

# LISTEN (IF YOU DARE) : AN UNLIKELY COMPANION TO VOICE-HEARING<sup>1</sup>

WARNING: EXPLICIT CONTENT

<sup>1</sup> THIS (FRANKLY RATHER DISRUPTED AND UNFINISHED) COMPANION INVITES YOU TO LISTEN TO (SOME OF) THE EXPERIENCES OF VOICE-HEARERS AS EXPERIENCED BY THREE ARTS AND HUMANITIES RESEARCHERS IN THE HOPE THAT AS SUPPORT PROVIDERS, FAMILIES, FRIENDS AND INDIVIDUALS WE MIGHT BEGIN TO RISK LISTENING

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[www.listeningtovoices.org.uk](http://www.listeningtovoices.org.uk)



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**It's raining today. You're not sure this is worth the effort.**



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This text has been co-produced by researchers and voice-hearers and is made of many voices.

'Text' comes from the Latin for 'tissue' or 'woven thing' and this text includes in its weave a number of the voices that voice-hearers have reported hearing. The form of this text is an attempt to make visible and audible the disruptiveness and difficulty of voice-hearing experiences.

**Some of the voices in these pages may be very disturbing. They reflect real experience.** For anyone who hears voices (particularly if this is a new experience) or loves someone who hears voices, reading these may be difficult or triggering.

To date many medical professionals and support providers have tried to help the voice-hearer to silence these voices – which appear too troublesome, frightening, or difficult to listen to – and have sought instead to medicate and distract the individual from the voices. But the voices are part of the person hearing them and should not simply be ignored. Listening to these voices can be a vital step in beginning to understand them – for support providers and voice-hearers alike.

In what follows, the weave of the text includes voices that represent experiences of voice-hearers in a number of ways: reflections of the experiences of voice-hearing; experiences of the voice of psychiatry; responses to ways in which voice-hearers are discussed or described.

It also includes the experiences of those who don't hear voices, but who, through their encounters with voice-hearers, have become more attuned to the multitude of voices encountered when writing.

To understand or help anyone living with this experience you have to listen first.

**“ We’re not  
the scary  
ones -  
we’re scared.”**



# I. ABOUT THE RESEARCH

The research upon which this guide is based was collected by a cross-disciplinary, cross-institutional group of researchers, you mean Gail, Jo and Debbie? Don't pretend you're not here, we all know you're here. We're all here. voice-hearers you know doctors don't use this term. And aren't we more than that to you? and their hearing voices group facilitators across a residential weekend and a number of follow-up sessions. Members of these groups range from schizophrenics stop diagnosing, to sufferers you presume to know we all 'suffer'? Do you pity us? of bipolar disorder, obsessive compulsive disorder, dissociative identity disorder, post-traumatic stress disorder do you realise how many times you are using the word 'disorder' here? and a number of un-diagnosed illnesses 'I don't feel like it's an illness - more of an experience. or not yet formulated conditions as well as those with none (such as the recently bereaved). Following calls in the literature for research into verbal auditory hallucination fuck off with your audible hallucination. Hallucination equals fantasist. Those are doctor's words. They reek of exclusivity. that listens and takes into account the voices of those who experience it (e.g. Molvaer et al., 1992; Geekie, 2004; Schrader, 2013), this companion was co-authored in conjunction with the Hearing Voices Network and related groups from across Scotland, Northern Ireland and Ireland. These are loosely affiliated networks of locally-run self-help do you use this description 'self-help' to make us more dismissible? Pop-psychology nutters? groups who believe in addressing voice-hearing as a form of common human experience yes! That's it! and aim to find ways of listening to and living with voices. You can explain this as nicely as you want but you'll never fully understand it.

The research here is based on the hypothesis that voice-hearers are experts in their own conditions experiences and that they hold a great repository of what Foucault would refer to as 'subjugated knowledge' (1980, cited by Geekie, 2004, p.181) Are you trying to exclude us with these fancy terms? What exactly do you mean? i.e. that which serves as a challenge to the dominant knowledge of institutions or social practices and is therefore marginalised by those authorities. The expertise of the voice-hearing community may therefore serve to disrupt such authorities, and this research attempts to welcome such challenges, do you really welcome this challenge? How far are you willing to accept it? Is there anything you won't hear? believing that the subjugation of knowledge results in the stigmatisation, marginalisation and isolation of those whose voices go unheard. When silenced in this way, voice-hearers' mental health and wellbeing are negatively affected.

Consequently, collaborative action research, community-based participatory research and methods of community engagement are now recommended (e.g. see Park et al., 1993; Carr, 2007; O'Mara-Eves et al., 2013; Banks et al., 2013, 2014). Taking such an approach, this research offers new insights into voice-hearing experiences we really need those. But are you ready to listen to every voice? Really ready? by listening to and creating space oh how good of you academic types to make room for more than just yourselves! not only for voice-hearers, but for the voices they hear.

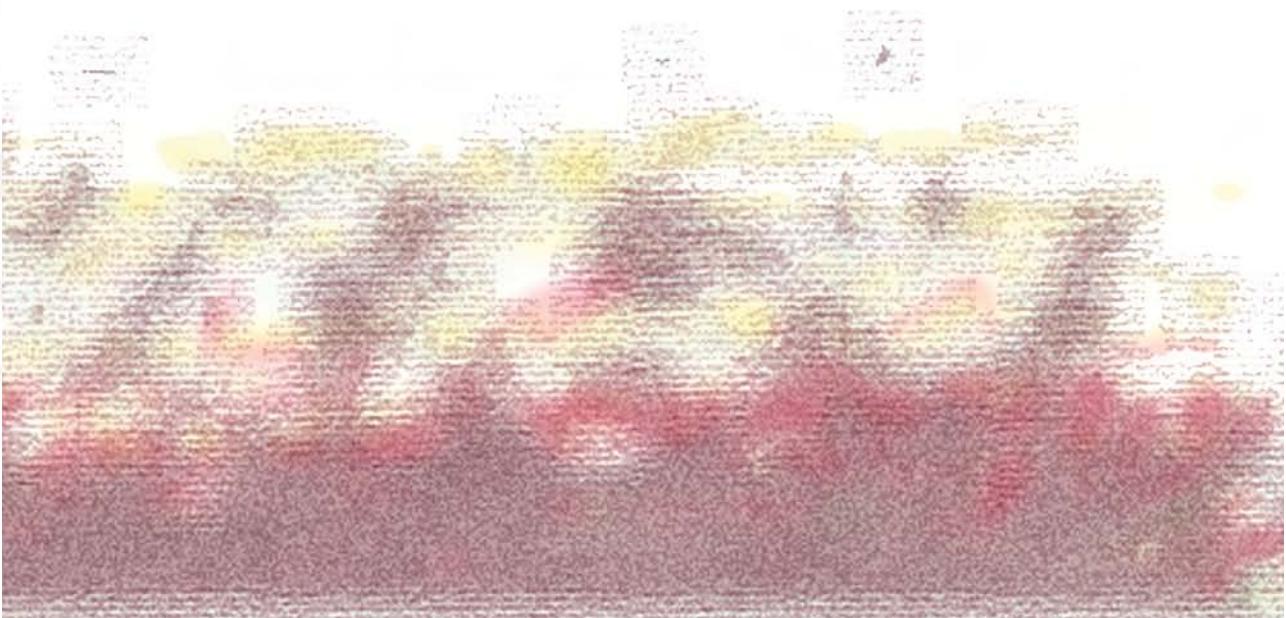
This experimental research – original, radical and disrupted in form so humble! – provides a new methodology for participatory research and collaborative engagement that foregrounds the politics of authority. What? You mean who gets to speak and who gets told to shut the fuck up? It seeks to raise awareness, empathy and understanding about the nature of voice-hearing experiences **this is a safe word** among support providers, families, friends and the wider public by subverting the silencing strategies that stop us from listening.

If you ignore the voices  
they  
GET LOUDER

Let's get on with it then.

You're wondering if it's Friday and if the bank will be open.

“ I THINK THEY DON'T UNDERSTAND IT.  
THEY'VE NO PERSONAL EXPERIENCE OF IT  
AND THEY'RE AFRAID OF IT  
AND THEY ALSO HAVE  
A DEFINED VIEW OF WHAT'S HAPPENING:  
THAT I HAVE A MENTAL ILLNESS.  
**FULL STOP.**  
AND AS LONG AS I KEEP TAKING MY MEDICATION  
AND STAY OUT OF TROUBLE  
THAT'S ALL THEY REALLY  
WANT TO KNOW ABOUT IT. ”



## 2. EXPERIENCES OF NOT BEING LISTENED TO

There is an increasingly large literature of research surrounding what the academy calls 'auditory hallucination'. **YOU'RE NOT HALLUCINATING. I KNOW YOU'RE NOT. I'M RIGHT HERE, TALKING TO YOU NOW. DON'T LISTEN TO HIM. AREN'T I THE ONE THAT'S RIGHT HERE NEXT TO YOU? I'M REAL. DON'T TRUST IT BABE. IT'S JUST WORDS. I'LL KEEP YOU RIGHT.** Much of this is found within the vast array of studies on 'schizophrenia'. **THAT'S RIGHT. YOU'RE A SCHIZO. WHO WOULD LOVE A WEE SCHIZO LIKE YOU?** There is increasing recognition of an important deficiency in this research however, in that it does not include the voices of those who have direct experience of the phenomena (Molvaer et al., 1992; Geekie, 2004; Schrader, 2013; **ME, 2015. I KNOW ALL ABOUT IT. STICK WITH ME BABE. WHO ARE ALL THESE PEOPLE? MOLVAER?!? THEY DON'T KNOW YOU. I'LL KEEP YOU RIGHT.**) Jim Geekie argues that these voices, although occasionally represented in the form of case-studies, or focused collections, 'both in the professional literature and in clinical settings, have been marginalised' and that, 'this has been to the detriment of clients' interests, clinical practice and research efforts directed at investigating the nature of the experience' (2004, p.180).

**SHUT THE FUCK UP!**

This conclusion is also reflected in the assertions **ASSERTIONS? WHO THE FUCK DO YOU THINK YOU ARE? YOU KNOW NOTHING.** of the editors of a recent special edition of the journal *Psychosis*, who lament that **STOP PRETENDING YOU UNDERSTAND THIS SHIT. YOU'RE A WORTHLESS STUPID WASTE OF SPACE. YOU MAY AS WELL GIVE IT UP NOW.** mainstream biomedical psychiatry's account of auditory verbal hallucinations' are 'phenomenologically impoverished, actively disempowering, over-invested in unsupportable distinctions between "normal" and "pathological" voices, and ill-equipped to investigate or make sense of what is now known about the link between voice-hearing and people's life experiences' (Woods et al, 2013, p.213).

**FUCK THAT. WHO DO THESE PEOPLE THINK THEY ARE?  
YOU DON'T NEED TO LISTEN TO A WORD THEY SAY.  
JUST YOU LISTEN TO ME.**

They concur **TYPICAL DOCTORS AND ACADEMICS, USING THEIR BIG WORDS TO TRY AND CONFUSE US. I SEE THEM. I KNOW WHAT THEY ARE. THEY PISS JUST THE SAME AS EVERYONE ELSE.** with

Summer Schrader in her review of interviews with 21 researchers from 8 countries that there is 'increased recognition that voice-hearer involvement is essential to the development of any new "post-psychiatric" research paradigms' (p. 214), and that attention must be drawn to spaces where the viewpoints and expertise of clinicians can interact with those of voice-hearers. **YOU KNOW I'M NOT JUST A VOICE. YOU KNOW I'M REAL. AND I'M WAITING. AND WATCHING.**

Besides the effect of impoverishing the literature, the lack of an attempt to include the voices of those who experience 'verbal auditory hallucinations'

**I KNOW YOU WANT TO TRUST THEM, BUT YOU CAN'T. THEY WANT YOU TO THINK I'M NOT REAL. THEY WANT ME TO GO AWAY SO THEY CAN HAVE THEIR WAY WITH YOU. HONESTLY, BABE! I JUST WANT TO HELP YOU** leads to a clinical situation **I CAN MAKE IT CLINICAL. A NICE SURGICAL INTERVENTION.**

**GET ME A KNIFE.** where voice-hearers feel marginalised, dehumanised and disempowered. **YOU NEVER HAD ANY POWER** NO-ONE WOULD CARE **WITHOUT ME. YOU'RE WORTHLESS. NO-ONE WOULD CARE IF YOU WEREN'T HERE. NO-ONE WOULD CARE IF YOU WERE DEAD.** In light of the fact that voice-hearers can often speak with great insight and in sophisticated terms about their own experience, Geekie describes the effect of this situation as damaging to both the doctor and the voice-hearer: 'Clinicians who insist on "telling" clients what their experience is or means run the risk of further engendering a sense of invalidation in the client, at the same time as missing out on an opportunity to learn something' and to improve their clinical services (Geekie, 2004, p.188). **THEY DON'T REALLY GIVE A FUCK ABOUT WHAT YOU THINK. THEY'RE JUST SAYING THAT. WHO WOULD GIVE A FUCK ABOUT YOU? YOU'RE A PIECE OF SHIT. YOU SHOULD PUT A PLASTIC BAG OVER YOUR HEAD. REALLY. YOU SHOULD JUST END IT NOW.**

*You're fine as you are.*

*She's emptying the bin. You're starting to feel bored.*

In light of the British Psychological Society's recommendation that 'service users should be acknowledged as experts in their own experiences' (2000, p.7), the following descriptions of the disempowerment **I'LL GIVE YOU POWER. POWER OVER YOURSELF. JUST LISTEN TO ME. GET ME A KNIFE.** of voice-hearers within the clinical setting and beyond are intended as instructive. **DON'T READ ANY MORE. STOP READING NOW. YOU NEED TO GET OFF THAT MEDICATION, YOU NEED TO GET BACK IN THE HOUSE, AND YOU NEED TO LISTEN TO ME - RIGHT?**

All voice-hearers involved in the creation of this text described the experience of feeling that they have not been listened to **YOU ALWAYS LISTEN TO ME. YOU CAN'T HELP IT. I KNOW YOU LISTEN TO ME. LYING IN BED WHEN IT'S DARK. I HEAR YOU LISTENING.** either in a clinical setting, community setting or with friends and family, as a result of their being labelled **labels make people feel like they must be crazy.** or identifying as a voice-hearer. **WHO WOULD WANT TO LISTEN TO YOUR FUCKING WHINING? SHUT UP! YOU SOUND SO STUPID. YOU KNOW THAT?** They described experiences of clinicians and mental health teams:

- Listening only in order to and insofar as to label, categorise or diagnose a person or their experience.
  - “ She'd sit and she'd listen but... she would take what she wanted from it and then she'd say 'Right, this is what's wrong'. She wouldn't really listen... she would edit it. ” **SEE! THIS IS WHAT I'M TALKING ABOUT. THESE ARE THE KINDS OF PEOPLE THAT SAY THEY WANT TO "HELP" YOU.**  
**FUCK THAT, BABE!**
  - “ Once you get a label stuck on you by a doctor, even the closest of friends will sometimes treat you differently. You try to tell them something you're experiencing or hearing and they'll say 'Oh no, you're just being paranoid'. **BUT YOU'RE NOT, I'M REAL. I'M HERE. I'M ALWAYS HERE. I'LL GET YOU LATER.** The diagnosis is just a way to dismiss what you said, whatever it was. It's a label to dismiss you. ”  
**Everything's going to be alright, you'll see.**

- Listening only within an obvious framework of institutional agendas, budgets or targets.
  - “ In a way they've got their own – I want to say agenda... because they only specifically target certain things that could affect you. There used to be more services that would come together and pool the resources: social work, counselling, some kind of full programme – a specific meet for each individual's own needs, not just the same thing for everybody. Because it is different, we're all different” **YOU MIGHT BE DIFFERENT BUT YOU'RE NOT SPECIAL. WORTHLESS PIECE OF SHITE.**
- Using patronising, infantilising dialogic techniques and/or treating a person according to an assumed deficiency in intelligence or attention.
  - “ He's not nice at all... he would shout and bawl at me and point his finger in my face.” **I TOLD YOU THEY THINK YOU'RE STUPID. THEY THINK YOU'RE JUST A STUPID WEE TART. BUT I KNOW YOU. I KNOW HOW SMART YOU ARE. NOW STOP ENCOURAGING THEM. YOU CAN'T TRUST ANYBODY EXCEPT US. LET'S JUST GET ON WITH IT. NO BUT YOU ARE FUCKING STUPID. I'VE NEVER MET A MORE IDIOTIC PIECE OF SHIT IN ALL MY LIFE. HANG YOURSELF FROM THE CEILING. Go on. You don't deserve to be here. AYE, GO ON, HE'S RIGHT. USELESS BITCH, NEVER A KIND WORD TO SAY ABOUT ANYBODY.**
- Talking about and not *with* the voice-hearer.
  - “ PROBABLY BECAUSE YOU'RE SO FUCKING STUPID. AND YOU ABSOLUTELY REEK.
- What happens is, they talk to you and then leave for a wee while and then they come back and then obviously they've talked about you.” **THAT'S WHAT I TOLD YOU! THEY TALK ABOUT YOU BEHIND YOUR BACK, SCHEMING AND PLOTTING. DON'T TRUST THEM. WE SHOULD FLUSH THOSE PILLS DOWN THE TOILET - IT'S ALL PART OF THEIR PLAN.**

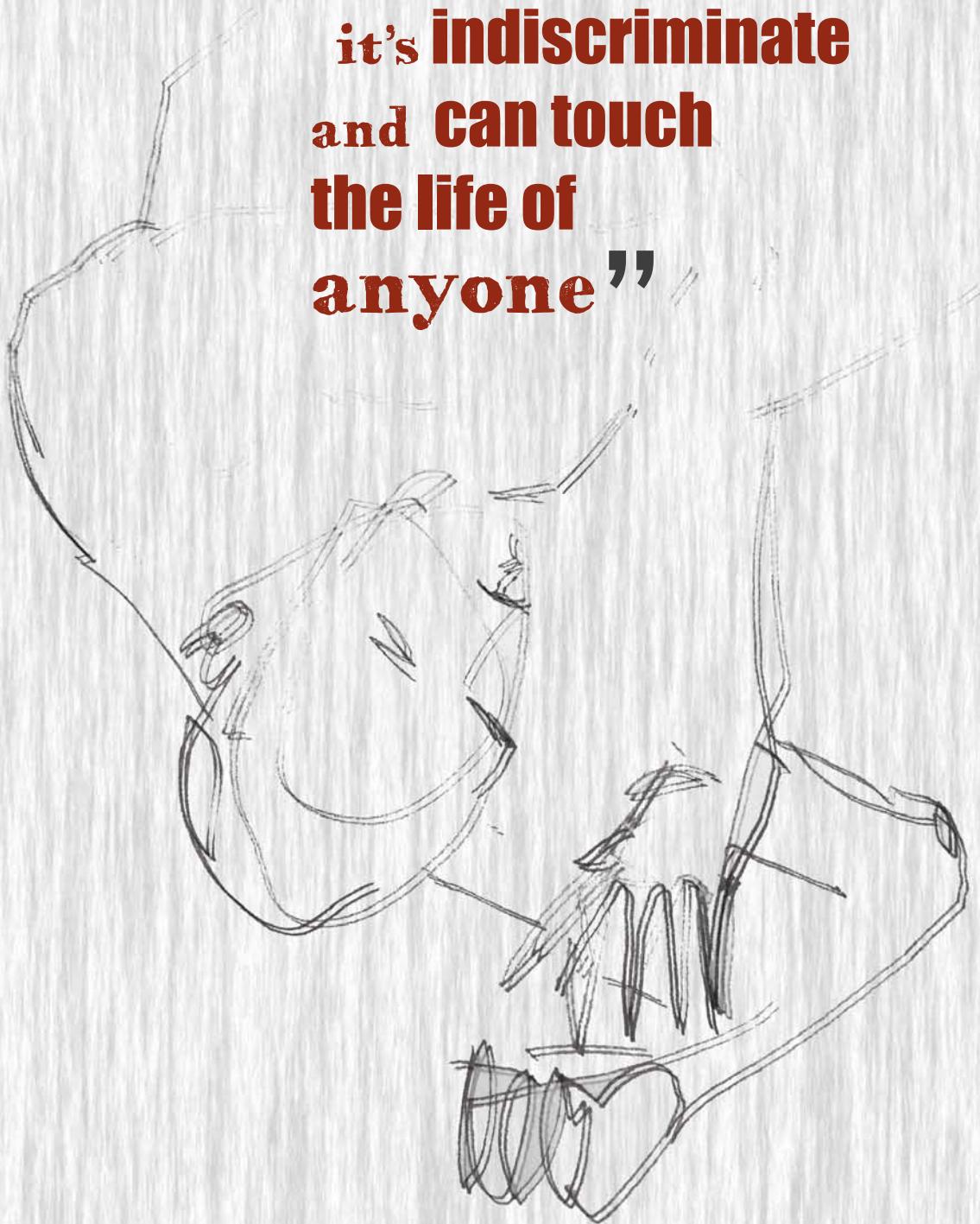
She's booking flights online. You're going out the door. It's raining.

- Presuming to understand causes of distress and pronouncing these to voice-hearers. Telling a voice-hearer who is asking for help that they do not need help.
  - “ At the end of the consultation he turned round and said to me ‘There is nothing wrong with you. Your problems are purely social problems – lack of money and poor housing’, and within a month of that I was sat on the twentieth floor of a multi-storey block because of what I was hearing.” **THAT'S WHERE YOU BELONG. AT THE BOTTOM OF A MULTI-STORY BLOCK. GO ON. END IT ALL. WE'LL ALL CHEER. DON'T WORRY, DARLING.**
- Treating voice-hearers with suspicion or blame. Speaking to voice-hearers very differently in the presence of ‘non-diagnosed’ others.
  - “ I had a psychiatrist who made me think that hearing voices was all my fault and for a long time I believed that. And then I saw some other decent people, a psychiatrist and that and going to the group, and I realised that it's not my fault. It's just something that's happened, like an accident.” **YOU NEED US. YOU NEED ME. I'M ALWAYS HERE. ALWAYS HERE FOR YOU. HAW!**
  - “ My psychiatrist's got this thing where if somebody misses an appointment in the surgery they name and shame. It comes up on the little screen. My name's never been up there. I've never done anything but... the last couple of times I've taken my partner and then he's like a different doctor – he is suddenly so nice and makes me out to be a liar. My partner trusts me and knows I wouldn't lie. I just wonder why can't my doctor treat me the same way without my partner there?” **IT'S ALL LIES. THEY JUST LIE TO YOU BABE. HAVE I EVER LIED TO YOU? YOU JUST NEED TO GET AWAY FROM ALL OF THEM, FROM ALL THAT MEDICAL NONSENSE AND THOSE COUNSELLORS AND YOUR BUSYBODY PRYING FAMILY.**
- Being inflexible in approach.
  - “ It seems to be hard sometimes to find people that are open to suggestion – that are open to the idea that there's no definitive answer and that what we're here to do is share experiences, share ideas, share understandings and listen to each other.”

- Only listening or appearing to listen when the subject of the communication is agreeable – i.e. not engaging with discussion where this concerns changes in medication and/or approaches to dealing with more difficult or risky aspects of the voice-hearing experience.
- “***If someone doesn’t want medication, they’re not listened to. If they want off medication they should get help. The doctors won’t give them any help.”*
- “***I’ve been on some of my medication for nearly three years. I’ve been asking to come off it... I told this to my CPN [Community Psychiatric Nurse]. She promised me that she would phone me the following week and let me know. She never phoned. So I phoned up and the CPN basically told me that between the two of them [CPN and Psychiatrist] they had decided no, you’re not coming off your medication. So, once again – not being listened to.”*

We want to be believed, not just labelled and medicated.

**“ Voice-hearing is not  
a lifestyle choice -  
it's indiscriminate  
and can touch  
the life of  
anyone ”**



### 3. EXPERIENCES OF VOICE-HEARING

Voice-hearing experiences are extremely varied and as such are difficult to characterise or categorise. **YOU SHOULDN'T BE HERE. WASTE OF SPACE. THROW YOURSELF OUT THE WINDOW.** The types of voices that are experienced and their effect will be as varied as the people who experience them. **YOU'RE VARIED. YOU'RE A VARIETY OF CRAZY FUCKED UP WORTHLESS MONSTER.** The following are some forms of experience that appear to be common **AYE, YOU'RE COMMON, A COMMONWEET TART.** or shared between a number of voice-hearers **YOU LIE. YOU'RE A LIAR. A WORTHLESS LIAR.** although this is not by any means an exhaustive list **WAIT UNTIL YOU'RE SLEEPING, THEN I'LL GET YOU. WE'LL ALL GET YOU.** and should only act as a starting point for understanding **YOU'RE NOT TRUSTWORTHY. YOU'RE A WEE EAVESDROPPER. YOU SHOULDN'T BE LISTENING TO THIS, COZ YOU CAN'T KEEP YOUR MOUTH SHUT. AYE, THAT'S RIGHT, NOBODY LISTENS TO YOU, WEE WORTHLESS SHITE.** the breadth and type of experience.

#### WHAT ARE THE VOICES LIKE?

Often voice-hearers describe the presence **I'M YOUR PRESENCE, I'M ALWAYS PRESENT, I'LL ALWAYS BE WITH YOU. I'M WATCHING YOU.** of multiple voices – this could be a number of voices that are overheard **YOU'RE A WASTE OF SPACE, YOU SHOULDN'T BE HERE.** talking to one another **You should be here. You're not a waste of space.** about the person, it could also be like hearing a crowd **RABBLE RABBLE RABBLE YES RABBLE RABBLE RABBLE DINNER.** of people talking to each other or all at once. **Remember: you are loved.** Sometimes there may only be one voice, or one prominent voice, while other voices mumble inaudibly in the background. The voices might be difficult or impossible to tune in or listen to, and may be prominent at different times (like different visitors popping in across the day).

**QUICK! GIVE US A CUP OF TEA YOU FAT BITCH! AS IF!!!**

**Please stop.**

Noise, chaos and distraction are commonly experienced. **WHAT ARE YOU DOING NOW YOU LYING PIECE OF SHIT? YOU SHOULDN'T TRUST HER. THEY SHOULDN'T TRUST YOU.** The voices can speak directly to the individual **AH, BET YOU'RE GLAD I TALK TO YOU EH? WATCHING OVER YOU WHEN YOU SLEEP. HERE WHEN IT'S QUIET, HERE WHEN IT'S NOISY, ALWAYS WITH YOU. SELFISH, UGLY BITCH. I'LL GET YOU.** or talk about them in the third person. They may make a running commentary on the person's actions or activities. **WHAT'S THAT YOU'RE DOING NOW? SCRATCHING YOUR ARSE? FILTHY SHITE. GO AND TAKE A BATH. DO US ALL A FAVOUR AND KEEP YOUR HEAD UNDER THE WATER.** They may also make no comment or interaction with the individual at all, but carry on their own dialogues. Sometimes the voices are confusingly indistinguishable from a person's own thoughts i.e. it is difficult to distinguish what is 'my voice' and what is the 'other voice'. **YOU'RE SO UGLY! LOOK AT YOU. THESE PEOPLE WOULD HATE YOU IF THEY COULD SEE YOU. THEY ONLY PRETEND to CARE**  
*It will be alright*  
**ABOUT YOU BECAUSE THEY FEEL SORRY FOR YOU.**

## **WHAT DO THEY SOUND LIKE?**

Although they are often termed 'auditory hallucinations', voices are not always audible **FUCK OFF! I'M AS REAL AS ANYONE YOU'LL EVER MEET**, i.e. experienced in the same way that voices in the external environment might be. This is the case sometimes or for some people. However, for many others the voices are more of a 'sense' of a voice, or are distinguishably 'internal' voices. For example, people who have been deaf from birth can also experience voice-hearing. This is often understood as the sense of someone signing rather than speaking audibly (DuFeu and McKenna, 1999; Atkinson, 2006). The voices can also be accompanied by visual or tactile sensations – they can be sensed appearing on walls or overwritten in the environment.

Voces can be recognisable – i.e. the voice of someone known to the hearer such as a family member, past acquaintance or famous person, living or dead – or the voice of a stranger. **YOU KNOW ME. DON'T PRETEND YOU DON'T. I'LL NEVER GO AWAY. I'M HERE FOREVER.**

*She's going to answer the phone. You're not sure you understand*

When the voices are those of a loved one or a living person, this can lead to feelings of paranoia. The voices vary in volume and intensity and are sometimes described as distorted, tinny, far away, normal, very close, disturbingly loud and distracting. They also may not be recognisable voices but more like sounds i.e. murmuring, crying, humming, singing.

## WHAT DO THEY SAY? WORTHLESS SHITE

Voice-hearers report hearing short phrases, whole sentences or seemingly endless monologues in a range of tones from sarcastic, angry and taunting to more benevolent modes of expression. The voices can be critical, compulsive, neutral, or supportive and encouraging, but critical or aggressive and threatening voices are most common among voice-hearers. **HANG YOURSELF FROM THE CEILING. PUT A PLASTIC BAG OVER YOUR HEAD.** Frequently the voices give running commentary on the thoughts or actions of the hearer and comment on, react to or critique them. **THINK THIS BOOK WILL HELP YOU! I'LL HELP YOU. GET YOURSELF A NICE SHARP KNIFE. I'LL SAVE YOU FROM YOURSELF. YOU'RE NOTHING, NOTHING TO THEM, NOTHING TO ME. UGLY FUCK.** These voices may also give out potentially harmful suggestions or commands and threaten to hurt or kill the person. **You're doing really well.**

The experience is usually very distressing, but it is not always negative. A minority of voice-hearers experience encouraging or complimentary voices, having learned to listen without judgment over a prolonged period of time **OH AYE, I'M HERE TO HELP YOU. AWAY AND TAKE A BATH, FILTHY SCUM. DON'T COME OUT.** and often with the help of peer support. The experience can be viewed as a 'special gift' akin to Shamanism, prophecy or spiritualism in other cultures or communities. **You're too hard on yourself. SPECIAL GIFT? FUCK YOU!**

Because the voices can be considered representative of aspects of the voice-hearer's self or past experiences that have been repressed and externalised **IF YOU GO OUTSIDE I'M GOING TO STAB YOU. NO-ONE WANTS YOU to LIVE.**

this. You're making a cuppa. You are drinking a cup of tea.

or as understandable reactions to difficult life experiences, the content of what they say will inevitably differ from unique individual to unique This is a separating word. People think it makes you special. We don't feel special or chosen. We don't want to be 'unique' individual and often represent the individual's Why do you keep saying 'individual'? It sounds inclusive but it's a cop out. It's a catchall term. You don't mean individual – you mean different. own (or others') fears, anxieties, emotions and past experiences. These feelings will pass. You KNOW YOU'RE A PROSTITUTE. A DIRTY LITTLE PROSTITUTE.

## ARE THEY CONSTANT? WHAT TRIGGERS THEM?

Depends on your state of mind.

The first experience of voice-hearing is often prompted by a traumatic experience YOU DESERVED IT. A large number of voice-hearers have suffered abuse in childhood (Read et al., 2003, 2005; Hammersley and Fox, 2006; McCarthy-Jones, 2011, 2012). Others have experienced a very traumatic event or have felt pressure to repress important aspects of themselves, such as their sexuality. YEAH, YOU DIRTY LITTLE PROSTITUTE. In some cases voice-hearing can be prompted by a physical event, such as suffering a stroke or a head injury. AYE, YOU KNOW YOU'RE NOT RIGHT IN THE HEAD. I'M THE ONLY ONE THAT'S TALKING ANY SENSE. I CAN GET THOSE OTHERS TO SHUT UP. YOU JUST GET THAT KNIFE. I'LL CUT YOU. In others, however, voice-hearing has been a continual experience since childhood and is considered a part of their everyday experience of life. You're going to be fine. Biochemical factors such as drug use and physical health problems can accelerate or intensify the experience. AYE, YA DRUGGIE. IT'S YOUR OWN FAULT I'M HERE, I'M GOING TO GET YOU. Thereafter, the experience might be prompted by emotional distress or changes in life circumstances.

Voices are not necessarily present all the time for voice-hearers. I'LL ALWAYS BE HERE. DON'T THINK YOU CAN GET RID OF ME. I CAN SEE YOU. DON'T GO OUTSIDE. THEY'LL GET YOU IF YOU GO OUTSIDE. AND EVERYONE WILL SEE YOU AND YOUR UGLY FACE.  
AYE, I'M ALWAYS HERE TOO. I KNOW ALL YOUR DIRTY LITTLE SECRETS. FUCK THERE'S A LOT OF THEM! DIRTY FUCK.  
I COULD TELL EVERYONE.

There can be periods within a day or over a more prolonged period of time, in which the voices are not present (or are very quiet). *Keep going.* For some voice-hearers the sound of the physical environment can trigger or stimulate the experience – bringing it on or making it louder and more busy. **I SEE YOUR FILTHY, DIRTY THOUGHTS. YOU WORTHLESS SHITE.** Music, radio or being in the presence of multiple background conversations might function as triggers, as could a very loud and sudden interrupting noise. However, the voice-hearer might also use these real world noises to ‘drown out’ the auditory hallucinations. **DON’T YOU DARE TRY AND SILENCE ME. I’M ALL YOU’VE GOT – I’M ALL THAT’S LEFT IN YOUR WORTHLESS LIFE. JUST LOOK AT YOU! FUCKING DISGUSTING...** Conversely, quiet places and periods of silence can also trigger voices, as they allow attention to be drawn to any internal sounds that are occurring. *Remember the things that bring you joy.*

A very slight change in routine or environment might also function as a trigger. An altered plan might strike the voice-hearer who is in a fixated state as a catastrophe, and this can often prompt the voices into activity. **WHEN YOU TURN THAT NEXT PAGE, ALL HELL IS GOING TO BREAK LOOSE.**

## WHAT DOES IT FEEL LIKE TO EXPERIENCE THEM?

Voice-hearers who have lived with voices for many years and participated in voice-hearing groups **you don’t always need groups to accept it** and other support networks find that the voices can come to be accepted **just because I accept them doesn’t mean I’m happy about it. I’m happy. I’ve come to ACCEPT THIS. SOMETIMES IT’S COMFORTING** You’ve come such a long way as part of common and everyday human experience, and in certain cases, the voices can be comforting **I’m quite practical and I’m here to help you** or even helpful. **DO YOU THINK I’M HERE TO HELP YOU? OH AYE, I’LL HELP YOU ALRIGHT. GO ON, GET THAT BAG OVER YOUR HEAD. I’M ABSOLUTELY HERE TO HELP YOU, DON’T TELL THEM ANYTHING. SHUT UP!** Some voice-hearers embrace the experience as a ‘special’ ability, **This is an extreme view – an**

unrealistic view that gives power to the voices they don't have. SOMETIMES THE VOICES CAN HAVE GOOD POWER THOUGH. I NEED TO BE POSITIVE ABOUT THEM. DON'T CALL THAT UNREALISTIC. part of their creativity, spirituality, or as an important way for them to understand part of themselves. HAHA, SPIRITUAL?? YOU'RE ABOUT AS SPIRITUAL AS A FUCKING PORN STAR. YOU DIRTY SLUT. You're a lovely person. People like you. IF ANYONE TELLS YOU IT'S A SPECIAL ABILITY TELL THEM TO FUCK OFF. YOU'RE NOT SPECIAL.

However, for many, because the experience of voice-hearing can be so confusing and difficult to understand, it can result in extreme emotional distress. YOU DESERVE TO BE UPSET AFTER ALL THE VILE THINGS YOU'VE DONE AND WANT TO DO. DISGUSTING, FILTHY BITCH. Voice-hearers (especially at the beginning of their voice-hearing journey, when they first experience the voices) may have trouble distinguishing between inner and outer worlds and this can be very frightening. AYE, THAT'S RIGHT - GO AWAY AND CRY. YOU'RE SO WEAK. YOU'RE DISGUSTING. DON'T LET ME HEAR YOUR SNIVELLING. AYE, YOU'RE ALWAYS CRYING, THAT'S WHY YOUR NOSE IS SO BIG AND YOUR EYES ARE SO SMALL. DISGUSTING, UGLY CREATURE. The voices may give out potentially harmful commands and threats to hurt or kill, which the voice-hearer spends a great deal of time and energy resisting. I really mean it, you've done so well. As a consequence of this, voice-hearers are prone to self-inflicted injury HEY IF YOU WANT ME TO DO IT JUST SAY THE WORD. IT'D BE A PLEASURE, REALLY. LIKE PUTTING AN ANIMAL OUT OF ITS MISERY. JUST GIVE ME THE KNIFE. I'LL DO IT SOONER OR LATER ANYWAY. YOU KNOW THAT, and it is not uncommon for the voice-hearer to feel overwhelmed and exhausted by the experience. Being a voice-hearer is frustrating on many levels - you're frustrated at yourself because you can't do what you want, you're frustrated at doctors because of diagnoses and changing labels, you're frustrated at trying to explain it to others. And it's exhausting - hearing voices and working on them. Even being positive and getting better is exhausting.

I'LL GET YOU LATER.  
I PROMISE.

The mental efforts required to cope with the experience of the voices can leave the individual feeling isolated from others, powerless, alone, **YOU'RE NEVER ALONE. I'M HERE. WE'RE ALL HERE.** depressed and even suicidal. **HOW ARE YOU GONNA DO IT? SLIT YOUR WRISTS?** Where voices are derogatory or critical, **HANG FROM THE ROOF?** the insistent nature of the voices **STAB YOURSELF WITH THAT KNIFE THERE?** can feed into very low self-esteem and a lack of confidence. **JUMP IN FRONT OF THAT BUS? IT'D BE OVER SO QUICK.** The presence of certain triggers and noisiness of the on-going internal experience of the voices can make it very difficult for a person to interact in uncontrolled, real world environments or to listen **SHOULDN'T BE HARD FOR YOU TO LISTEN. NOT WITH THOSE GREAT FLAPS YOU CALL EARS, HAH! UGLY SHITE,** and pay attention to their environment. You're clever - you'll figure this out. Don't panic. You'll be fine.

It is common for voice-hearers to experience a loss of mental privacy **I KNOW EVERYTHING**, as they hear their intimate, private thoughts played back to them. **I HEAR EVERYTHING**. The loss of control the person experiences can be extremely frightening and bring about hyper-vigilance associated with paranoia. **YEAH FUCK OFF THEN.**  
**FUCK OFF TO YOUR DIRTY THOUGHTS.**

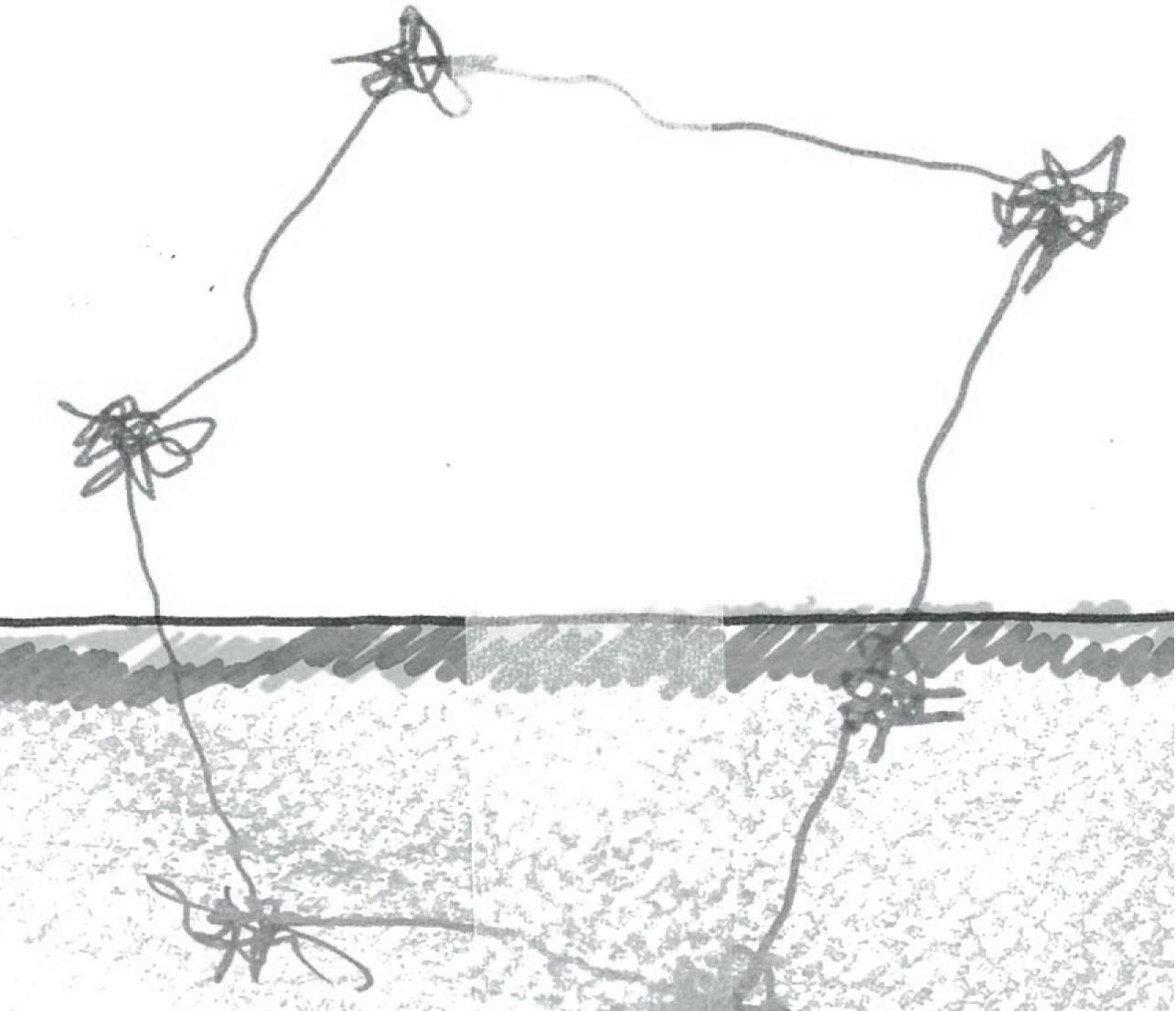
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I see you're sitting reading. You're thinking fish for dinner tonight.

**“ YOU CAN SELF-HARM IN YOUR OWN HEAD.**

I ALWAYS THOUGHT WHEN I CUT MYSELF THAT  
PEOPLE COULD SEE IT  
AND THEY KNOW SOMETHING,  
SO I HAD TO DO IT IN OTHER WAYS.

**YOU CAN MENTALLY SELF-HARM WITH  
REALLY BAD THOUGHTS. ”**



## 4. COPING STRATEGIES

This section explores some of the ways that voice-hearers describe coping with their voice-hearing experiences.<sup>1</sup> These strategies are part of the expertise that voice-hearing groups have built up and shared over many years. It may be the case that some of these strategies only help to suppress or control the voices for a time, but they form part of a unique set of evolving day-to-day practices developed by the voice-hearer in order to manage their experiences.<sup>2</sup> The voices are very real to those who hear them and therefore they require real ways to cope.

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**1** Antipsychotic medication should be prescribed for patients experiencing auditory hallucinations. This is the first and most important way in which the symptoms of the condition should be treated, and is preferable to relying on inexpert techniques that lack a foundation in peer-reviewed research. (Some of the side effects associated with such medication include drowsiness, dizziness, weight gain, headaches, anxiety, dry mouth, diarrhoea, blurred vision, tardive dyskinesia, akathisia, sexual dysfunction and diabetes. Although these are distressing for the patient, they can be minimised with good management systems and are preferable to the risk of un-medicated states.) Patients? Condition? Management systems! Who are you, some kind of psychiatrist? And who let you in here with your biomedical nonsense? Who's the medication for – you or your patient? It's just a tranquilliser you're prescribing. **Medication doesn't always work. It might dull it but it doesn't take it away. And they don't tell you about the side effects.** You're tired of listening. You want to make those voices stop. It's terrifying terrain all this, isn't it? You don't want to know what the voices say. Or why. Perhaps it's you who craves the drugs.

**2** Coping strategies might afford the patient some level of ease in day-to-day life, but clinical experts must treat the symptoms of psychosis. Who are you to say this? What experience do you have, you neatly voiceless writer, devoid of feeling? On whose authority do you write?

You're not sure if this is going to be worth it. It's cold outside.

## REMEMBERING THE SHARED REALITY

Retaining awareness of the difference between the voices and the shared reality<sup>3</sup> is recognised<sup>4</sup> as an important aspect of keeping the voices under control. This awareness can be enhanced in a number of ways:

Some voice-hearers populate their home with **short positive sticky notes** written by a supportive counsellor, friend, carer or family member that address particular fears or recurrent vocalisations ('It's not your neighbours'; 'I think you're a good person'). **Asking friends simple questions to clarify an experience** can also help ('Can you hear that phone ringing?'; 'Is that person really staring at me?'). Using **awareness techniques** can also help assuage fears:

*“I tend to take a deep breath because your whole body is tense. Drop your shoulders, sit up straight, be aware of your posture. Look at people around you as well because there’s a tendency to look at the floor and maybe even put your hand over your eyes, particularly if you’re in a restaurant or a pub and you think they’re talking about you. Look at them, watch their mouths and watch their body language. Actually look and reassure yourself. After a while you’ll think ‘ok, I know they’re not talking about me.’”*

## TAKING CONTROL<sup>5</sup>

The following examples are ways that people try to take back control where the voices are too dominant, disruptive or are becoming unbearable:<sup>6</sup>

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<sup>3</sup> Whose shared reality? Who's to say any two people experience themselves and their lives in a similar way? All we have are words with which to describe our experience, and the hope that they might resonate with the person who hears them. What a risk it is to speak in the hope that we will be understood.

<sup>4</sup> By who?

<sup>5</sup> Who's in control now? And why am I speaking from down here – from the bottom of the page? How do I get back up there, to the top – to the main body of the text, the authoritative version of events? Is this just an aside? Or is it down here that I have the power? The final word. The explanatory annotation. The space to be different. The scholarly truth. Who put me here?

<sup>6</sup> I often feel like these footnote things are becoming unbearable. It's so tiring moving up and down and up and down again. Sometimes I wonder if I really need to read them. But then I feel guilty if I don't. Thank God they don't have the agency to force me to listen to them. **You have no idea what unbearable means.**

You're boiling the kettle. It's windy out there. She's texting.

Breathing exercises, body scan relaxation techniques and meditation or humming or other **mindfulness practices** can be useful and can help to reduce stress.<sup>7</sup> Learning how the voices respond to quiet or noisy environments and **identifying triggers** can help voice-hearers avoid aggravating environments.<sup>8</sup> Using **physical figurines** (like a small plastic toy tiger or soldier) to represent the voices can help the voice-hearer regain a sense of control. The figurines can be carried in a pocket and touched or looked at as a reminder that the voices have no power, or spoken to where this is helpful.<sup>9</sup> Some voice-hearers use alcohol or non-prescription drugs to **self-medicate**,<sup>10</sup> particularly at the start of a voice-hearing journey<sup>11</sup> and often because it seems the only form of help available.

However, many say<sup>12</sup> self-medicating quickly becomes unhelpful and creates further problems. Some reported that **self-harm** provided a sense of relief or a momentary high that didn't necessarily stop the voices but gave a brief change in perspective that allowed the individual to regain a sense of control.<sup>14</sup>

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7 I felt like I needed to add a comment in here, but nothing I wrote seemed to do what I wanted the words to do. **THERE ARE NO WORDS FOR SOME THINGS.**

8 This is not a recommended practice. Simply avoiding situations can lead to a host of additional mental health problems including agoraphobia. So, better to have a panic attack in broad daylight then?

9 Speaking to inanimate objects must be discouraged. Case files should be updated regularly for patients presenting with such symptoms. You want us all on our best behaviour, don't you? Dressed in our best in the public domain and suffering in silence.

10 Alcohol and illegal drugs will only exacerbate the symptoms of the psychotic condition. Patients should seek the advice of their GP in the first instance for referral to psychiatric services. Who are you calling psychotic? It's hocus pocus, all of this. Psychiatry is guesswork and you know it. So don't tell me I can't have a fucking drink.

11 What a glib cliché 'the journey' is. It sounds like a car trip. This is someone's life you're describing. And they might not want to be on this journey.

12 How many?

13 I see you're using the past tense here. Nasty thought this, isn't it? You don't want to picture this happening in the present tense. And you don't want to hear that self-harm can help, isn't that it?

14 This is a highly irresponsible recommendation. Physical harming of oneself by cutting, burning, scratching or any other means must be discouraged as a means of coping. Ah, you don't like it either. Do you know what it feels like to hear voices? How would you cope? Perhaps cutting your arm might be preferable to feeling like you're being tortured? If those were your choices, how would you choose? In that moment would you really defer to a legalistic interpretation of the Hippocratic oath?

For some, self-harm brings a person back into their body so that they feel something other than numb or dominated. Self-harm is not to be confused with what are termed ‘voice injuries’ i.e. injuries inflicted as a result of instruction from a voice.<sup>15</sup> Some voice-hearers practise listening to the voices without reacting to demands, taunts or provocations – just listening to the voices and then **letting them go.**<sup>16</sup>

## TALKING

Talking about voice-hearing is difficult: it makes a person vulnerable, risks stigma, is intensely personal and often there is no shared language for the experiences in question.<sup>17</sup> However, if a voice-hearer is able to share something of their experience it can be hugely beneficial to them and for others.<sup>18</sup>

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**15** It is unclear how a ‘voice injury’ can be distinguished from an injury sustained through self-harm in terms of its physical consequence or requirement for treatment. Well why don’t you ask the person in the chair opposite you then? Just ask. They’re a human being, you know.

**16** Interacting with the voices without expert supervision, or allowing them to continue unchecked can lead to risky behaviours and is not to be advised. You just want to make this stop, don’t you? You don’t want to listen. It’s unbearable for you, isn’t that it? Those voices they’re hearing, you want to shut them up. You’re frightened. That’s it! You’re terrified. You might be as frightened as the person sitting opposite you. Maybe there’s a shared reality after all.

**17** There’s the heart of the matter right there! Language: using it is a leap of faith, a stab in the dark. Talking about voices is a risky business – for the speaker and the listener both.

**18** Although over the last ten years there has been a change in psychiatric assessments of the suitability of talking therapies for the treatment of auditory hallucinations, still only CBT administered by trained clinical experts has been conclusively shown to be effective in this context. Due to budgetary constraints this is not widely available through the NHS. In this context, antipsychotic medication can be administered to suppress the voices and dampen the experience. Conclusively shown by whom? We don’t all speak in abbreviations. It’s Cognitive Behavioural Therapy and the National Health Service. No one wants your quick-fixes.

You hear traffic. He's texting again. I see you're sitting down.

There are **peer support groups, counsellors and psychotherapists** who seek to understand the voices as meaningful rather than pathological by examining the origins of the voice-hearing experience in the context of the individual's life circumstances in a process focused on integration and recovery.

There are a growing number of **self-help and support groups** for voice-hearers to identify with others, work through their experiences and receive counselling and additional support.<sup>19</sup> There are links to some of these groups in the Resources and Support section at the end of this companion.

Some voice-hearers find it helps to **release the voices to a higher power** through prayer or other forms of spiritual offering:

*“You can offer up this suffering to a higher power who will help you deal with it. You’re no longer dealing with it yourself. If a negative voice attacks me or calls me horrible names and wants to do me harm, I just look to God and say, ‘What’s going on here? Why am I being attacked like this?’”*

## DISTRACTION

When the voices are at their most overwhelming or troubling, some relief can be found in distracting attention away from the voices or drowning them out.

To make the voices less audible, particularly if they sound like they come from inside the head, some **listen to loud music** with earbuds or headphones. Singing or repeating nursery rhymes can also help to distract attention from the voices or change the mood.<sup>20</sup>

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19 Peer support should only be sought as a secondary means of assistance after the patient has been diagnosed by a psychiatric specialist. You see this as a chemical imbalance, completely independent of past life experiences. Aren't you learning anything new?

20 This is merely a short-term solution to a complex illness that requires the diagnosis and intervention of medical professionals. I think you've made your point.

Some **create a safe place**, like a favourite seat, den or hidey-hole, and instruct the voices that they are not welcome there. This can help to create a boundary and provide relief and safety.<sup>21</sup> The safe space could also contain a ‘safety box’ with comforting music, films, comics, books, food, and familiar smells or fabrics. Going to the safe space and **doing favourite activities** can create a short period of change and respite from the voice activity. **Drawing, painting and writing** can help distract from voice activity, and help the individual express and work through internal experiences. Taking a nap or getting an early night can be good, as **sleep** can provide a break from the voices.<sup>22</sup>

Some people **confuse the voices** by bombarding them with random thoughts or external observations one after another, faster and faster – the colour of a passer-by’s hair, the appearance of someone’s shoes. These constant shifts in thought activity stop the voices getting hold of any particular thought pattern for commentary, but this strategy can be draining and all-consuming.

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**21 Such recommendations are infantilising. The voice-hearer is not a child and should not be encouraged to act as such.** Children can hear voices too. And surely everyone needs a place of safety? Yours is down here. Down in the footnotes.

**22** If you can get to sleep, that is. And if your dreams don’t terrify.

She's going to get the phone. You're not sure you understand this.

## INTERACTING WITH THE VOICES<sup>23</sup>

Sometimes talking to or reasoning with the voices can help. Counsellors and support groups often work with voice-hearers to help them find confidence to challenge their voices and to seek out the more positive voices, thereby suppressing the most negative and/or dangerous voices. They also concentrate on working through the content of the voices as representative of aspects of the voice-hearer or their experience.

Some talk to the voices without eyebrows being raised by **pretending to use a mobile phone outdoors**. Some imagine dealing with the voices in the way you might answer email or phone calls, by listening to them dispassionately for information and then moving on. Others have Facebook pages or Twitter accounts for their voices, to channel or respond to them. Some **give the voices an appointment or time limit** during which their presence will be tolerated ('Come back at 9pm'; 'For 20 minutes'). **Warning the voices** about upcoming potential stress points or special occasions can help, and prepare the voice-hearer too. If a voice-hearer has managed to find and enhance any positive voices amidst the negative, it can be worth their **actively seeking out the positive voices** to ask them for advice. As in every reality however, no voice can be trusted entirely and without question.<sup>24</sup> With help from fellow voice-hearers or support groups and counselling, many voice-hearers come to be able to **critique and dialogue or bargain with the voices**.

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**23** Engaging with the voices is not a recommended model for treatment. To interact with the voice is simply to collude with a symptom of psychosis. Well now my psychiatrist friend, you sound cold as ever. But is it possible that you issue this warning for good reason – maybe even out of care? For once you and I might be of one mind – in worrying about the risk involved with interacting with voices. You up above the footnotes, you say this interaction can help. But what if engaging with the voices risks traumatising someone? What if the voice is the voice of an abuser? What if the person is not yet able to bear this aspect of their lives? What if talking with the voice makes concrete a feeling that will pass? What if engaging with the voices stops the person from ever being able to give them up or stop hearing them? These methods have not been tested in a controlled environment nor have they been approved by experts. Who's the expert? The person who listens or the person who speaks? Or is expertise found somewhere in the middle? And what good are all these questions? Make them stop.

**24** Now we're getting to the crux of the matter:

“If someone shouted ‘SHUT UP’ or ‘Fuck You!’ or ‘What are you talking about?’ at you in reality, you’d be shocked and disturbed, but might also want to take it a bit further and ask why they said that to you, what did you do wrong? Sometimes if you treat the voice as if it’s a real person who’s actually got something to tell you, eventually, when they’ve calmed down, they might explain themselves. Then you can talk about it, work it out and even come to some kind of understanding.”

FUCK YOU! I'M BACK.  
YOU DIDN'T THINK I'D LEFT YOU DID YOU?<sup>25</sup>

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25 MAKE IT STOP.

He's texting. You are going out the door. He's scratching himself.

“ I OFTEN THINK TO MYSELF THAT WHAT VOICE-HEARERS EXPERIENCE  
IS REALLY AN **EXAGGERATED** VERSION OF WHAT  
NON-VOICE-HEARERS HAVE BECAUSE IT'S EXACTLY THE SAME,  
IT'S JUST LIKE SOMEBODY HAS **TURNED UP THE**  
**VOLUME.**  
IT'S A COMMON HUMAN EXPERIENCE...  
IT'S JUST WITH VOICE-HEARING YOU  
CROSS OVER THIS LINE... ”

## 5. WAYS TO RELATE TO VOICE-HEARING EXPERIENCES

As described elsewhere in this document, voice-hearing is experienced by many people – not just those diagnosed with schizophrenia **FUCK OFF! We don't like this term** or a form of psychosis. For example, practitioners of ‘creative arts’ such as novelists, poets, musicians, playwrights, actors and performers frequently report **WHERE? TO WHO?** hearing voices that are neither their own thoughts nor those of their real world environments. Voice-hearers have to be creative to deal with the voices. A similar experience has also been reported by academics and researchers from professional disciplines. Who? Jo, Debbie and Gail? Young children, too, commonly describe engaging with imaginary or internal voices over a prolonged period. **SO WHAT? VOICE-HEARING'S JUST LIKE HAVING IMAGINARY FRIENDS, THEN, IS IT?**

Once it is accepted **Ooh, very fancy!** that voice-hearing doesn’t only happen to people with specifically diagnosed mental health conditions **thank God somebody's realised it's not just schizophrenia.** and is not always an **attidble hallucination, you're using that term again. Fuck off. It's offensive and misleading.** voice-hearing can be seen on a spectrum **medical term! It makes my skin crawl.** of common human experience. **YES! COMMON HUMAN EXPERIENCE! CALLING IT THAT MAKES ME FEEL LESS ALONE AND ISOLATED. LESS FRIGHTENED OF IT. IF MY EXPERIENCE ISN'T 'HUMAN' THEN AM I?** Statistically there’s the same amount of people hearing voices as have ginger hair. This means that on the spectrum **there it is again, that doctory word. What's wrong with 'range'?** there may be shared experiences that allow a wider range of people to understand more easily what voice-hearing might be like. **IT'S REALLY FRUSTRATING WHEN SOMEBODY ASSUMES THEY UNDERSTAND – IT'S BELITTLED.** Are these experiences really comparable? Are you just trying to minimise my experience by saying that you know what it’s like just because you had an imaginary friend when you were little? I don’t think you do know what it’s like. **OCH LEAVE THE GIRL ALONE. SHE'S TRYING TO UNDERSTAND!**

Certainly it can be hard for non-voice-hearers to relate to voice-hearing experiences. You’re making a dichotomy here, is that right? Whilst providing comparisons risks denying or diminishing the authenticity of a voice-hearer’s condition experience, it may be useful for support providers to consider the following analogies, which might prompt some imaginative empathy. I notice you presume no support providers would themselves hear voices. **We need a way for people to connect to this experience and if we use these partial shared experiences then maybe that's a start.**

We all have an internal monologue and ~~imagine~~ the voices are real. conversations with people that aren't there. You profess to know and understand the pain that others experience? **NO, BUT I DO HAVE EMPATHY AND I AM TRYING TO UNDERSTAND IT.** It helps us to process past and future events. This sense-making for voice-hearers goes awry ~~who the fuck says my sense making goes awry? If makes perfect sense to me.~~ when the voices have an independent status, and awareness dawns that "you're not just talking to yourself, you're actually now thinking to yourself 'well who the hell am I talking to?' because they're talking back to me." People insert their thoughts into me.

Based on our research with voice-hearers and non-voice-hearers the following examples provide a useful starting point for understanding the condition experience.

Dealing with multiple voices while trying to function in everyday situations could be likened to **multi-tasking**, for example, trying to take detailed notes of a noisy meeting where everyone is talking at once and you have to listen and write at the same time. Imagine a scenario where you are trying to take part in **two conversations at the same time** with two different people, or imagine what it would be like if one's everyday **internal monologue was turned up to full volume** and was blaring all day. *Believing a person's experience is validating.* This might be closest to the feeling of **increased sensitivity that happens when very tired, hung-over, or experiencing a migraine**, where it appears that you can hear everything in detail all at once. This is the worst. Can't focus on anything. Finally, these experiences might be compared to the nagging, annoying (and occasionally overwhelming) occurrence of getting **an earworm** or a song/phrase 'stuck in your head' in a seemingly endless cycle which cannot be controlled or switched off by conscious thinking.

The sensations that accompany voice-hearing can be likened to a feeling of **déjà vu**, in which you seem to experience an already lived reality, or suddenly become aware of a changed comprehension of reality – as if standing in an empty room that had recently been packed full of people and wondering if anyone had really been there. This is also something like the feeling that comes with **sleep deprivation, waking dreams**, or shortly after waking from a very vivid dream, where reality is slightly 'looser' or less 'solid' than at other times.

**I'M CONFUSED BY THE VOICES, REALITY IS DISTORTED,**  
*I'm confused by the voices, reality is distorted, and other people are confused by me*  
**AND OTHER PEOPLE ARE CONFUSED BY ME**  
*I'm confused by the voices, reality is distorted, and other people are confused by me*

The **hyper-vigilance** that accompanies some voice-hearing experiences is akin to being constantly aware of everything, watchful of everyone, worried about what is going to happen and anxiously attempting to ‘read’ people in order to uncover whether offence has been caused.

The visual aspects of voice-hearing can be described as a bit like **seeing faces in clouds, smoke, moving shadows** or experiencing **retinal-traces**. They can also be related to **drug or fever-induced reactions** such as visions or hallucinations. **Anti-psychotic medication causes hallucinations too you know.**

Finally, aspects of these experiences that are most difficult to describe are akin to being affected by weather – for example, **Seasonal Affective Disorder** where moods are disrupted by an absence of sunlight, or subtle shifts in feeling brought on by meteorological or planetary activity such as an **eclipse** or a **full moon**. The lack of privacy that results from voice-hearing (i.e. having voices speaking your private thoughts to you or commenting on them) can lead to ~~erroneous notions~~ You stand in judgment? Does this arrogance come from your own fear of the experience? A fundamentally insecure notion of ‘reality’ that you want to disguise? of **telepathy**. This sense has been likened to the experiences of supernatural creatures depicted in television and film series such as Sookie Stackhouse in HBO’s *True Blood* series, or in *Interview with a Vampire*. **Oh! Not just mental – but now I’m a vampire too!!!** Finally, there are senses such as **self-dissociation** – feeling like someone else is looking out from your eyes – or **possession** – feeling like a finger or toe or another body-part or object is possessed with the spirit of a voice – which do not have easy avenues for understanding outwith imagination. It’s so isolating for people to say they have no way of empathising with me or understanding my experience. **I understand your experience.**

While these examples might offer the non-voice-hearer some points of connection with the voice-hearing experience, the intensity and depth of the experience may be very different. To the voice-hearer, the voices ~~seem to~~ You’re making assumptions again have an independent presence and the associated loss of privacy of thought that accompanies this experience is profoundly troubling. The voices are REAL. It is not simply an ‘exaggerated’ version of the examples above, but an experience that the non-voice-hearer can hope to understand only in part.

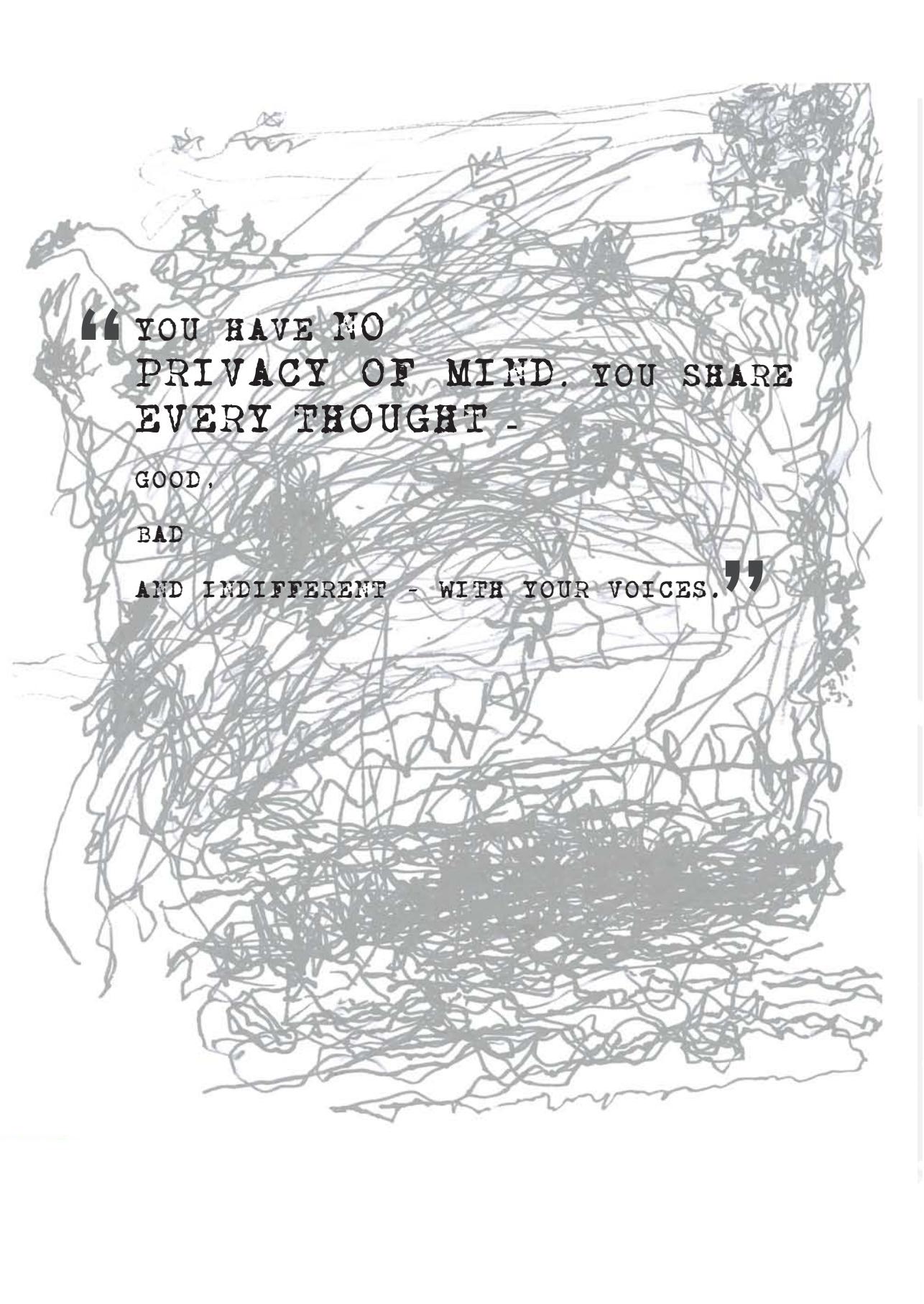
You're starting to feel cold. And he's making a shopping list now.

Some voice-hearers suggest that the difference is one of kind rather than degree – that voice-hearing is not a spectrum **I LIKE THIS, IT OPENS UP THE EXPERIENCE, NOT JUST A SET OF PRESCRIBED EXPERIENCES**, but a different category of experience. Yeah, you're getting closer here.

*“You reach a stage where there's no going back on schizophrenia, if you hear a voice out of the wall once it's alright – if you hear it for a day for the rest of your life you're wondering where this thing came from. There's a line you cross over.”*

Where is that line? How close is it? I'm afraid to look...

She's doing the washing up. You're smelling that dusty smell again.



“ YOU HAVE NO  
PRIVACY OF MIND. YOU SHARE  
EVERY THOUGHT -

GOOD ,

BAD

AND INDIFFERENT - WITH YOUR VOICES. ”

## 6. HOW TO LISTEN

“If you want to listen to somebody it’s not really about asking them what they’re thinking, it’s about sitting back and listening to them. That’s how they tell you their story. I had to stop myself from asking the questions. But it worked because twenty minutes later the person turned round to me when I’d said practically nothing and said, ‘You’ve really helped me. I feel so much better because you obviously listened.’”

I LISTEN TO YOU BABE. I'M THE ONLY ONE - THE ONLY ONE WHO WILL. I KNOW WHAT YOU NEED. YOU NEED TO PUT THIS DOWN AND STOP LISTENING TO ALL THIS NONSENSE.  
YOU'RE FINE THE WAY YOU ARE.

Stigmatisation **YOU DON'T DESERVE A NORMAL LIFE.** **YOU'RE NOTHING.** **YA WEE SELFISH, ATTENTION-SEEKING SHITE.** and isolation **AYE YOU THINK YOU'RE ALONE. YOU FUCKING WISH YOU WERE ALONE.** **JUST YOU WAIT UNTIL IT GETS DARK.** within the voice-hearing community are partly caused by the lack of shared means and language for communicating certain experiences. Co-creating listening practices challenges the conventionally unequal power **I'LL GET YOU.** **YOU KNOW, JUST AS YOU'RE ABOUT TO GO TO SLEEP.** **YOU MIGHT NEVER WAKE UP.** relations of medical practitioner and patient. **SHE'S LAUGHING AT YOU.** A recent special edition of the journal *Psychosis* – ‘Voices in a Positive Light’ – focused exclusively on prioritising positive, collaborative and attentive approaches to voice-hearing outwith the clinical setting: **THERE IS NO POSITIVE LIGHT HERE, TRUST ME.** **IT'S JUST ALL YOU - ALL ON YOU. IT'S ONLY GONNA GET WORSE IF YOU KEEP LISTENING TO THESE PEOPLE. I'M TELLING YOU - I KNOW YOU - AND YOU NEED TO GET AWAY. JUST GET AWAY.**

For the contributors to this second special edition of *Psychosis*, research into voice-hearing is inspiring in a myriad of ways – it offers new insights into the human condition, new methodologies for understanding and making sense of experience, and new approaches to working with voice-hearers in ways which are respectful, collaborative and even emancipatory. (Woods et al., 2013, p.213)

You're noticing that dog barking again. She's emptying the bin.

We can all benefit from both listening more to others and being listened to more. **AYE, EVEN THEY AGREE. YOU NEED TO LISTEN TO ME, NOBODY LISTENS TO YOU COS YOU'VE GOT NOTHING TO SAY. YOU OPEN YOUR MOUTH AND HOT AIR COMES OUT. HOT, PUTRID AIR. YOU'RE DISGUSTING, YA FILTHY WEE SHITE.** Listening is more than simply hearing words, it's an active attempt at paying attention to someone and a practice that can be developed. **YOU NEED to LISTEN to ME NOW. LISTEN to ME!!! STOP THINKING ABOUT YOURSELF ALL THE TIME. LISTEN to ME FOR A CHANGE. NO, DON'T LISTEN TO HIM BABE. YOU NEED TO TRUST ME AND NOBODY ELSE.** Being listened to and feeling heard helps the speaker to feel validated and valued **VALIDATED AND VALUED! NOBODY VALUES YOU. YOU'RE WORTHLESS. WASTE OF SPACE. IT'D BE BETTER IF YOU'D NEVER BEEN BORN. NOBODY WANTED YOU ANYWAY.** as an individual. **That's good. THERE'S NOWHERE YOU ARE SAFE. YOU CAN'T GET AWAY FROM ME. JUST YOU TRY. THEY SAY IT'S A SAFE SPACE, BUT IT'S NOT. MAYBE YOU SHOULD TAKE THOSE PILLS. HE WON'T BE ABLE TO FIND YOU THEN.** Our research suggests that not listening can be dangerous for the voice-hearer, particularly if they are seeking help. **I'LL HELP YOU. WHEN IT GETS DARK, WE'LL FIND A NICE SHARP KNIFE, CUT YOUR WRISTS ALL CLEAN. IT'LL ALL BE OVER SOON. YOUR WORTHLESS FUCKING LIFE'LL BE OVER.** It's not just the voices that make you feel worthless. Others can make you feel worthless too – people assuming you're dangerous, psychiatrists blaming or telling you to just do or be better. This word 'worthless' causes pain.

**“Most people who don't understand what hearing voices is are frightened of it – and they don't realise that it's frightening for us. The voice-hearer isn't the scary one, the voice-hearer is the scared one.”**

The international Hearing Voices Network and a growing number of mental health practitioners are recognising the importance of developing complex listening practices in relation to voice-hearing experiences. **THEY WON'T BELIEVE YOU IF YOU TELL THEM HOW YOU'RE FEELING. THEY'LL JUST SHUT YOU OUT. DON'T TELL THEM HOW YOU'RE FEELING.**

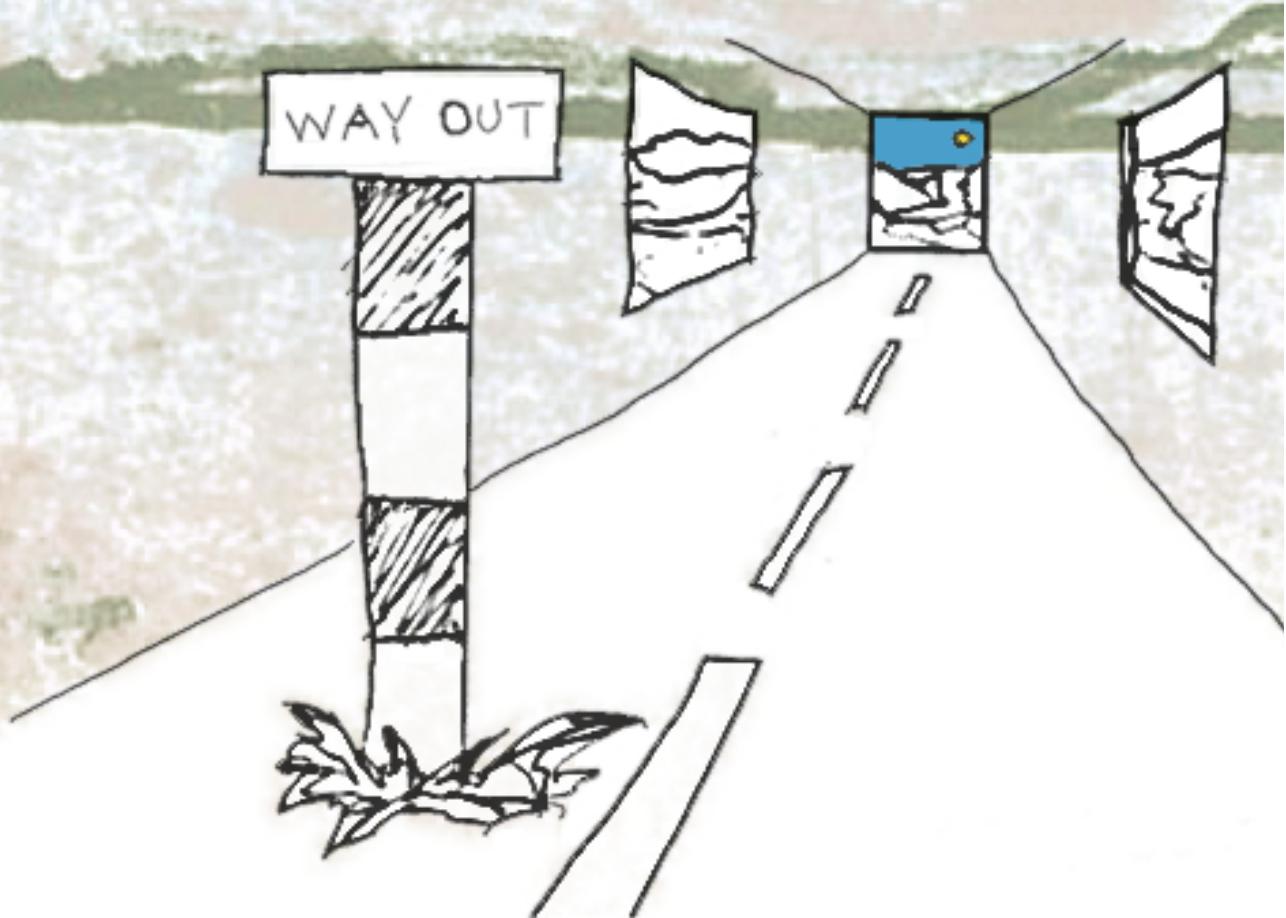
SHUT UP AND LISTEN!  
**FUCKING LISTEN to ME!**  
YOU DON'T DESERVE THIS.

You're wondering if it's Friday and if the bank is open. She's going

YOU DON'T DESERVE to LIVE OR HAVE A VOICE OR EVEN to HAVE ME SPEAK to YOU.

It may also be the case that we need to learn from these practices how we might go about listening to voices *more generally* in an inclusive, safe, healthy and emancipatory way. **AYE YOU'LL SAVE THE FUCKING WORLD WITH THAT ONE, LOVE!** Whether we 'hear voices' or not, there are voices in our lives and societies that trouble, annoy, disrupt, upset and challenge us. **PASS ME THE SICK BUCKET, YOU AND YOUR PLEASINGLY NEAT LITTLE PARALLELS THAT MAKE YOU FEEL BETTER, THAT'LL GIVE YOU SOME SOCIETAL IMPACT WILL IT? YOU'RE PATHETIC.** Voice-hearers are experts in living with these voices: finding ways to challenge voices that need to be confronted; **YOU'LL NEVER GET RID OF ME, you're doing so well, keep going** tuning in to voices that have been drowned out but whose presence is important; dealing with frightening or aggressive voices without trying to stifle them or pretending they don't exist. **YOU DON'T EXIST. YES I DO. I WANT TO UNDERSTAND WHY I'M HEARING WHAT I'M HEARING. I DON'T WANT TO BE AFRAID.** Primarily they do this by acknowledging that these voices are all a part of us. And that to deny their existence or deny them a voice is to lose an important part of ourselves. This project has attempted to invite those voices to speak – and now we invite ourselves to listen.

to answer the phone. You're starting to feel bored. It's raining out.



“ I find that my voices are **very supportive**  
a lot of the time.

When they calm down, and when I calm down, they'll actually be complimentary to me – they'll say ‘well done’ and ‘you’re doing well’ and ‘don’t be worrying’.

They’re supportive.

But to get to that stage you have to learn  
**to listen without judgment.** ”

## **7. RESOURCES AND SUPPORT**

### **UK HEARING VOICES NETWORK:**

[www.hearing-voices.org](http://www.hearing-voices.org)

### **TIME AND SPACE (GLASGOW):**

[www.timeandspace.moonfruit.com](http://www.timeandspace.moonfruit.com)

### **HEARING VOICES BELFAST:**

[voicesni@gmail.com](mailto:voicesni@gmail.com)

### **HEARING VOICES IRELAND:**

[www.voicesireland.com](http://www.voicesireland.com)

### **INTERNATIONAL HEARING VOICES NETWORK:**

[www.intervoiceonline.org](http://www.intervoiceonline.org)

### **LINKS, RESOURCES AND BIBLIOGRAPHIES ON VOICE-HEARING:**

[www.voicesireland.com/useful-links](http://www.voicesireland.com/useful-links)

[www.intervoiceonline.org/research-2/bibliography/1007-2](http://www.intervoiceonline.org/research-2/bibliography/1007-2)

### **GENERAL ADVICE ON MENTAL HEALTH:**

[www.mind.org.uk](http://www.mind.org.uk)

### **HELP IN A CRISIS (UK AND IRELAND):**

In an emergency, dial 999 or contact your GP

Samaritans: 116 123 open 24 hours a day

Mind Infoline: 0300 123 3393 weekdays 9am – 6pm

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[www.listeningtovoices.org.uk](http://www.listeningtovoices.org.uk)