Journal of Humanistic Psychology
http://jhp.sagepub.com/

Making Sense of Voices: An Exploration of Meaningfulness in Auditory Hallucinations in Schizophrenia

Rochelle Suri

Journal of Humanistic Psychology 2011 51: 152 originally published online 1 July 2010
DOI: 10.1177/0022167810373394

The online version of this article can be found at:
http://jhp.sagepub.com/content/51/2/152

Published by:
SAGE
http://www.sagepublications.com

On behalf of:
ahp
Association for Humanistic Psychology

Additional services and information for *Journal of Humanistic Psychology* can be found at:

Email Alerts: http://jhp.sagepub.com/cgi/alerts

Subscriptions: http://jhp.sagepub.com/subscriptions

Reprints: http://www.sagepub.com/journalsReprints.nav

Permissions: http://www.sagepub.com/journalsPermissions.nav

Citations: http://jhp.sagepub.com/content/51/2/152.refs.html

Downloaded from jhp.sagepub.com at UNIV CALIFORNIA BERKELEY LIB on March 8, 2011

Journal of Humanistic Psychology
51(2) 152–171
© The Author(s) 2011
Reprints and permission: http://www.sagepub.com/journalsPermissions.nav
DOI: 10.1177/0022167810373394
http://jhp.sagepub.com
SAGE

Making Sense of Voices: An Exploration of Meaningfulness in Auditory Hallucinations in Schizophrenia

Rochelle Suri[1]

Abstract

This article is a qualitative exploration of how auditory hallucinations have been experienced as meaningful to individuals diagnosed with schizophrenia. This theoretical perspective is supported by the survey of the literature, which suggests that for many centuries, individuals experiencing auditory hallucinations have been given much more credence than their counterparts in modern society. Most recent studies on auditory hallucinations indicate that auditory hallucinations themselves are not debilitating. Romme proposes instead that the fear of not being able to control or manage the auditory hallucinations can be disabling to the individual. Using a case example from the author's own work, as well as drawing from other researchers and theorists, the article provides concrete illustrations of how individuals have derived insight from their auditory hallucinations. It is expected that the article may help clinicians better understand auditory hallucinations in schizophrenia, particularly with regard to clinical treatment, as well as shed light on the phenomena of auditory hallucinations.

Keywords

auditory hallucinations, meaningfulness, psychosis, schizophrenia, voices

[1]San Francisco, CA, USA

Corresponding Author:
Rochelle Suri, 611 Fell Street #A, San Francisco, CA 94102, USA
Email: rochelle9@gmail.com

Downloaded from jhp.sagepub.com at UNIV CALIFORNIA BERKELEY LIB on March 8, 2011

Schizophrenia is complex. As Jenkins and Barrett (2004) point out, "Hey—when you talk to God it's called prayer, but when he talks back, it's schizophrenia" (p. 30). One of the most prevalent psychological disorders in the United States, schizophrenia affects approximately 2.4 million adults (National Institute of Mental Health [NIMH], n.d.); this is approximately 1% of the American population. Auditory hallucinations are a key symptom of schizophrenia, although individuals may experience visual, olfactory, gustatory, and tactile hallucinations as well (American Psychiatric Association [APA], 2000).

Auditory hallucinations have been researched for decades under a variety of disciplines such as psychology, neurology, biology, anthropology, sociology, metaphysics, and spirituality, to name a few (Geekie & Read, 2009). A review of the literature suggests that most of these disciplines have investigated auditory hallucinations with a twofold purpose: first, to understand the nature and causes of auditory hallucinations in schizophrenia; and second, to discover methods of eliminating auditory hallucinations or providing "symptom relief" (e.g., Anthony, 1993, p. 1), especially because of the deep-seated belief that auditory hallucinations are a pathological symptom of schizophrenia. This sentiment is echoed by Leudar and Thomas (2000) who note that for most purposes, auditory hallucinations represent "little more than the inevitable consequence of disordered brain function which is primarily responsible for the disease" (p. 113).

On the other hand, very few researchers have explored the possible function or meaning of auditory hallucinations in individuals with schizophrenia. Only a handful of researchers have examined auditory hallucinations as being possibly meaningful or insightful to the individuals experiencing them (Bentall, 1993; Dorman, 2003; Grof, 2000; Jung, 1961/1995; Nelson, 1994; Perry, 1970; Romme & Escher, 1993). These researchers do not consider auditory hallucinations to be mere figments of the imagination or baseless projections of the human mind, but have discovered that "some important symbolic message was being communicated" (Hornstein, 2009, p. 40) through the guise of auditory hallucinations. In fact, some researchers suggest that because auditory hallucinations have been experienced within psychiatric and nonpsychiatric populations, they may be part of the human experience and should be explored and examined more closely within the context of an individual's life experience(s) (Bentall, 2003; Geekie & Read, 2009; Jaynes, 1976/2000; Posey, 1986).

Furthermore, compared with the Western paradigm, auditory hallucinations as experienced by individuals within non-Western cultural and spiritual backgrounds are often seen as nonpathological and are considered to be a culturally defined experience. For instance, in some cultures such as Javanese (Good & Subandi, 2004), Algerian (Al-Issa, 1990), and Bangladeshi (Wilce, 2004),

Downloaded from jhp.sagepub.com at UNIV CALIFORNIA BERKELEY LIB on March 8, 2011

symptoms of auditory hallucinations or catatonia are regarded as a common part of a religious experience that is culturally legitimized or normalized. However, the article will not address the cultural and spiritual frameworks for auditory hallucinations, although it is important to note that auditory hallucinations are not exclusive to the experience of schizophrenia alone.

Hence, the goal of this article is to explore and demonstrate how auditory hallucinations have been meaningful for some individuals with schizophrenia. The focus is on auditory hallucinations because of the general misconception that, as a clinical symptom, auditory hallucinations provide a minimal context or reason for considering them in working with schizophrenia. This idea is reflected in the words of Karon (1992): "the myths of the lack of meaning of schizophrenia symptoms . . . and the incurability of schizophrenic disorders are still with us" (p. 195). Furthermore, the current literature reveals that some individuals with auditory hallucinations have successfully incorporated them in their everyday life, allowing them to be a vehicle for personal transformation and growth (Hornstein, 2009; Leudar & Thomas, 2000; Romme & Escher, 1993; Sovatsky, 1998).

The main focus of the sections that follow is an exploration of more integrative and nonpsychiatric approaches to understanding auditory hallucinations in schizophrenia.

Key Concepts and Terms

There are three main concepts that are pertinent to this article and which shall be briefly elucidated—schizophrenia, auditory hallucinations, and meaningfulness. In attempting to define schizophrenia within the parameters of the article, the most appropriate definition is the one found in the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision* (*DSM-IV-TR*; APA, 2000). According to the *DSM-IV-TR*, schizophrenia is a disorder that lasts for at least 6 months and includes at least 1 month of active-phase syndromes (i.e., two or more of the following: delusions, hallucinations, disorganized speech, and grossly disorganized or catatonic behavior). In addition, schizophrenia has several subtypes that include paranoid, disorganized, catatonic, undifferentiated, and residual.

Auditory hallucinations are considered to be one of the most predominant symptoms of schizophrenia. The *DSM-IV-TR* (APA, 2000) makes a clear distinction about what constitutes a hallucination, stating that an individual who experiences voices (whether familiar or unfamiliar) that are regarded as distinct from the individual's own thoughts, is considered to have auditory hallucinations. For the most part, auditory hallucinations have not been looked upon in

Downloaded from jhp.sagepub.com at UNIV CALIFORNIA BERKELEY LIB on March 8, 2011

a favorable manner. Smith (2007) justifies this idea by stating that where auditory hallucinations are concerned "the knowledge that has seeped into the culture the deepest is the perspective that they are by definition incapable of carrying a meaning that is useful to the hearer" (p. 12).

The question of meaning is central to this qualitative exploration; the term *meaningfulness* has several definitions. For Wong (1989), meaning is an individually constructed cognitive system that provides an individual with personal significance. Reker and Wong (1988) defined meaning as the cognizance of order, coherence, and purpose. Similarly, "the 'felt sense' of an experience" (Clarke, 1996, p. 465) and goal-directedness or purposefulness (Ryff & Singer, 1998) are some other definitions of the term. All these definitions are closely aligned with the concept of meaningfulness as applied to the present inquiry.

For individuals who have found their auditory hallucinations to be meaningful, this term has several connotations. First, it implies that individuals may find insight from their auditory hallucinations or may identify the "ineradicable importance that the phenomena played in people's life" (Smith, 2007, p. 76). Second, it implies that auditory hallucinations may serve a function or purpose in the individuals' lives. Finally, meaningfulness also carries the connotation that auditory hallucinations may hold some value for the individual experiencing them.

An Overview of Auditory Hallucinations in Schizophrenia

In Western history and literature we can find a number of accounts of hallucinatory experiences from the classical ages to the medieval ages and modern society. In the 8th century BCE, there are reminiscences of auditory hallucinations in Homer's *Iliad*, where the gods of Achilles spoke to him and guided him "in moments of strong emotion and indecision" (Leudar & Thomas, 2000, p. 50). Similarly, in the 5th century BCE, Socrates claimed to be in direct relation to a *daemon*—"a voice" or "a divine presentiment"—who warned him against certain actions and who exhibited accuracy and precision in the information that was presented to him (Leudar & Thomas, 2000, p. 30). The Christian Saint of the 12th century AD, Hildegard von Bingen, is also believed to have heard divine messages and instructions, which she devoutly followed (Flanagan, 1989). The 20th century AD can boast of the poet Allen Ginsberg who had a psychotic episode where he heard the voice of William Blake; Ginsberg chose to treat it not as a sign of mental illness but as an aesthetic catalyst, as his poetic muse (Shorto, 1999). These examples reflect a positive and nonpathological attitude toward auditory hallucinations or voices. It appears that hearing voices was not an unusual experience and was looked upon as a source of meaning

Downloaded from jhp.sagepub.com at UNIV CALIFORNIA BERKELEY LIB on March 8, 2011

and wisdom. However, this is not the case for most individuals who have auditory hallucinations in the 21st century. In fact, hallucinations are considered a clinical symptom and are most often associated with the diagnosis of schizophrenia (Bentall & Slade, 1988).

Although hallucinations are experienced in several sensory modalities, people afflicted with schizophrenia mostly experience auditory hallucinations. Auditory hallucinations are the most frequently reported by schizophrenic patients in the West, with visual hallucinations appearing in the most deteriorated patients (Strauss, 1962, cited in Al-Issa, 1995). Bentall and Slade (1988) observed that on average, auditory hallucinations were reported by 60% of schizophrenic patients.

The etiology of auditory hallucinations in schizophrenia has evolved over time; what was once considered the projection of unconscious thoughts and desires during the Freudian era, this view of auditory hallucinations has been replaced by biological theories that explain auditory hallucinations as neurological deficits or functional deficits in the brain. Understandings of the various causes of schizophrenia have resulted in varying views and opinions by clinicians, particularly within the field of psychiatry and psychology, on the value, role, and significance of auditory hallucinations in schizophrenia. These conflicting views may very well provide an insight into the complexity and nuances of one of the most researched experiences in human history. To elaborate, Pierre Janet, the French psychologist, believed that auditory hallucinations were *impulsions*, incomplete activities that were repetitions of past experiences that had become dissociated; he considered them to be "definitely pathological experiences" (Leudar & Thomas, 2000, p. 89).

The British psychoanalyst Bion (1963) gives a contrasting view of hallucinations. For Bion, the presence of hallucinations is indicative of emotional pain that the patient has not been able to neutralize by means of delusions and other defenses. For Jung (1961/1995), the content of psychoses was important and hallucinations provided a "germ of meaning" (p. 127) for the individual with schizophrenia. He also viewed auditory hallucinations as "contact with deceased ancestors through the collective unconscious" (Ritsher, Lucksted, Otilingam, & Grajales, 2004, p. 222). Similarly, the German American psychoanalyst Fromm-Reichmann (1959) spoke of psychosis and hallucinations as being "useful to the mentally healthy in really finding their minds, which are all too frequently lost, as it were, in the distortions, the dissociations . . . and all the painful hide-and-seeks which modern culture forces upon the mind of man" (p. 24).

Similarly, the Scottish psychiatrist, Laing, spoke of schizophrenia in terms of the "divided self," the split between the self and the body. Laing (1960) believed that the disorganized speech and behavior presented in schizophrenia

Downloaded from jhp.sagepub.com at UNIV CALIFORNIA BERKELEY LIB on March 8, 2011

(such as auditory hallucinations) were patients' efforts to communicate concerns or anxieties that were often not easily understood within societal norms. Laing's concept of the "divided self" may be better understood in the following words:

> . . . when the "center" fails to hold, neither self-experience nor body experience can retain identity, integrity, cohesiveness or vitality, and the individual becomes precipitated into a condition, the end result of which we suggested could be best described as a state of "chaotic nonentity." (p. 175)

Hence, Laing viewed the schizophrenic's behavior not as a sign of disease, but merely as an expression of one's existence. Laing understood that the symptoms and behaviors of schizophrenia originated and existed within an individual's relationship to the world, which was fundamental to the individual's existence. To develop and sustain its identity and protect itself from the threats and dangers of the world, the self cuts itself off from direct relatedness with others and becomes its own object. It becomes, in fact, related directly only to itself (Laing, 1960).

More recent research on schizophrenia suggests that auditory hallucinations maybe a direct result of physical, sexual, or emotional trauma that may have been experienced by the individual. For instance, in a study based on 200 participants by Freeman and Fowler (2009), it was found that there was a substantial correlation between negative auditory hallucinations and a history of trauma. The researchers further discovered that anxiety related to the trauma was a major factor in the emergence of negative auditory hallucinations. Lysaker, Buck, and LaRocco (2007) also validate this idea in stating that

> Significant numbers of adults with schizophrenia have experienced trauma in their past. This trauma history may be linked with relatively higher levels of hallucinations, anxiety related symptoms and poorer psychological outcomes. (p. 50)

In her book, *Agnes's Jacket: A Psychologist's Search for Meaning of Madness*, Hornstein (2009) makes two observations regarding the nature of auditory hallucinations and their relationship to traumatic experiences. She states,

> First, people typically remember exactly when their voices started. Second, if they are asked about the specific circumstances of that first episode, they often identify a traumatic antecedent, like violence or sexual abuse. (p. 40)

Downloaded from jhp.sagepub.com at UNIV CALIFORNIA BERKELEY LIB on March 8, 2011

Other studies are indicative of the notion that auditory hallucinations may appear or become exacerbated as a result of individuals being in stressful situations or circumstances. Andrew, Gray, and Snowden (2008) and Bentall (2009) observe that it is not unusual for individuals to experience auditory hallucinations when they are under stressful conditions or situations. In fact, "psychiatric patients often report that their voices get worse when they become stressed or when something bad happens to them" (Bentall, 1993, p. 173).

The most current and dominant perspective of schizophrenia is the psychiatric or medical model, which views mental illness as a problem concerned with brain chemistry—the solution is likewise a chemical one (Shorto, 1999). For 21st-century psychiatry, auditory hallucinations are considered a symptom and are generally indicative of a mental illness, such as schizophrenia. Ritsher et al. (2004) affirm this idea in the following words:

> Voice hearing is often considered to be one of the most pathognomonic symptoms encountered in mental health settings. Someone hearing a voice typically receives a diagnosis of schizophrenia or another serious mental illness and is treated with psychiatric medications. (p. 220)

In the past few decades, schizophrenia has become widely understood as a biological disease; a disease that is largely attributed to a faulty brain. More recently, the diagnosis of schizophrenia has received enormous support from theories that posit a distinct link between the illness and genetics (Kircher, Markov, Krug, & Eggermann, 2009; O'Connor, Hariss, McIntosh, & Owens, 2009). Because of these views and beliefs, psychiatry is the predominant model for the treatment of schizophrenia and typically takes precedence over all other contemporary treatment models such as cognitive behavioral therapy, psychoanalysis, Jungian analysis, expressive arts therapy and so on. Emphasis on neuroleptic medications is considered to be a key factor in improving, if not eliminating, symptoms of schizophrenia such as auditory hallucinations. However, it appears that the reliance on anti-psychotic medications may only mitigate the presence of auditory hallucinations but not necessarily eliminate them (Bentall, 2003; Breeding, 2008; Whitaker, 2003).

A drastic departure from the psychiatric model, some researchers and psychologists have emphasized "the potential adaptive value of the experience of madness or the possibility for positive change" (Fadiman & Kewman, 1979, p. 1), especially in the past few decades. This trend is increasingly reflected in a small, but significant number of clinicians, researchers, and psychiatric survivors that are dedicated to exploring the phenomenological experience of auditory hallucinations or voices and the meaning(s) they may hold for

Downloaded from jhp.sagepub.com at UNIV CALIFORNIA BERKELEY LIB on March 8, 2011

individuals who experience them. For instance, in a study by Romme and Escher (1993), patients diagnosed with a mental illness and nonpatients who both experienced auditory hallucinations were compared; it was found that there were few differences between the two groups. Both patients and nonpatients experienced a combination of positive and negative voices, but the nonpatients often felt they had some control over their voices. This study suggests that it is not the hallucinations per se that determine whether people seek help from psychiatric services, but how well they are able to cope with these experiences (Bentall, 2003).

As Romme and Escher furthered their study, they discovered that "ignoring the voices prevented people from exploring whether some important symbolic message was being communicated" to them (Hornstein, 2009, p. 40). They determined that for many of the individuals who heard voices, their experience was directly related to some kind of stressful or traumatic event; when given an opportunity to talk about their voices, such individuals were able to make meaning of their voices or auditory hallucinations.

In another qualitative study focusing on the subjective experience of psychosis, Geekie and Read (2009) found that their participants made "important contributions to the business of making sense of madness" (p. 48). The researchers interviewed 15 participants in New Zealand who were diagnosed with schizophrenia, schizoaffective disorder, bipolar affective disorder, brief psychotic disorder, or schizoid personality disorder. What surprised the researchers the most was the fact that their participants not only made concrete meanings of their psychotic experiences but did so despite "receiving treatment for a first episode of psychosis" (p. 48) at the time of the research.

The exploration of finding meaning or value in voices has resulted in a plethora of organizations and support groups that are dedicated to voice hearers, especially in the United Kingdom. One such group is the Hearing Voices Network or HVN. As Julie Downs (the administrator of HVN) explains, "The group can help the person understand why the voices are there, what they are trying to say, and how to respond to them" (as cited in Hornstein, 2009, p. 17). Groups such as HVN recognize that there is value in an individual's auditory hallucinations and plays a critical role in enabling an individual to identify and acknowledge the significance of the voices in a person's life.

Heery (1989) points out that voices may hold personal significance and should be explored and integrated into the voice hearer's experience instead of being eliminated or pathologized. This is not to suggest that auditory hallucinations should be taken at face value. Some auditory hallucinations such as command or persecutory hallucinations can be extremely distressing and destructive for an individual. But as Perry (1970) suggests, even negative and harmful auditory hallucinations are symbols or metaphors of the unconscious mind.

Downloaded from jhp.sagepub.com at UNIV CALIFORNIA BERKELEY LIB on March 8, 2011

Furthermore, these symbols are sending a message that must be heard and understood (integrated) by the conscious mind for the client to progress through the process of schizophrenia (Radder, 2006). This idea may be best illustrated through the following case example.

Jim Esler: A Case Example

Jim Esler is a Caucasian man in his late forties (Note: Names and other identifying information have been changed to protect identities. Additionally, I have received permission from my client for the quotes to be included.). Jim had a series of traumatic events that drastically changed the course of his life. Having been sexually abused by his parish priest at the age of 11, Jim never discussed or spoke about his experiences with anyone, including his parents. Furthermore, during his adult life, Jim experienced the loss of his life partner, someone he deeply cared about and cherished. Like his sexual abuse, Jim chose to pretend that his partner's demise never happened and actively suppressed his immense feelings of grief and loss. Jim also struggled with the breakdown of the relationship with his father, someone he was very close to for a significant part of his life. It wasn't very long until Jim began hearing voices, was hospitalized and diagnosed with schizophrenia. Jim heard about six or seven voices at any given time, but the three main voices he constantly heard were those of his father, his parish priest, and his deceased partner. He was told by his psychiatrist that if he complied with his medications, the voices would cease and he would get better. For the next 10 years of his life, Jim was in and out of psychiatric wards, having very little refuge from the voices. Medications, 40 electroconvulsive therapies, and lengthy periods of hospitalizations did not prove helpful to him. In fact, Jim recalled that the repetitive hospitalizations worsened and intensified his auditory hallucinations because "they had nowhere to go" (J. Esler, personal communication, June 22, 2009). Jim believed that his voices were trying to communicate important information pertaining to his life and none of the psychiatric staff were interested in exploring them.

Jim decided that he had to alter his route to recovery and started attending a hearing voices self-help group where he realized that his voices were present for a purpose. In a personal interview Jim states, "They were telling me I had things in my life to sort out that I never dealt with" (J. Esler, personal communication, June 22, 2009). For Jim, the voices were real and were forcing him, in their own way, to look at things in his life that he refused to acknowledge, such as the sexual abuse and his partner's demise.

One of the voices Jim heard was that of his deceased partner. On reflecting on the meaning of her voice, Jim discovered that having her voice in his life made it easier for him to not move onto other romantic relationships. In the

Downloaded from jhp.sagepub.com at UNIV CALIFORNIA BERKELEY LIB on March 8, 2011

same interview, Jim states that he was always a shy, nonconfrontational person and that

> It was easier for me to have a relationship with a voice than to have a relationship with a person . . . it was a way of avoiding the reality of relationships, of getting involved, of fighting and arguing, etc. (J. Esler, personal communication, June 22, 2009)

Therefore, the voice of the deceased partner had a functional role in Jim's life and provided him the comfort of not having to be in a romantic relationship until he was psychologically and emotionally prepared to move on.

For Jim, part of his recovery from schizophrenia was taking the time and making the effort to understand the symbolism of his voices. As he began to integrate the insights he received from the voices (through therapy), he was able to gain a deeper understanding of the manner in which his life events affected his past and current mental state. He came to understand that his auditory hallucinations were representations of certain events and experiences in his life that he was not willing to reflect on or acknowledge. For instance, Jim states that he was so terrified by the sexual abuse that he refused to recognize the impact it had on him. But the voice of the parish priest was a constant reminder of the guilt and shame that Jim experienced and had to deal with, especially because the abuse was an emotionally crippling experience.

The notion of auditory hallucinations being manifestations of unresolved experiences or feelings may be better explained by Diamond (1996) who uses Rollo May's (1969) concept of *daimonic* possession as the cause of psychosis. In the words of May:

> The daimonic is any natural function which has the power to take over the whole person . . . The daimonic is either creative or destructive and is normally both. When this power goes awry and one element usurps control over the total personality, we have "daimon possession," the traditional name through history for psychosis . . .The daimonic becomes evil when it usurps the total self without regard to the integration of that self . . . It then appears as excessive aggression, hostility, cruelty—the things about ourselves which horrify us most, and which we repress whenever we can or, more likely, project on others . . . We can repress the daimonic, but we cannot avoid the toll of apathy and the tendency toward later explosion which such repression brings in its wake. (p. 123)

Based on this theory, Diamond (1996) concludes that psychosis is the unleashing of the daimonic, and that auditory hallucinations may be seen as

Downloaded from jhp.sagepub.com at UNIV CALIFORNIA BERKELEY LIB on March 8, 2011

conveying the content of that which has been chronically repressed or dissociated. For instance, an individual who experiences command hallucinations such as hearing voices that instruct him or her to harm or kill others may be uncontrollably angry with someone in particular or in general, but maybe unable or unwilling to accept such disturbing feelings and impulses. As a result, the intense feelings of anger are expressed in the form of command hallucinations for which the individual takes no personal responsibility because of the lack of awareness that he or she is capable of experiencing such powerful emotions. Thus, if such an individual is able to acknowledge and accept his or her unconscious rage, there would no longer be a functional need for the hallucination.

This idea is also illustrated through Jim's example: As long as Jim repressed his past traumas and feelings, the daimonic continued to usurp "control over [his] total personality" (May, 1969, p. 123). However, the daimonic lost its control over Jim only when he was able to work through and integrate his past experiences into his present life. Once Jim started making sense or meaning of his auditory hallucinations, he was better able to gain control over the voices, and eventually gain more stability in his life.

Like Jim, other individuals diagnosed with schizophrenia have been able to gain insight and meaning from their auditory hallucinations (Romme, Escher, Dillon, Corstens, & Morris, 2009); this is especially so when provided with the support and encouragement to dive deeper into the significance of their auditory hallucinations (Al-Issa, 1990; Bentall, 2003; Dorman, 2003; Hornstein, 2009; Romme & Escher, 1993). In working with my own clients who have been diagnosed with schizophrenia, I have often heard them claim that the voices are a part of them, stating that their voices help them in several ways and they would not necessarily want to get rid of them. For these individuals, auditory hallucinations have a purpose in their life when they are examined in depth. As Steinman (2009) explains,

> The delusional or schizophrenic person is trying to make sense of the world he [she] lives in. He [she] may do it in bizarre ways, but there is a logic to [hallucinations] if one spends enough time exploring them. (p. 3)

Relevance of Exploring Auditory Hallucinations

As Jarosinski (2006) points out, "gaps in the literature suggest that there is limited research related to the meaning hallucinations have for the individual" (p. 5). This is possibly because of the common belief that individuals who experience psychosis may be incapable of providing any insight into their illness. As Davidson's (2003) works exemplify, "there is a common perception within psychiatry that many people diagnosed with schizophrenia have little

Downloaded from jhp.sagepub.com at UNIV CALIFORNIA BERKELEY LIB on March 8, 2011

to no insight into, or are in denial of their condition" (p. 65). Furthermore, considering that auditory hallucinations are mostly regarded as a pathological symptom by mainstream psychiatry, it is not unexpected that insignificant attention or research has been allotted to exploring the possible meaning(s) auditory hallucinations may have for individuals with schizophrenia. This is the case even though it has been consistently observed that people who hear voices construct meaning out of this experience (Chadwick, Sambrooke, Rasch, & Davies, 2000). Furthermore, Duffy (2008) suggests that voices or auditory hallucinations are believed by some hearers to possess some intention with regard to their well-being. Hence, there appears to be three reasons for exploring the significance or meaning of auditory hallucinations in individuals with schizophrenia.

First, such an exploration may have implications for the clinical treatment of schizophrenia. Approximately 24 million people worldwide suffer from schizophrenia (World Health Organization, 2001). This is a rather significant number, which makes it disconcerting to note that most mental health professionals are taught that auditory hallucinations are a symptom of schizophrenia that is required to be eliminated and ignored. Slater (1996) talks about her experience as a psychology intern at a psychiatric unit in Massachusetts: "Treatment for the chronic schizophrenic—and the academic training of the psychologist who will deliver such treatment—swerves away from the explorations of hallucinations and delusions . . ." (p. 9).

The clinician's outlook toward auditory hallucinations may determine (to a great extent) the level and kind of treatment that is undertaken for patients with this experience. Treatment of auditory hallucinations has been approached in numerous ways, including operant conditioning, systematic desensitization, thought stopping, counterstimulation, aversion therapy, and ear plug therapy, as well as self-monitoring and psychiatric medications (Bentall, 2003). Auditory hallucinations themselves are rarely considered as being part of the treatment in schizophrenia—this is an area about which little is known (Rotkiewicz, 2004). Furthermore, more often than not, patients are told that their auditory hallucinations are not real and are a meaningless symptom of their illness. But what sense does it make to be told that someone's voices are just a symptom when they are very real and valid for the schizophrenic patient? As Hornstein (2009) declares,

> Simply telling a patient to ignore the reality of his own senses is absurd. No one could really do this, and for a doctor to suggest it is naïve and insensitive. (p. 112)

Downloaded from jhp.sagepub.com at UNIV CALIFORNIA BERKELEY LIB on March 8, 2011

How effective is it to convince a person that their auditory hallucinations are insignificant when they are an integral part of the individual's experience?

These questions beg for the possibility of, as Hillman (1977) puts it, "reviewing" symptoms such as auditory hallucinations. Based on the works of Dorman, Grof, Jung, Laing, Nelson, and Romme and Escher, auditory hallucinations are not mere projections of the human mind. On the contrary, as Steinman (2009) suggests, "In the delusion or hallucination . . . may lie a key to the code of the person's thinking" (p. 62). Thus, based on this statement and on the works of several theorists, it is possible to view auditory hallucinations as an access to the human psyche, if explored at a deeper level. This is not to suggest that medications or other treatment models are insignificant or unnecessary. They may play a significant role in reducing the agony and confusion, as well as the slew of other symptoms that are wedded to the diagnosis of schizophrenia. However, it may be well worth it to consider other frameworks and models for improving and implementing treatments for schizophrenia. One of these alternatives would be investing the time and interest into the exploration of the possible role, function or purpose of auditory hallucinations in schizophrenia.

Second, as previously indicated, there is a distinct relationship between auditory hallucinations and trauma. Individuals who have experienced traumatic events are much more likely to develop auditory hallucinations as a response to the traumatic event (Gold & Elhai, 2008; Morrison & Larkin, 2006). However, for the most part, the treatment of schizophrenia precludes the influence of psychological and/ or emotional trauma as being critical in the development of schizophrenia. As Callcott, Standart, and Turkington (2004) have documented, "trauma within psychosis is often missed, and even when it is noted, individuals are not offered specific psychological interventions to treat the trauma memory" (p. 244). This implies that apart from employing the medical model, the treatment of schizophrenia should also consider and establish ways in which the possible role of trauma can be assessed to develop more effective treatment models.

Last, the role of the therapist or mental health professional may be reevaluated so that he or she reexamines the possible functionality of auditory hallucinations for their patients. The role of the therapist can be considered an intervention in and of itself where the clinical treatment of schizophrenia is concerned. This is primarily because the therapist can play a crucial role in enabling an individual to understand and develop a relationship with his or her auditory hallucinations. In developing a relationship with the voices, individuals may gain better control over them and simultaneously gain more stability in their life. This is evidenced by the fact that Romme et al. (2009) found that in

Downloaded from jhp.sagepub.com at UNIV CALIFORNIA BERKELEY LIB on March 8, 2011

altering their perceptions or relationship with their voices, individuals with auditory hallucinations were better able to achieve improved psychological functioning. They further discovered that such individuals were mostly able to make this transition because of the support and containment they received from their therapist or mental health professional. Contextualizing the voices and developing a relationship with them may play a decisive role in contributing to an individual's self-awareness and self-understanding.

Furthermore, the relationship to one's voices or auditory hallucinations appears to be a determining factor regarding the ways in which an individual is impacted by them. Romme et al. (2009) believe that developing a relationship with one's voices is central to the voice hearer's perceptions of auditory hallucinations. They state that the cultivation of such an attitude is a process that involves the patient and his or her support system. Specifically,

> Mental health care should start from the experience of the voice hearer . . . It begins with accepting the undeniable presence of the voices, proceeds to the necessary change of relationship with them, then to finding a fulfilling role in society again, and ultimately to the recovery from the distress associated with the voices. (p. 4)

However, this is generally not the case and most mental health professionals do not subscribe to the notion regarding the significance or value of auditory hallucinations in a person's life. As Breggin (1994) illustrates, "Instead of trying to understand what the patient is saying, the professional translates the person's experience into a language that would be alien and unrecognizable to the patient" (p. 338).

Thus, the role of the therapist is vital in creating a bridge between an individual and the significance of their "symptoms". Dorman (2003) successfully embodied this concept with his patient, Catherine Penney, who was diagnosed with schizophrenia at the age of 17. Instead of viewing her symptoms, such as auditory hallucinations, as a sign of impoverished mental health, Dorman saw them as a desperate attempt to gain the attention and help that Catherine needed to achieve optimal psychological functioning. He was instrumental in accompanying Catherine through her labyrinth of madness. In doing so, Dorman provided a fertile container for Catherine to fully emerge and recover from schizophrenia.

Thus, in certain cases the therapist may no longer view auditory hallucinations as intrinsically pathological, but perhaps as an expression of the human experience or even as an innate psychic drive toward healing and wholeness. Hillman (1977) throws light on this idea by stating

Downloaded from jhp.sagepub.com at UNIV CALIFORNIA BERKELEY LIB on March 8, 2011

> Before any attempt to treat or even understand pathologized phenomena, we meet them in an act of faith, regarding them as authentic, real and valuable as they are. We do not decrease their value by considering them as signs of medical sickness . . . they are ways of the psyche. (p. 75)

The implications for exploring the value or significance of auditory hallucinations are profound: understanding the relationship of trauma and the manifestations of auditory hallucinations, considering the role and content of auditory hallucinations within the treatment of schizophrenia, and reexamining the role of the therapist in working with individuals with auditory hallucinations, are a few substantial reasons for further exploration and research regarding the meaning of auditory hallucinations in individuals with schizophrenia.

Conclusion

The research literature to date is lacking in qualitative research on the value or meaningfulness of auditory hallucinations in schizophrenia, although there is a modest (but insufficient) number of studies that validate this phenomenon. As Breeding (2008) states, "One big reason that this meaning and purpose remains hidden is because . . . the preconceptions of the observers preclude a real search for meaning. Once explained as brain disease, the search is over" (p. 497).

Kaplan (1964) boldly declares that "the "illness" is something the individual "wills" to happen" (p. 57, cited in Wapnick, 1969). Assuming that this is the case, on what grounds do we disregard auditory hallucinations, which according to Bentall, Hillman, Jung, Kaplan, Perry, Romme and Escher, are the psyche's way of communication?

Currently, it is not possible to answer the above question mainly because of the fact that there appears to be insufficient research and literature on the function of auditory hallucinations in schizophrenia. To elaborate, Bentall and Slade (1988) observe that

> Most research into abnormal behavior over the last 50 years or more has taken diagnostic categories such as "schizophrenia" or "depression" as independent variables. The result has been a relative dearth of studies of symptoms such as "hallucinations" or "delusions." (p. 9)

Auditory hallucinations have been considered and understood from multifarious perspectives and schools of thought. Simultaneously, they have been attributed to several causes or factors because of which there currently are a plethora of approaches to working with auditory hallucinations. However, it appears that

Downloaded from jhp.sagepub.com at UNIV CALIFORNIA BERKELEY LIB on March 8, 2011

most traditional and contemporary research is seldom concerned with the significance or purpose of auditory hallucinations. Furthermore, a substantial proportion of the literature refers to hallucinations as a symptom of a mental illness; a symptom that has been viewed from a rather objective perspective. This kind of objectivity may be suitable for researchers and clinicians, those who have not experienced auditory hallucinations. But for those individuals who have heard voices and who do identify with their auditory hallucinations, objectivity on the part of the clinician is largely translated and perceived as a sign of indifference and intolerance. This is the case even for those individuals diagnosed with schizophrenia, a mental illness where "poor insight" (APA, 2000, p. 304) is one of the more common characteristics. However, for some individuals diagnosed with schizophrenia, it is apparent that auditory hallucinations are recognized as much more than just a symptom.

According to Thomas, Bracken, and Leudar (2004), "Most people who hear voices, whether in schizophrenia or as part of a bereavement reaction, struggle to make sense of the experience" (p. 22). Human beings continually strive to make sense of events or occurrences in their life. One of the implications of making sense of one's experience is finding or making meaning. And in making meaning of one's auditory hallucinations, individuals may discover symbols or metaphors that are imbued with messages from the psyche.

Silver, Koehler, and Karon (2004) state that auditory hallucinations are an integral part of an individual and need to be explored within the context of an individual's life history and circumstances. They further state that

> It is only in the uniqueness of the history of each individual, and in the meanings that each person assigns to that history and to their "symptoms," that any true cause can be discovered. (p. 209)

Thus, more research into the significance or meaning of auditory hallucinations in schizophrenia is required to better understand their possible role or function in an individual's life. Understandings of auditory hallucinations in schizophrenia have evolved over time—over the centuries, they been understood from religious, cultural, socioeconomic, environmental, psychological, neurobiological, and metaphysical perspectives. However, several centuries later, there is still no generally agreed-upon understanding on the significance of auditory hallucinations in schizophrenia in the 21st century. Yet, it is becoming more apparent that with time, when paid attention to, auditory hallucinations can provide significant clues into the psyche's processes. Whether we consider them to be a symptom or not, it may be still worthwhile to acknowledge their presence and provide a space for better understanding their role or function, because they are there for a purpose. However, because over the centuries

Downloaded from jhp.sagepub.com at UNIV CALIFORNIA BERKELEY LIB on March 8, 2011

auditory hallucinations have been looked upon as a pathological symptom, as clinicians, we tend to look the other way. Perhaps it is time to dig a little deeper and search a little further for what some individuals may call significant and meaningful experiences of auditory hallucinations in schizophrenia.

Declaration of Conflicting Interests

The author declared no conflicts of interest with respect to the authorship and/or publication of this article.

Funding

The author received no financial support for the research and/or authorship of this article.

References

Al-Issa, I. (1990). Culture and mental illness in Algeria. *International Journal of Social Psychiatry, 36*, 230-240.

Al-Issa, I. (1995). The illusion of reality or the reality of illusion. *British Journal of Psychiatry: The Journal of Mental Science, 666*, 368-373.

American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., Text revision). Washington, DC: Author.

Anthony, W. A. (1993). Recovery from mental illness: The guiding vision of the mental health service system in the 1990s. *Psychosocial Rehabilitation Journal, 16*(4), 11–23.

Andrew, E. M., Gray, N. S., & Snowden, R. J. (2008). The relationship between trauma and beliefs about hearing voices: A study of psychiatric and non-psychiatric voice hearers. *Psychological Medicine, 38*, 1409-1417.

Bentall, R. (1993). Cognitive models. In M. Romme & S. Escher (Eds.), *Accepting voices* (pp. 171-176). London: Mind Publications.

Bentall, R. P. (2003). *Madness explained: Psychosis and human nature.* London, England: Penguin Books.

Bentall, R. P. (2009). *Doctoring the mind: Is our current treatment of mental illness really any good?* New York: New York University Press.

Bentall, R. P., & Slade, P. D. (1988). *Sensory deception: Towards a scientific analysis of hallucinations.* London, England: Croom Helm.

Bion, W. (1963). *Elements of psychoanalysis*. New York, NY: Jason Aranson.

Breeding, J. (2008). To see or not to see schizophrenia and the possibility of full recovery. *Journal of Humanistic Psychology, 48*, 489-504.

Breggin, P. (1994). *Toxic psychiatry*. NY: St. Martin's Press.

Callcott, P., Standart, S., & Turkington, D. (2004). Trauma within psychosis: Using a CBT model for PTSD in psychosis. *Behavioral and Cognitive Psychotherapy, 32*, 239-244.

Downloaded from jhp.sagepub.com at UNIV CALIFORNIA BERKELEY LIB on March 8, 2011

Chadwick, P., Sambrooke, S., Rasch, S., & Davies, E. (2000). Challenging the omnipotence of voices: Group cognitive behavior therapy for voices. *Behavioral Research and Therapy, 38*, 993-1003.

Clarke, K. M. (1996). Change processes in a creation of meaning event. *Journal of Consulting and Clinical Psychology, 64,* 465-470.

Davidson, L. (2003). *Living outside mental illness: Qualitative studies of recovery in schizophrenia* (1st ed.). New York: New York University Press.

Diamond, S. (1996). *Anger, madness, and the daimonic: The psychological genesis of violence, evil, and creativity*. Albany: State University of New York Press.

Dorman, D. (2003). *Dante's cure: A journey out of madness*. New York, NY: Other Press.

Duffy, K. (2008). Beliefs about voices, insight, symptom severity, and treatment compliance in an acute inpatient sample. *Dissertation Abstracts International, 68*(08), 10. (UMI No. AAT3278533)

Fadiman, J., & Kewman, D. (1979). *Exploring madness: Experience, theory, and research* (2nd ed.). Monterey, CA: Brooks/Cole.

Flanagan, S. (1989). *Hildegard of Bingen: A visionary life*. London: Routledge.

Freeman, D., & Fowler, D. (2009). Routes to psychotic symptoms: Trauma, anxiety and psychosis-like experiences. *Psychiatry Research, 169*, 107-112.

Fromm-Reichmann, F. (1959). *Psychoanalysis and psychotherapy.* Chicago, IL: University of Chicago Press.

Geekie, J., & Read, J. (2009). *Making sense of madness: Contesting the meaning of schizophrenia*. New York, NY: Routledge.

Gold, S., & Elhai, J. (2008). *Trauma and serious mental ilnness*. New York, NY: Haworth Press.

Good, B. J., & Subandi, M. A. (2004). Experiences of psychosis in Javanese culture: Reflections on a case of acute, recurrent psychosis in contemporary Yogyakarta, Indonesia. In J. Jenkins & R. J. Barrett (Eds.), *The edge of experience: Culture, subjectivity and schizophrenia* (pp. 167-195). Cambridge, England: Cambridge University Press.

Grof, S. (2000). *Psychology of the future: Lessons from modern consciousness research.* New York: State University of New York Press.

Heery, M. W. (1989). Inner voice experiences: An exploratory study of thirty cases. *Journal of Transpersonal Psychology, 21*, 73-82.

Hillman, J. (1977). *Re-visioning psychology.* New York, NY: HarperCollins.

Hornstein, G. (2009). *Agnes's jacket: A psychologist's search for the meanings of madness*. New York, NY: Rodale Books.

Jarosinski, J. (2006). A life disrupted: Still lived. *Dissertation Abstracts International, 67*(04), 5. (UMI No. AAT3213320)

Jaynes, J. (2000). *The origin of consciousness in the breakdown of the bicameral mind*. New York: Mariner Books. (Original work published 1976)

Downloaded from jhp.sagepub.com at UNIV CALIFORNIA BERKELEY LIB on March 8, 2011

Jenkins, J. H., & Barrett, R. J. (2004). *Schizophrenia, culture, and subjectivity: The edge of experience*. Cambridge, England: Cambridge University Press.

Jung, C. (1995). *Memories, dreams, reflections*. London, England: Fontana. (Original work published 1961)

Karon, B. (1992). The fear of understanding schizophrenia. *Psychoanalytic Psychology, 9*, 191-211.

Kircher, T., Markov, V., Krug, A., & Eggermann, T. (2009). Association of the DTNBP1 genotype with cognition and personality traits in healthy subjects. *Psychological Medicine, 39*, 1657-1666.

Laing, R. (1960). *The divided self.* London, England: Tavistock.

Leudar, I., & Thomas, P. (2000). *Voices of reason, voices of insanity: Studies of verbal hallucinations* (1st ed.). London, England: Brunner-Routledge.

Lysaker, P. H., Buck, K. D., & LaRocco, V. A. (2007). Clinical and psychosocial significance of trauma history in the treatment of schizophrenia. *Journal of Psychosocial Nursing and Mental Health Services, 45*(8), 44-51.

May, R. (1969). *Love and will*. New York, NY: W. W. Norton.

Morrison, A., & Larkin, W. (2006). *Trauma and psychosis: New directions for theory and therapy*. East Sussex, England: Routledge.

National Institute of Mental Health. (n.d.). *The numbers count: Mental disorders in America*. Retrieved from http://www.nimh.nih.gov/health/publications/the-numbers-count-mental-disorders-in-america.shtml#Schizophrenia

Nelson, J. E. (1994). *Healing the spilt: Integrating spirit into our understanding of the mentally ill*. Albany: State University of New York Press.

O'Connor, M., Hariss, J., McIntosh, A., & Owens, D. (2009). Specific cognitive deficits in a group at genetic high risk of schizophrenia. *Psychological Medicine, 39*, 1649-1655.

Perry, J. W. (1970). *Roots of renewal in myth and madness*. San Francisco, CA: Jossey-Bass.

Posey, T. B. (1986). Verbal hallucinations also occur in normals. *Behavioral and Brain Sciences, 9*, 530.

Radder, B. (2006). Beyond countertransference: The therapist's experience in a clinical relationship with a schizophrenic patient. *Dissertation Abstracts International, 67*(05), 12. (UMI No. AAT3218532)

Reker, P. T., & Wong, G. T. (1988). Aging as an individual process: Toward a theory of personal meaning. In J. E. Birren & B. L. Bengtson (Eds.), *Emergent theories of aging* (pp. 214-246). New York, NY: Springer.

Ritsher, J., Lucksted, A., Otilingam, P., & Grajales, M. (2004). Hearing voices: Explanations and implications. *Psychiatric Rehabilitation Journal, 27*, 219-227.

Romme, M., & Escher, S. (1993). *Accepting voices*. London, England: Mind.

Romme, M., Escher, S., Dillon, J., Corstens, D., & Morris, M. (2009). *Living with voices: 50 stories of recovery*. Herefordshire, England: PCCS Books.

Downloaded from jhp.sagepub.com at UNIV CALIFORNIA BERKELEY LIB on March 8, 2011

Rotkiewicz, P. J. (2004). Imagination to hallucination: A continuum of consciousness. *Dissertation Abstracts International, 65*(09), 8. (UMI No. AAT3148852)

Ryff, C. D., & Singer, B. (1998). The contours of positive human health. *Psychological Inquiry, 9*, 1-28.

Shorto, R. (1999). *Saints and madmen: How pioneering psychiatrists are creating a new science of the soul*. Los Angeles, CA: Owl Books.

Silver, A., Koehler, B., & Karon, B. (2004). Psychodynamic psychotherapy of schizophrenia: Its history and development. In J. Read, L. Mosher, & R. P. Bentall (Eds.), *Models of madness: Psychological, social and biological approaches to schizophrenia* (pp. 209-221). East Sussex, England: Routledge.

Slater, L. (1996). *Welcome to my country: A therapist's memoir of madness*. New York, NY: Anchor Books.

Smith, D. B. (2007). *Muses, madmen and prophets: Rethinking the history, science, and meaning of auditory hallucination*. London, England: Penguin Press.

Sovatsky, S. (1998). *Word from the soul: Time, East/West spirituality, and psychotherapeutic narrative*. New York: State University of New York Press.

Steinman, I. (2009). *Treating the untreatable: Healing in the realms of madness*. London, England: Karnac Books.

Thomas, P., Bracken, P., & Leudar, I. (2004). Hearing voices: A phenomenological-hermeneutic approach. *Cognitive Neuropsychaitry, 9*, 13-23.

Wapnick, K. (1969). Mysticism and schizophrenia. *Journal of Transpersonal Psychology, 1*(2), 49-67.

Whitaker, R. (2003). *Mad in America: Bad science, bad medicine, and the enduring mistreatment of the mentally ill*. Cambridge, MA: Perseus Publishing.

World Health Organization. (2001). *Mental and neurological disorders*. Retrieved from http://www.who.int/whr/2001/media_centre/en/whr01_fact_sheet1_en.pdf

Wilce, J. M., (2004). To speak beautifully in Bangladesh: Subjectivity as Pagalami. In J. Jenkins & R. J. Barrett (Eds.), *The edge of experience: Culture, subjectivity and Schizophrenia* (pp. 196-218). Cambridge, England: Cambridge University Press.

Wong, P. T. (1989). Personal meaning and successful aging. *Canadian Psychology, 30*, 516-525.

Bio

Rochelle Suri holds a PhD in East-West Psychology from the California Institute of Integral Studies. She is also a licensed Marriage and Family Therapist (MFT) in the state of California. Rochelle is dedicated toward integrating western psychology and eastern spirituality within the realms of her psychotherapy practice. Currently, she is involved in her ongoing research on auditory hallucinations in schizophrenia, a paper she has also presented at the First Global Conference on Madness in Oxford, England.

Downloaded from jhp.sagepub.com at UNIV CALIFORNIA BERKELEY LIB on March 8, 2011