do not come into contact with mental health services. Or if they do, they often choose not to disclose that they hear voices.

My name is Roz. I am a 35-year-old PhD student with Durham University's 'Hearing the Voice' research team, which is funded by the Wellcome Trust. We are exploring the widest possible interpretation of what it is to hear voices. There is a blog: www.hearingthevoice.org. I am also a voice-hearer, and wish to recruit people who function well while hearing voices to interview for my PhD. The aim of my project is to explore whether there is a link between voice-hearing and people's difficult experiences from childhood and adulthood.

If you want to participate, we will talk for about one hour in a safe and quiet environment. I guarantee absolute anonymity. Your name will be changed to a number, and all data will be kept confidential. There will be a second interview in six months' time. This study has ethical approval from Durham University's Geography Department.

If you come from a minority ethnic background and are willing to talk about your voice-hearing experiences, please contact me.

Roz: roz.research2014@gmail.com

Appendix 4: Topic Guide for Interviews

1. How long have you heard voices for?
2. At what age did you have distressing experiences or voices?
3. Do your voice/s have any defining characteristics? For example, are they male/female, a certain age, positive or negative?
4. How often do you hear voice/s? Do you hear them at a particular time of day?
5. What impact has voice-hearing had on your ability to work?
6. What triggers hearing the voice/s?
7. Can you tell me about the time when you first started to hear voices? What was going on for you?
8. Were there any difficult events in your life, or at the onset of your voice-hearing that you link to the development of hearing voices?
9. Has anyone (e.g. a doctor or a friend) suggested that you connect your voice-hearing to trauma or difficult life events? Has any other source, such as the internet, led to you making this connection?
10. Do you have any other explanation for hearing voices?
11. Have you had any involvement with the Hearing Voices Movement?
12. (Optional) Did making this connection result in any changes in how you related to psychiatry or to your family?
13. Has this understanding affected the quality or content of the voices that you hear?
14. Would you say that you have a relationship with your voice/s?

15. Are you able to talk back or write to the voice/s in a way which helps you to cope better with the voice/s?
16. Do you have any particular narrative strategies to do this (e.g. poetry or journal-writing)? How often do you do this?
17. Has this helped you to accept the fact that you hear voices, and feel less worried about this?
18. Would you be willing to keep a diary of your voice-hearing experiences for one month?

Appendix 5: Personal Information Form

Name:

Age:

Gender:

Sexuality:

Marital status:

Ethnicity:

- ☐ White
- ☐ Mixed / multiple ethnic groups
- ☐ Asian / Asian British
- ☐ Black / African / Caribbean / Black British
- ☐ Other ethnic group

Occupation:



Appendix 6: Participant Information for Interviews

Rosalind Austin's Thesis: Voice-hearing and Emotion: An Empirical Study

Participant Information Sheet

I would like to invite you to take part in a research study by completing an in-depth interview about your experience of voice-hearing. Before you decide whether or not to take part, please read the following information. If you have any questions, please do not hesitate to contact me or my supervisor, Dr Felicity Callard, using the contact details at the end of this Participant Information Sheet. Please read and complete the Consent Form after reading through this Participant Information Sheet, and ask me any questions.

Please read all the information carefully.

Title: Voice-hearing and Emotion: An Empirical Study

PhD Candidate: Rosalind Austin (Durham University)

PhD Supervisors: Dr Felicity Callard and Dr Angela Woods (Durham University)

What is the interview about?

The interview is part of a three-year PhD project investigating people's voice-hearing experiences. The aim of my project is to explore whether there is a link between voice-hearing and people's difficult experiences from childhood and adulthood. In order to achieve my goal, I need to reflect on what people have to say about their

experiences of voice-hearing. I may ask you if you will keep a diary for a month to record your voice-hearing experiences. I am also interested in whether you use tools such as journal-writing or poetry, to explore your voice-hearing experiences. In the interview, I will ask questions about your experiences of voice-hearing.

Who can take part?

If you have had first-hand experiences of voice-hearing, and you are eighteen years of age or over, then you can participate in the interview.

Why take part?

Since one of the aims of my research is to shed light on whether there is a link between voice-hearing and people's difficult experiences from childhood and adulthood, the responses you provide will be very important for my project. Unfortunately, participants cannot be paid but I hope that the interviews will make a significant contribution to furthering the understanding of voice-hearing.

How long will the interview take?

The interview is likely to take one hour. However, you can decide not to answer any of the questions that you are asked, and you can stop the interview at any point. Some background questions will ask for simple facts about you, and will be answerable very quickly. Other questions will take more time since they invite you to reflect on and describe aspects of your experience.

What happens after I've agreed to be interviewed?

Once you have read this Information Sheet you can read and submit the Consent Form. Completing the Consent Form involves signing your name. Once you have finished the interview it will be kept securely (on a password-protected file on a university computer), and transcribed by me. The transcript will not be seen by anyone apart from me and my two PhD supervisors. I will draw on the insights to help produce my PhD, papers and conference presentations.

What about privacy and confidentiality?

I will keep your personal information strictly confidential. Your name will be changed to a number and will not appear in my thesis or any of the publications that may result from my research, and identifying details, such as places and institutions, as well as any experiences that you relate will be removed and/or anonymised.

The responses you provide may be used in published writings in academic journals and in conference presentations. I may directly quote from your responses in the interviews to help illustrate a point, or stimulate discussion, but I will ensure that you are not personally identifiable by the use of such quotations.

In exceptional circumstances confidentiality may be broken, as in cases where a participant expresses an intention to harm themselves or another person. In such a case, I will inform you of the need to break confidentiality and will attempt to secure your cooperation before doing so.

If you have any concerns or questions about your privacy, then do not hesitate to contact me (details at the end of this Participant Information Sheet).

Are there any risks involved in taking part?

It is possible that in reflecting on and describing your experience of voice-hearing you may experience difficult voices and/or negative feelings. You might also end up talking about experiences you had not explicitly planned to talk about. If you feel yourself becoming distressed, I recommend that you stop the interview. If you need to seek support, sources include: Samaritans 08457 909090, lines are open 24 hrs; and SANEline 08457 678000.

If I agree to be interviewed now, can I change my mind?

Yes. Participation is voluntary and you are free to stop the interview at any time. You are also free to arrange an interview for another time by submitting another Consent Form.

Who is funding the research behind this interview?

This PhD is part of a project run by researchers at Durham University, UK called 'Hearing the Voice'. My PhD is funded by a Durham Doctoral Fellowship awarded to the 'Hearing the Voice' project, and the study has ethical approval from Durham University's Geography Department. If you decide to withdraw from the study, the recording of your interview, the transcript, and your diary of your voice-hearing experience, will be destroyed.

How will I be able to get in touch with you?

My email address is r.v.austin@durham.ac.uk

The contact details of my supervisors are as follows:

Rosalind Oates. 29 January 2014. Version 1.

Dr Felicity Callard: felicity.callard@durham.ac.uk

Senior Lecturer in Social Science for Medical Humanities, Geography Department,
Durham University

Dr Angela Woods: angela.woods@durham.ac.uk

Lecturer in Medical Humanities in the Centre for Medical Humanities, Durham
University

The project website is www.hearingthevoice.org



Appendix 7: Consent Form for an Interview

Rosalind Austin's Thesis: Voice-hearing and Emotion: An Empirical Study

This form is to make sure that you have been given information about this project (see Information Sheet). It is to confirm that you know what the project is about and that you are happy to take part.

- I have had the opportunity to ask any questions about this project, and have had them answered.
- I know that I can decide not to answer any of the questions I am asked, and that I can stop the interview at any point.
- I agree to the interview being recorded. The transcript of the interview will not be seen by anyone apart from Rosalind Austin and her two PhD supervisors, Dr Felicity Callard and Dr Angela Woods.
- I agree that an anonymous transcript of my interview can be securely kept (on a password-protected file on a university computer) for future reference for the purpose of the PhD thesis. Rosalind Austin will erase the digital copy of the interview.
- If Rosalind Austin asks me to keep a diary to record my voice-hearing experiences, and I choose to do so, I agree that it can be securely kept. The diary will not be seen by anyone apart from Rosalind Austin and her two PhD supervisors.
- If I decide to withdraw from the study, my interview transcript and voice-hearing diary will be destroyed.

Name: _____

Signed: _____

Date: _____

Appendix 8: Questions for the Focus Group

As you know, I'm a PhD student at Durham University, working with the 'Hearing the Voice' research team. I'd like to ask you some questions about my hearing voices research. Is it okay for me to record this discussion?

So I'm going to let you know what the questions are. These are the questions I'm going to ask: so that you can have a think about them, and let me know if there are any questions that you don't want me to ask.

1. Why do you think it is important for people to do research about voice-hearing?
2. Have you found it easy to answer questions about your experiences of voice-hearing? Why is this?
3. What do you think is helpful for a researcher to know about hearing voices?
4. Has reflecting on your voice-hearing affected the quality of content of the voices that you hear?
5. Has talking about voice-hearing encouraged you to attend the Unusual Experiences Group that meets at the centre?

6. Do you think it is helpful to discuss voice-hearing?
7. Do you find it difficult to discuss voice-hearing? Why don't people talk about this: is this a fear of stigma?
8. My research considers how creative approaches, such as writing poetry, a story, a play or a song, may help a voice-hearer to cope with their voices. Have you tried using one of these creative approaches to explore your voices?
9. Why do you think this could help?
10. Have you found that using creative approaches to explore voice-hearing can be unhelpful?
11. In my research, I have asked people if they link their voice-hearing to difficult events from childhood or adulthood. It would be interesting to hear what you think about this connection.
12. Is there anything else that you would like me to know about hearing voices for my PhD project?

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