MEANINGFUL VOICES: A PHENOMENOLOGICAL EXPLORATION OF AUDITORY HALLUCINATIONS IN INDIVIDUALS WITH SCHIZOPHRENIA

by

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CERTIFICATE OF APPROVAL

I certify that I have read MEANINGFUL VOICES: A PHENOMENOLOGICAL EXPLORATION OF AUDITORY HALLUCINATIONS IN INDIVIDUALS WITH SCHIZOPHRENIA by Rochelle Suri and that in my opinion this work meets the criteria for approving a dissertation submitted in partial fulfillment of the requirements for the Doctor of Philosophy in East–West Psychology at the California Institute of Integral Studies.

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ABSTRACT

Published research is limited regarding how auditory hallucinations may be meaningful to individuals diagnosed with schizophrenia. This qualitative study is an in-depth exploration of auditory hallucinations as experienced in individuals diagnosed with schizophrenia. Employing phenomenology as the research method, the study aims at eliciting rich descriptions from the participants regarding their experiences of finding meaning in their auditory hallucinations. Data collected from detailed interviews with 8 individuals across Europe and the United States revealed that meaning, value, and insight can be gleaned from auditory hallucinations, as experienced in individuals with schizophrenia. Furthermore, all 8 participants asserted that their auditory hallucinations played a significant role when contextualized within their life history and experiences. The results of this study 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 in general. Implications for future research are also discussed, with special emphasis on the Hearing Voices Network.

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Dedication

To my spiritual teacher—Sri Sathya Sai Baba—the brightest star in my life, I dedicate this dissertation to you.

To those who have touched the rim of madness, swam in its waters or have crossed its shores, this dissertation is also for you.

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Chapter 1: Introduction

> Hearing voices represents an enormous challenge: a challenge which can be regarded either as a threat which renders one powerless or as a teacher capable of empowering one to withstand the trials of life.
> – Marius Romme (1993, p. 235)

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). The etymology of the word *schizophrenia* suggests *schiz* to mean broken and *phrenos* to mean soul or heart (Radder, 2006). One could say that this dissertation may, in essence, reflect the story of the broken-hearted. I have often been intrigued, fascinated, and even bewildered by schizophrenia. More specifically, I have often wondered about auditory hallucinations in people with schizophrenia, believing that they are not just figments of their imagination or baseless projections of the human mind. On the contrary, I have discovered through clinical experience and personal interactions with people in my life that auditory hallucinations are experienced within psychiatric and nonpsychiatric populations. This discovery is in alignment with suggestions that auditory hallucinations may be part of the human experience (Bentall, 2003; Jaynes, 2000; Posey, 1986).

This fascination with auditory hallucinations in schizophrenia was the driving force behind this qualitative phenomenological study, which aimed at exploring the following question: What is the experience of individuals with schizophrenia who have made meaning of their auditory hallucinations?

Auditory hallucinations have been researched for decades within a variety of disciplines such as psychology, neurology, biology, anthropology, sociology, metaphysics, and spirituality, to name a few. A review of the literature suggests that most of these disciplines have investigated auditory hallucinations with a two-fold 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). On the other hand, very few researchers have explored the possible function 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; C. Grof & S. Grof, 1992; Jung, 1960; Nelson, 1994; Perry, 1970; Romme & Escher, 1993).

Research Objectives

The primary goal of this dissertation was to explore, through a qualitative research study, how auditory hallucinations were found to be meaningful for individuals with schizophrenia. A further goal was to discover if such hallucinations served any function in the individual's life. The focus was 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 (Leudar & Thomas, 2000; Romme & Escher, 1993).

Key Concepts and Terms

There are three main concepts that are pertinent to this study: schizophrenia, auditory hallucinations, and meaningfulness. In attempting to define schizophrenia within the parameters of this study, the most appropriate definition is the one elucidated in the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision* (*DSM-IV-TR;* American Psychiatric Association [APA], 2000). According to the *DSM-IV-TR*, schizophrenia is a disorder that lasts for at least six months and includes at least one 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 most part, auditory hallucinations have not been looked upon in 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 the present study; the term *meaningfulness* has several definitions. For Wong (1989), meaning is an individually constructed cognitive system which 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" (K. Clarke, 1996, p. 465) and goal-directedness or purposefulness (Ryff & Singer, 1998) are some other definitions of the term. All of these definitions are closely aligned with the concept of meaningfulness as applied to the present inquiry.

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

Relevance of the Study

Clinical Relevance

As Jarosinski (2006) points out, "gaps in the literature [on schizophrenia] suggest that there is limited research related to the meaning hallucinations have for the individual" (p. 5). There are three important reasons for undertaking this

study, with implications directly related to the discipline of psychology. They are all related to my hope that the results of this study may influence how clinical psychologists and psychotherapists view auditory hallucinations.

First, it appears that seldom are auditory hallucinations taken seriously and looked upon as possibly having any meaning or function for the individual, even though it has been consistently observed that people who hear voices construct meaning out of this experience (Chadwick, Sambrooke, Rasch, & Davies, 2000). Psychiatry, the predominant model of treatment, recognizes minimal or no value in auditory hallucinations, rendering them a bane or a futile aspect of the human condition. As Duffy (2008) suggests, however, the voices are believed by the hearer to posses some intention with regard to their well being. Hence, it is hoped that this study sheds light on how auditory hallucinations have been meaningful to some individuals with schizophrenia.

Second, the intention of this study has implications for the clinical treatment of schizophrenia. 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, counter-stimulation, aversion therapy, and ear plug therapy, as well as self-monitoring and psychiatric medications (Bentall, 2003). Auditory hallucinations themselves are rarely considered as possibly being part of the treatment in schizophrenia—this is an area about which little is known (Rotkiewicz, 2004). It is hoped that the

participants or coresearchers in the study find their auditory hallucinations to possess some value in their life, which will shed light on how they can be incorporated in the treatment of schizophrenia.

Last, in undertaking this study, the role of the therapist or psychologist may be re-evaluated so that therapists can re-examine the possible functionality of auditory hallucinations for the patient. 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:

> 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)

Academic Relevance

The present study was most aligned with the research and work of Romme and Escher (1993), whose nonpathologizing stance on auditory hallucinations provide a context for attempting to explore them in a positive light. However, their research revolves around auditory hallucinations as experienced in the general population; that is within psychiatric and non-psychiatric populations. This dissertation took the current findings of Romme and Escher one step further in investigating the meaningfulness of auditory hallucinations, particularly in individuals who have been afflicted with schizophrenia. This study contributes to the discipline of psychology, a field that has devoted decades of research and investigation into auditory hallucinations as experienced in schizophrenia. Additionally, this study provides an avenue for the participants to examine and

reflect on the possible value of their auditory hallucinations; this may have been their first opportunity to do so, perhaps due to the widely accepted notion that auditory hallucinations bear very little significance in the life of patients with schizophrenia.

Personal Relevance

Most individuals have a vested interest in exploring and understanding a phenomenon or subject. This is either because they have experienced it themselves or because they know of someone or some family member who was impacted by the phenomenon being investigated. This is neither the case for me. Yet, as a human being and a member of society, there has always been an innate urge to have even a glimpse of the inner world of someone diagnosed with schizophrenia. Often relegated to the lowest rung of the societal ladder, these individuals are considered "hopeless" or "lost causes," swirling in the labyrinth of insanity. It is this very chaos and psychological nihilism that I gravitate toward, perhaps because of the deep-seated belief that within the madness may lie clues to the complexities and intricacies of what it means to be human.

Chapter 2: Review of the Literature

This chapter offers an in-depth review and analysis of current and traditional perspectives on auditory hallucinations, with particular reference to the ones experienced by individuals with schizophrenia. The chapter is organized into three sections, corresponding to the three goals of the literature review. First, the reader is introduced to a detailed description of schizophrenia, including a review of the historical development of the subject. Second, an account is offered of some theories on auditory hallucinations as experienced in schizophrenia. Finally, a review of the literature on the incorporation and meaningfulness of auditory hallucinations in individuals with schizophrenia is also undertaken at length.

Delimitations

At the outset, it is crucial to mention that the subject of discussion has resulted in a plethora of related sub-topics and that not all of them will be discussed in this review. For instance, an experience that reflects the conditions similar to auditory hallucinations in schizophrenia is channeling or mediumship. A *channeling* person transmits to others messages received from a source that appears to be external to his or her individual consciousness (S. Grof, 2000). One could say that one of the differences between a channeller and individuals experiencing auditory hallucinations in schizophrenia is the ability to control or filter the amount, moment, or intensity of information to which the individual has access.

It is also important to note that, especially in the last few decades, auditory hallucinations have been reported by individuals who have not been diagnosed with a psychiatric illness. As Bentall (2003) explains:

> Modern surveys have continued to provide evidence that hallucinations are experienced by people who appear to be otherwise normal, who do not regard themselves as mentally ill, and who have not felt the need to seek psychiatric treatment. (p. 97)

This being said, the current literature review will not address the above framework for auditory hallucinations.

Lastly, it is worth mentioning that some theorists have identified and categorized auditory hallucinations as *outer speech* and *inner speech*. The inner speech or inner voice refers to a significant subjective experience – the actual perception of a voice speaking internally and/or a vaguer felt sense of some inner communication (Heery, 1989). Outer speech would then refer to auditory hallucinations that are experienced as originating from an external source or are external to the individual's body. Although this distinction is of relevance to schizophrenia, it will not be discussed in this chapter.

A Brief Overview of Schizophrenia

Schizophrenia is one of the most prevalent psychological illnesses in the United States, affecting approximately 2.4 million adults (National Institute of Mental Health [NIMH], 2008); approximately 24 million people worldwide suffer from schizophrenia (World Health Organization [WHO], 2001). As discussed in the previous chapter, to be diagnosed with schizophrenia, an individual must experience symptoms for at least six months, with at least one month of active-phase syndromes (e.g., delusions, hallucinations, etc.; APA, 2000). Psychosis is

one of the main features of schizophrenia, with hallucinations being one of the key symptoms (APA, 2000). Psychosis refers to the individual's experiences of delusions or prominent hallucinations, as well as disorganized speech and behavior.

Distinct changes in emotions, movements, speech, and behavior are so apparent that someone diagnosed with schizophrenia may be unrecognizable to his/her family (Radder, 2006). A significant percentage of people with schizophrenia have rather poor insight regarding the fact that they have a psychotic illness. Evidence suggests that such poor insight is a manifestation of the illness itself rather than a coping strategy (APA, 2000).

Although hallucinations are experienced in several sensory modalities, people afflicted with schizophrenia mostly experience auditory hallucinations. One theory as to why individuals with schizophrenia may generally have auditory hallucinations is because according to Karon (1994), "… the problems that lead to schizophrenia are not primarily physical, but are the results of disturbed relations with other people, and it is these disturbed relations with which the patient is trying to cope and resolve" (p. 177). This idea is reflective of some psychologists' view that, as a diagnostic category, the development of schizophrenia is strongly tied to social constructs and social relationships versus the largely upheld belief that schizophrenia is a biological or genetic disease.

Furthermore, it has been observed that auditory hallucinations are the most frequently reported by schizophrenic patients in the West, with visual hallucinations appearing in the most deteriorated patients (Strauss, 1962, as cited

in Al-Issa, 1995). Bentall and Slade (1988) observed that on average, auditory hallucinations were reported by 60% of schizophrenic patients.

On average, the onset of schizophrenia typically occurs between the ages of 17 years and mid-30s, but schizophrenia is also age-, culture-, and gender-specific. For men, the average age for the occurrence of schizophrenia is between 18 and 25 years, while the average age for women to be diagnosed with schizophrenia is between the ages of 25 and 35 years (APA, 2000).

In diagnosing schizophrenia, cultural and socioeconomic backgrounds are extremely important to take into consideration. For instance, in some cultures such as Javanese (Good & Subandi, 2004), Algerian (Al-Issa, 1990), and Bangladeshi (Wilce, 2004), symptoms of auditory hallucinations or catatonia are regarded as a common part of a religious experience that is culturally legitimized or normalized. This legitimization is substantiated by the fact that cross-cultural researchers have consistently validated clinicians' impressions that schizophrenia differs according to culture, with a better course of recovery observed in non-Western societies (Jenkins & Barrett, 2004).

Understandings of the etiology of schizophrenia have evolved over time—over the centuries, schizophrenia has been understood from religious, cultural, socioeconomic, environmental, psychological, neurobiological, and metaphysical perspectives. Each school of thought has created a framework in which the causes, symptoms, and treatment of schizophrenia have been rooted; however, several centuries later, there is still no generally agreed-upon understanding of schizophrenia as a mental illness in the 21st century.

Theories of Schizophrenia

The Western discussion of schizophrenia dates back to 1893 when Kraepelin, a German psychiatrist, coined the term *dementia praecox*. He saw it as a disease of the brain, and a particular form of dementia. Dementia praecox or early dementia was the name given to distinguish this particular dementia from other kinds of dementia that occurred in the later stages of life. The term *schizophrenia* was later propounded by Eugene Bleuler, a Swiss psychiatrist, who referred to the mental illness as the lack of interaction between thought process and perception (Bentall, 2003). To elaborate, Bentall (2003) suggests that, "Bleuler… made use of ideas borrowed from Freud and psychoanalysis. This approach led him to suppose that, underneath the most obvious but varied symptoms of schizophrenia, there was a less obvious inner unity" (p. 23).Ever since then, there has been a remarkable interest in schizophrenia resulting in a kaleidoscope of theories and approaches to one of the most prevalent and yet, least understood psychological illnesses.

In the following sections, theories of schizophrenia will be presented from the following perspectives: Depth psychology, the antipsychiatry movement, the medical model, and anthropology. These perspectives offer diverse views on schizophrenia that are relevant to the present study.

Depth Psychology

In defining the condition of dementia praecox, Kraepelin argued that its symptoms consisted of qualities that were essentially peculiar, unclassifiable, and indefinable (Jenkins & Barrett, 2004). These attributes continued to persist in the

attitude of the Swiss psychologist Carl Jung (1960), who also subscribed to the complexity of schizophrenia: "There is an apparent chaos of incoherent visions, voices and characters, all of an overwhelmingly strange and incomprehensible nature. . . . In most cases, it transcends even the physician's comprehension" (p. 236).

Jungian psychology and analysis are reflective of Jung's attempt to understand mental illness, particularly psychosis, as the flooding of the individual's consciousness by what Jung termed the collective unconscious. In normal, healthy consciousness, according to the Jungian model, the ego and the Self (the part of the individual's psyche that is in relation with the universe) are connected but separate, so that one has an everyday awareness of oneself as a distinct person but also has the capacity to feel wonder, awe, and transcendent unity (Shorto, 1999). Jung (1960) believed that a schizophrenic patient's consciousness could be described as a state of being overwhelmed by archetypes, universal primordial images that manifest in myths and dreams as well as in psychotic hallucinations.

John Perry (1970), a prominent Jungian analyst, believed that the psychotic experience is mostly symbolic in nature. For Perry, symptoms such as auditory hallucinations are symbols, and should not always be taken at face value. Elaborating on Perry's work, Radder (2006) suggests that these symbols are from the unconscious and are indeed sending a message that must be heard and understood (integrated) by the conscious mind in order for the client to progress through the process of schizophrenia. Perry (1970) believed that if the symbols

and images were given full attention instead of being suppressed or medicated, the client in the psychotic state would have an altogether different experience that would change the very nature and phenomenology of the psychosis. In fact, Perry believes that a schizophrenic patient undergoes a mythic journey, where at the psychotic break, the individual experiences the death of the self and emerges from the journey with a renewal of the self-image, thereby encountering the myths and archetypes of the hero, God, aliens, spirits, and so forth.

The Antipsychiatry Movement

A number of other researchers and psychologists have exhibited attitudes parallel to the Jungian understanding of psychosis. The antipsychiatry movement was spearheaded in the 1960s and 1970s by the likes of R. D. Laing (1960), David Cooper (1978), and Thomas Szasz (1920). They and others believed that mental illness was a social construct, the result of the interplay of social and familial factors. For instance, emerging from a background of existential philosophy, Laing believed that the disorganized speech and behavior of schizophrenic patients were their efforts to communicate concerns or anxieties that were often not easily understood within societal norms.

Laing (1960) embraced an existential perspective of psychosis, especially in patients with schizophrenia. He spoke of schizophrenia in terms of the "divided self," the split between the self and the body. In the words of Laing himself:

> . . . 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. In order 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).

The Medical Model

The medical model first made its way into the clinical treatment of schizophrenia in the 1980s. This model views schizophrenia as a medical condition or a biological disease. For instance, a leading proponent of the medical model, the National Alliance of Mental Illness (NAMI), founded in the USA in 1979, holds that schizophrenia is a "treatable medical condition" (NIMH, n.d.).

One of the earliest discoveries of the medical model revealed the etiology of schizophrenia to be related to a chemical imbalance in the brain. Specifically, the "dopamine hypothesis," a model explaining the symptoms of schizophrenia, has been suggested to be involved in the pathophysiology of the disease (Davis, Kahn, Ko, & Davidson, 1991; Howes & Kapur, 2009). Over time, other models within psychiatry have evolved in an attempt to understand and explain schizophrenia. For instance, the "imbalanced brain model" explains schizophrenia as a result of the interaction between emotion processing in the amygdala and cognitive processing in the prefrontal areas of the brain (Grossberg, 2000).

More recently, researchers have proposed a "neuropsychiatric model" which postulates that "heredity, vulnerability, social adversities, and cognitive appraisal processes" (van der Gaag, 2006, p. S113) are a combination of factors linked to the onset and development of schizophrenia. This model suggests that the psychoses, such as schizophrenia, may be better explained as a product of the interplay of cognitive and biological malfunctioning within an individual.

The role of genetics in the development of schizophrenia is no stranger to the field of psychiatry. Evidence for a genetic basis of schizophrenia was first introduced in 2000 by Brzustowicz, Hodgkinson, Chow, Honer, and Bassett, who detected an anomaly in a very specific region on chromosome 1 in a sample of Canadian families diagnosed with schizophrenia. Subsequent to this discovery, there have been several other studies that have concerned themselves with identifying genetic variations for schizophrenia (e.g., Owen, O'Donovan, & Harrison, 2005; Potkin et al., 2009).

However, despite the emphasis on schizophrenia being a hereditary disease, there is no evidence that links a single gene variation to schizophrenia. In fact, Lakhan and Vieira (2009) state that recent research regarding schizophrenia refutes genetics as being a sole cause of the disease.

Given the above claim, a relatively new medical theory or framework has been introduced as a possible determinant of schizophrenia. This theory relates to the synergestic effects between genetic and environmental risk factors for schizophrenia (see van Os, Hanssen, Bak, Bijl, & Vollebergh, 2003; van Os & Rutten, 2009). For instance, a recent study on the interaction of genetic

vulnerability and environmental factors on schizophrenia was conducted by M. Clarke, Tanskanen, Huttunen, Whitaker, and Cannon (2009). These researchers discovered that approximately 38%-45% of the sample who developed schizophrenia did so as a result of the "synergestic action" (p. 1025) of prenatal exposure to infection (maternal pyelonephritis during pregnancy) and a positive family history of psychotic disorders. Prenatal exposure to infection alone did not significantly increase the risk of schizophrenia.

Much of the research within the medical model stems from the belief that mental illness is a pathology, the symptoms of which have to be eradicated in order for one to attain sound mental health. Hillman (1977) drives this point home when he examines the significance of the concept of pathology:

> The very word *pathology* which we use for these troubling experiences demonstrates the role medicine plays in psychology's viewpoint toward the psyche…the specific terms of psychopathology have entered our speech via psychiatric medicine, so that when we think of psychopathology we think immediately of illness. (p. 56)

From the current research and literature on the treatment of schizophrenia, there seems to be a significant reliance on psychiatric medications, particularly because of the belief that psychosis is a biological or a medical disease. Psychiatric services typically rely exclusively on neuroleptic medications, which make little or no effort to respond to patients' psychological needs (Bentall, 2003). This idea is echoed by Whitaker (2003) in his book *Mad in America*: based on his research regarding recovery rates in schizophrenia, Whitaker points out that despite the rampant use of psychiatric drugs by patients, recovery rates for schizophrenia are almost negligible.

In fact, long-term outcome studies suggest that today's psychiatric patients do not do much better than the patients of Kraepelin's era (Bentall, 2003). Furthermore, it has become increasingly obvious that not all patients respond to neuroleptic medication (Bentall & Slade, 1988). In addition, one cannot be oblivious to the fact that neuroleptics, although helpful in some cases, have considerable and damaging side effects to say the least. Describing the "extra-pyramidal" side effects, Bentall (2003) provides a glimpse of some of the most common side effects of psychiatric medications. These include parkinsonian symptoms (where the patient becomes stiff/suffers from uncontrollable tremors), akathisia (feeling of restlessness/agitation), tardive dyskenesia (spastic movements of the jaw and tongue), as well as sexual dysfunction, weight gain, and depression.

This is not to say that medication has no place or function in the treatment of schizophrenia. The U.S. psychiatrist and schizophrenia researcher Torrey (2006) states that antipsychotic medications play a significant role in relieving individuals of florid psychotic symptoms: "Antipsychotic drugs reduce symptoms of the disease, shorten the stay in the hospital, and reduce the chances of rehospitalization dramatically" (p. 213). However, a small but important minority have questioned the seeming over-reliance on psychiatric treatment. One practicing psychiatrist has stated that the main intention of antipsychotic medications "is to blunt and subdue the individual" (Breggin, 1994, p. 67).

It appears that the very idea of *healing* in psychosis is not given much credence with the magnitude of psychiatric medications introduced in order to

primarily address the biological causes of schizophrenia. In other words, the psychiatrist becomes the evaluator of another's experience, and this role removes the psychiatrist from the original function of healing (Fadiman & Kewman, 1979).

The psychotic experience, as Perry (1970) suggests, may very well be a mythic journey that the individual has to undertake before healing can occur. If we accept this approach, it logically follows that an attitude of openness and inquiry into psychosis, and auditory hallucinations in particular, would be favored, so as to delve into its nature and significance. However, it is becoming apparent that a restricted inquiry into auditory hallucinations is the norm. Perry exemplifies this attitude toward auditory hallucinations: "residents in training are supposed to discourage their patients from speaking of it, and instead to turn their attention to the more immediate ego-level concerns of everyday existence" (as cited in Fadiman & Kewman, 1979, p. 166).

The medical model depicts mental illness as a disease caused principally by biological factors, and not due to social or environmental factors such as "bad habits," " weakness of will", "bad parenting", or "bad spousing" (Andreasen, 1984, p. 31). The focus of treatment appears to be solely from a biomedical perspective and tends to exclude other possible avenues for the treatment and prognosis of schizophrenia. Inquiry into alternate views and opinions with regard to the causes and treatment of schizophrenia has been mostly limited.

Anthropology

In his book, *Madness and Civilization,* the French philosopher and historian Michel Foucault (1988) argued that madness is determined by society, not by some universal standard. While psychoanalysis, Jungian analysis, existential philosophy, and the medical model have been predominant participants in the field of mental illness or mental health, the discipline of anthropology is fast gaining momentum in the understanding of mental illness. While the above disciplines are critical in appreciating schizophrenia, cultural analysis of the same is equally significant; however, the role of culture has been regarded in many quarters as secondary at best. In seeking to redress the situation, efforts to advance a cultural approach to the study of schizophrenia that takes the complex phenomenal reality of subjective experience as a starting point is now being given its due credit where schizophrenia is concerned (Jenkins & Barrett, 2004).

For the field of anthropology, the relationship between culture and behavior has been a theme since Benedict (2006), Mead (2001), and Sapir (1985). In contrast to psychology, the anthropological lens leans toward relativistic explanations that allow for the cultural construction of normality as well as pathology (Duerr, 1996). For instance, in the continent of Africa the Arabic word for madness in Algeria is *jinoon,* which is derived from the word *jinn* (demons). The anthropologist Prince (1992) asserted that:

> Highly similar mental and behavioral states may be designated psychiatric disorders in some cultural settings and religious experiences in others . . . within cultures that invest these unusual states with meaning and provide the individual experiencing them with institutional support, at least a proportion of them may be contained and channeled into socially valuable roles. (p. 281)

This quote implies two things: first, anthropologists believe that schizophrenia can indeed be understood from a cultural lens; and second, schizophrenia (as a diagnosis) in itself offers a case for scientific understandings of fundamental and ordinary processes that occur within a cultural framework (Jenkins & Barrett, 2004).

Summary

The experiences of individuals with schizophrenia have been interpreted in a variety of ways: as archetypes from the collective unconscious; symbols carrying a message that, if they were heeded, would bring healing; a dissonance between the self and the world; a brain disease that requires medical intervention; and a culturally-defined experience. These differing accounts support the need to investigate what meaning, if any, the experiences of schizophrenia may hold for individuals—this study hopes to offer a first step in considering the possible meaning of auditory hallucinations in particular.

Overview of Auditory Hallucinations

Auditory hallucinations are defined by the *DSM-IV-TR* as voices experienced by the individual as distinct from the individual's thoughts (APA, 2000). The *DSM-IV-TR* makes a clear distinction about what constitutes a hallucination: an individual who experiences voices, whether familiar or unfamiliar, and are regarded as distinct from his/her own thoughts, is considered to have auditory hallucinations. However, voices that are heard during the course of falling asleep or while waking up are considered to be part of the normal human experience. Similar to the *DSM-IV-TR*, Bentall (2003) describes auditory

hallucinations as "any percept-like experience which (a) occurs in the absence of an appropriate stimulus, (b) has the full force or impact of the corresponding actual (real) perception, and (c) is not amenable to the direct or voluntary control of the experience" (p. 350).

The Latin root of the word *hallucination* is an anglicized version of the Latin *allucinatio* (wandering of the mind, idle talk), first introduced into English in the 1572 translation of a work by Lavater, in which the term was used to refer to a variety of strange noises, omens and apparitions (Bentall & Slade, 1988).

In layperson's terms, hallucinations are simply defined as perceptions (can be sound, sight, touch, smell, or taste) that occur in the absence of an actual external stimulus. According to the *DSM-IV-TR* (APA, 2000), hallucinations may occur in any sensory modality (e.g., auditory, visual, olfactory, gustatory, and tactile), but auditory hallucinations are by far the most common in schizophrenia.

The above definition is reflected as well in Al-Issa's (1977) opinion that textbooks of psychiatry and abnormal psychology have characteristically defined hallucinations as perception in the absence of external stimulation.

It would be worth mentioning that Karl Jaspers suggested a distinction between *true hallucinations* and *pseudohallucinations*. Bentall (2003) explains that for Jaspers, "true hallucinations appear to be external to the individual…and pseudohallucinations…are experienced as originating from inside the head" (p. 350).

Neurophysiological studies have undertaken several experiments in order to determine the source of auditory hallucinations, some stating that they are

impaired inner speech. A study conducted by Hoffman and Frith, for instance, explains them as inner speech, which is wrongly attributed to external sources (Leudar & Thomas, 2000).

The *DSM-IV-TR* (APA, 2000) also recognizes a cultural component to hallucinations, stating that hallucinations may be part of a religious experience within certain cultures. For instance, in a study of visual hallucinations among Hispanic patients, Lata (2005) found that psychotic phenomena could occur in connection with spiritual experiences. Visions of loved ones who have died occur constantly.

The main focus of the sections that follow is to examine auditory hallucinations within the clinical diagnosis of schizophrenia. However, it is worth briefly mentioning that hallucinations can also be the fruit of a spectrum of other causes and conditions—several factors have been accounted for in the experience of hallucinations, such as sleep deprivation; ascetic practices; hyperventilation; and the use and ingestion of psychedelics such as mescaline, ayahuasca, marijuana, or LSD.

The following review of the history and varying approaches to auditory hallucinations is intended to provide an appreciation of the complexity and nuances of one of the most researched experiences in human history.

Auditory Hallucinations in Schizophrenia: Some Theories

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 BC, 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 BC, 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).

Hallucinations are most often associated with the diagnosis of schizophrenia (Bentall & Slade, 1988). Many of the patients diagnosed with schizophrenia have commented on the particularities and/or the role of their auditory hallucinations. Their hallucinations have been experienced as either comments that are relevant or irrelevant to the individual's life or activities; or as voices that regulate them through evaluation, direction and prohibition (Leudar & Thomas, 2000).

Medical Model of Auditory Hallucinations

The etiology of auditory hallucinations in schizophrenia has evolved over time within the medical model; 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 which explain auditory hallucinations as neurological deficits or functional deficits in the brain.

Neuroimaging studies, employing functional Magnetic Resonance Imaging (fMRI), have established a link between auditory hallucinations and the activation areas within the brain involved in language processing and verbal monitoring (Frith & Done, 1988). More recent neuroimaging studies of patients with schizophrenia have found reduced grey matter volume in the superior temporal gyrus, including the primary auditory cortex of the brain (Boksa, 2009). Abnormalities of the verbal working memory system in individuals with schizophrenia have also been largely related to auditory hallucinations (Hashimoto, Lee, Preus, McCarley, & Wible, 2010).

One of the most developed and empirically validated models of understating auditory hallucinations is the Source Monitoring Framework (Garrett & Silva, 2003). *Source monitoring* refers to a variety of cognitive processes involved in determining if an experience originated within an individual or from an external source. According to this model, individuals are believed to experience auditory hallucinations when they attribute voices, thoughts, or sounds to external sources. This is commonly referred to as a "source monitoring error" (p. 445). This idea has more recently been validated by Bre´bion, David, Bressan, Ohlsen, and Pilowsky (2009), who confirmed the theory that auditory hallucinations are linked to defective monitoring of internal speech, and that errors in context processing are involved in the development of auditory hallucinations.

As with schizophrenia, the medical model also considers auditory hallucinations to be a pathological symptom of the disease. As far back as 1867, the British psychiatrist Henry Maudsley believed auditory hallucinations to be exclusively pathological. Karl Jaspers, the German psychiatrist, claimed that it is not possible to discern meaningful content in psychosis: "Much has been explained as meaningful which in fact was nothing of the kind" (Jaspers, 1963, p. 408). This view continues to be upheld in today's society, for the majority of patients who experience auditory hallucinations are under the direction of psychiatric care.

The antipsychotic medications discovered since the mid-1950s, such as clozapine (Clozaril) and risperidone (Risperdal), have been the preferred choice in the psychiatric treatment model. The German psychiatrist Kurt Schneider (1959) developed the First Rank Symptoms (FRS), where he delineated three distinct types of hallucinations as being a determinant in the diagnosis of schizophrenia: audible thoughts, voices heard arguing, and voices heard commenting on one's actions. The FRS are considered very important to this day and are widely employed in psychiatry, where hallucinations are viewed as psychotic symptoms with little or no significance. Critical of the medical model, Leudar and Thomas (2000) point out that auditory hallucinations represent "little more than the inevitable consequence of disordered brain function which is primarily responsible for the disease" (p. 113).

What has been of interest to many researchers is that even though psychiatry holds the view that hallucinations need to be eliminated (preferably)

through medications, a great number of people claim to have received little or no benefits from the medications (Bentall, 2003).

Auditory Hallucinations in Depth Psychology

Pierre Janet, the French psychologist, gives another view of auditory hallucinations. It could be said that he propounded the psychoanalytical view of auditory hallucinations. Janet 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).

On the other hand, 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).

For the British psychoanalyst Bion (1963), the presence of hallucinations is indicative of emotional pain that the individual has not been able to neutralize by means of delusions and other defenses. For Jung (1995), the content of psychoses was important and hallucinations provided a "germ of meaning" (p. 127) for the individual with schizophrenia. Jung believed that auditory hallucinations may be considered "autonomous events that happen to us, triggered by complexes that have a purpose of their own" (Ewen, 2003, p. 80). A complex is "an organized group or constellation of feelings, thoughts, perceptions and memories" (Hall, Lindzey, & Campbell, 1997, p. 85). More importantly for Jung,

"not only is it normal to hear voices originating from within your head, but this is necessary in order to learn from the collective unconscious and further the process of individuation" (Ewen, 2003, p. 80).

Many cases have been examined with reference to individuals with schizophrenia from the perspective of depth psychology. The most illustrious case was that of the German judge, Daniel Schreber, as early as 1955. Schreber reported interacting with many spiritual agencies, including the souls of the dead, and believed that the supernatural agencies were real and independent of him, not just subjectively real (Leudar & Thomas, 2000). However, several interpretations have been made with regard to Schreber's auditory hallucinations. For instance, the psychoanalyst Klein (1984) commented on Schreber's hallucinations as being the introjected fragments of external objects, such as Schreber's therapist Flechsig. In the same vein, Freud (1911) asserted that Schreber's hallucinations were an outburst of homosexual impulses that surrounded his attraction to his father, thereby attributing these voices to Schreber's own clinical pathology. Freud regarded "psychotics," in the words of Szasz (1920) "…as deranged and mad, 'inaccessible' to psychoanalysis or psychotherapy, lacking 'insight' into their 'illness' and fit subjects for psychiatric confinement" (p. 39).

It appears that, within the framework of depth psychology alone, there are varying views and perspectives of auditory hallucinations. This may reflect the complexity in understanding the etiology and nature of auditory hallucinations in schizophrenia.

Auditory Hallucinations Through an Anthropological Lens

Hallucinations are generally disapproved of and discounted in Western cultures that value rationalism as they are considered hindrances in the daily activities of the concerned individual. Individuals are discouraged from assigning credibility to certain imaginings; they are taught to ignore their existence (Al-Issa, 1977). In many non-Western cultures, the term "reality" is used to describe hallucinations or voices, imagery, and altered states of consciousness; and people react to these experiences not "as if" they are real but "as" real (Al-Issa, 1995). In Western cultures on the other hand, concepts of "reality" consider voices to be a separate reality from the normal everyday interactions with the physical world.

The discipline of anthropology sheds new light and a distinctive understanding of hallucinations as more research on other cultures is opening up further avenues in better understanding the phenomenology of hallucinations. Socialization and culturalization play a pivotal role in the individual's acceptance of and suggestibility to hallucinations (Al-Issa, 1977). In some cultures, acculturation prepares an individual to be open and conducive to the experiences of hallucinations. For instance, speaking on the initiatory process or the "shamanic crisis," Silverman (1967) believed that someone who appears as a psychotic individual (in the West) would be considered a shaman in some other cultures: "The emotional supports…available to the shaman greatly alleviate the strain of an otherwise excruciatingly painful (schizophrenic) existence. Such supports are all too often completely unavailable to the schizophrenic in our culture" (p. 29).

Silverman (1967) discovered that one major difference between shamanic and Western cultures is that the shamanic culture provided such individuals with an interpretive framework that enabled them to integrate non-ordinary experiences into their daily lives. On the other hand, many Western anthropologists and psychiatrists refer to such episodes as "shamanic illness," maintaining that such a crisis represents clear symptoms of pathology (C. Grof & S. Grof, 1992, p. 117).

Holt (1964) further illuminates this idea by saying that "in a factually oriented, skeptical…brass-tacks culture like ours, where the paranormal is scoffed at and myth and religion are in decline, the capacity for vivid imagery has little survival value and less social acceptability" (p. 262).

Summary

There appears to be a sharp contrast between the medical model's view of auditory hallucinations as a meaningless symptom of schizophrenia to be medicated and ignored; and the anthropological view that the experience of auditory hallucinations is culturally determined and is seen as nonpathological in some cultures. This disconnect supports the value in investigating the meaningfulness of auditory hallucinations in schizophrenia, discussed in the next section.

Meaningfulness in Auditory Hallucinations in Schizophrenia

As discussed in Chapter 1, meaning has been described in a number of ways, including (a) awareness of order, coherence, and purpose (Reker & Wong, 1988); and (b) an individual cognitive system that determines personal

significance (Wong, 1989). The present study is concerned with determining whether or how auditory hallucinations may provide insight, serve a purpose, or hold value for individuals with schizophrenia.

For centuries, and particularly in Western cultures, auditory hallucinations have been pathologized and viewed in a negative light. Bentall and Slade (1988) comment that hallucinatory experiences are assumed to be strictly pathological in nature. Smith (2007) elaborates on the belief that the probability of seeking meaning in auditory hallucinations is very scarce:

> What matters most to the contemporary clinician is the experience's form —what grammatical tense and "person" it speaks in…whether it speaks continuously and intermittently. This information is the key to making a correct diagnosis. . . .Discussions of meaning are commonly thought to distract from this work. (p. 11)

Touching on the significance of auditory hallucinations in schizophrenia, Jung (1908) spoke on the meaning of such symptoms:

> . . . in dementia praecox there is no symptom which could be described as psychologically groundless and meaningless. Even the most absurd things are nothing more than symbols for thoughts which are not only understandable in human terms but dwell in every human breast. (as cited in Lockhart, 1975, p. 146)

This quote affirms and indicates that there may be meaning, relevance, and symbolism in the auditory hallucinations of patients with schizophrenia.

This idea of finding or making meaning of auditory hallucinations was conceptualized as far back as Jung's time in working with individuals with schizophrenia in Switzerland. And although absent from mainstream psychiatry and psychology, the concept of finding value or making meaning has not been completely lost over the decades. In fact, for some individuals the idea of

meaningfulness in auditory hallucinations is still alive and present. To elaborate, Hornstein (2009) has creatively collected narratives of several patients, researchers, and mental health professionals of ways in which they have found meaning and value from their auditory hallucinations. These narratives are a testament to the several ways in which these individuals have discovered that through their auditory hallucinations "some important symbolic message was being communicated" (p. 40).

Therefore, it is not surprising that in the last few decades 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; Deegan, 1996; Lukoff, 2007; Zahniser, Ahern, & Fisher, 2005). These researchers challenge the dominant paradigm of mental illness by altering and re-constructing their perceptions regarding psychopathology. This paradigm shift can be noted in the emergence of the relatively new concept of *recovery*, having being described by Anthony (1993) as "a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills, and/or roles. It is a way of living a satisfying, hopeful, and contributing life even with limitations caused by illness" (p. 3).

The idea of recovery challenges the existing notion that mental illness is debilitating to the patient. It calls for the validation of individuals' experiences, providing them with a sense of empowerment and hope. In reference to individuals with auditory hallucinations in schizophrenia, I will argue that recovery may imply that such individuals may be in a position to cultivate a more

favorable attitude toward their auditory hallucinations, thereby possibly aiding in psychological healing. The recovery model seems to be of great relevance to individuals with auditory hallucinations, though there appears to be a paucity in the literature where the subject is concerned. In fact, the process of recovery has not been researched (Anthony, 1993), and only assumptions have been made regarding the process.

With the introduction of the recovery model, there appears to be a departure from the predominant manner of viewing auditory hallucinations. However, there still exists varying attitudes toward auditory hallucinations, both by patients and professionals in the field of mental health. To elaborate, some patients have found immense value in their auditory hallucinations, many stating that their voices were pleasant and they did not want them to disappear as a consequence of treatment (Bentall, 2003). Similarly, as Al-Issa (1977) indicates, "schizophrenic patients may want to get rid of unpleasant hallucinations but might resent attempts to eliminate those that are positively self-reinforcing…Thus, any attempt to eliminate hallucinations, particularly those with pleasant content, maybe anxiety arousing to the patient" (p. 578).

On the other end of the spectrum, hallucinations are perceived negatively, as they are expected to interfere with daily activities and interactions with the physical environment (Al-Issa, 1977). In most cases, schizophrenic speech and behavior are discouraged and actively suppressed—often actively ignored (Lockhart, 1975).

In a study by Romme and Escher (1993), patients (who were diagnosed with a mental illness) and nonpatients, both of whom experienced auditory hallucinations, were compared, and 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; Hornstein, 2009; Romme & Escher, 1993; Steinman, 2009).

The present inquiry builds upon the work of Romme and Escher (1993), who have emphasized through research and case studies that there is meaning in auditory hallucinations. The research literature to date is lacking in qualitative research on the value or meaningfulness of auditory hallucinations in schizophrenia. 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).

The significance of undertaking such research is well illustrated through the words of the U.S. psychiatrist Dorman (2003), who describes his patient Catherine Penny. Penny was diagnosed with schizophrenia at the age of 17. On his experiences regarding Catherine's auditory hallucinations, Dorman states: "her voices were not just hallucinations—meaningless symptoms; they spoke the rage she dared not acknowledge" (p. 242).

This dissertation takes this line of inquiry one step further in investigating the possibility that individuals who have been afflicted with schizophrenia have found their auditory hallucinations to be valuable or meaningful to them.

Relevance of the Literature to the Dissertation Topic

The information presented in this literature review offers a host of frameworks within which auditory hallucinations may be understood and contextualized. Extensive research has been undertaken with respect to auditory hallucinations within psychiatric populations (e.g., schizophrenia, bi-polar disorder, dementia, etc). In the same vein, there has been some research conducted with non-psychiatric populations regarding auditory hallucinations, thereby indicating that auditory hallucinations are not necessarily a pathological phenomena, but part of the human experience (Bentall, 2003; Jaynes, 2000; Posey, 1986).

There appear to be two schools of thought that are key players in providing a theoretical understanding of auditory hallucinations in schizophrenia, and that are relevant to this dissertation as well. The first school of thought is the medical model or psychiatric perspective. This model deems it important to eliminate auditory hallucinations via neuroleptic medications. Therefore, it could be suggested that according to this worldview, the suppression or elimination of auditory hallucinations is an indication of successful treatment, and therefore a necessity in order for an individual to resume a normal life.

The second school of thought, which provides a more holistic view of auditory hallucinations, suggests that auditory hallucinations are a significant part

of the individual's experience, and therefore should not necessarily be eliminated. The proponents of this paradigm, who include Jung (1995), Laing (1960) and Romme and Escher (1993), among others, have indicated that auditory hallucinations may have a purpose in the individual's life, and have meaning or relevance for the individual concerned. The most current literature is based on the work of Romme and Escher (1993), and is most pertinent to this dissertation. Romme and Escher (1993), on speaking of the importance of accepting auditory hallucinations, which they refer to as "voices," state that "hearing voices has been considered solely as a symptom of illness, and the psychiatric intervention has paid no attention to the possible meaning of voices to the patient's life history" (p. 8).

Romme and Escher (1993) also indicate that an individual who experiences auditory hallucinations should by no means be considered or diagnosed with having schizophrenia or a mental illness. Other researchers are of the opinion that the diagnostic categories, that were originally instituted by Kraepelin and are now a significant part of psychology, should be completely done away with due to its redundant classifications and explanations of mental illness. Bentall (2003) argues that because the course of psychosis is very unpredictable and because the outcome is enormously variable between individuals, the very idea of diagnoses provides a "fool's-gold standard against which to evaluate the predictions achieved by psychiatric diagnoses" (p. 87).

Such a radical perspective, although quite appealing in providing a broader framework for understanding mental illness as only a fraction of the

spectrum of the human experience, neglects the utility of such classifications with regard to prognosis and course of treatment. However, as a researcher, I am in some agreement with Bentall's stand on the value of diagnostic categories, in that they are not necessarily the only instrument for understanding the psychological conditions that are presented in patients or clients. In fact, as mentioned previously, most diagnoses are based on the "form" rather than the "content" of the individual's experience. However, it is believed that with the population concerned with the present inquiry, hallucinations form only a part of the clinical diagnosis. In other words, to be diagnosed with schizophrenia, one not only must experience hallucinations, but one or more other symptoms as well (e.g., delusions, disorganized speech, catatonic behavior, etc.). Therefore, to state that schizophrenia should be made a non-existent diagnostic category may be a disservice to the field and to the client. Moreover, diagnostic categories also facilitate as a tool for communication among researchers and clinicians because it provides them a foundation or basis for a common understanding of the diagnosis.

Conclusion

Over a century ago, Emile Kraepelin (1987) informed the scientific world about the existence of dementia praecox, now referred to as schizophrenia. Schizophrenia is *the* defining problem for psychiatry (Jenkins & Barrett, 2004). Psychology, philosophy, anthropology, existential philosophy, and sociology, to name a few of the disciplines, have provided multiple frameworks for deepening our understanding of auditory hallucinations. However, they have been unable to

subscribe to a universal conceptualization and an understanding of auditory hallucinations, especially in the case of schizophrenia.

Auditory hallucinations in schizophrenia has been explained in a myriad of ways alluding to changes in brain chemistry, environmental factors, genetic factors, cross-cultural frameworks, religious considerations, impulsions, and introjections of the human psyche, and to spiritual agents as well. These frameworks provide a theoretical and sometimes practical comprehension of auditory hallucinations in schizophrenia. Yet, there appears to be no single interpretation or claim in comprehending the etiology, nature, and treatment of auditory hallucinations in schizophrenia.

However, based on the research conducted over the last few decades and the testimonies provided by some individuals diagnosed with schizophrenia, one fact is becoming increasingly evident: our attitude toward auditory hallucinations and their possible significance for individuals with schizophrenia needs to be modified. This is not to say that such a shift in attitude will become a panacea for the treatment of schizophrenia. Yet, instead of viewing auditory hallucinations solely as a symptom, it may be of certain benefit to the patient to "re-view" auditory hallucinations in a more progressive light. James Hillman (1977) throws light on this idea in stating that we need to approach the concept of pathology afresh. In fact, he describes symptoms, such as auditory hallucinations, as the psyche's yearning to heal and goes on to say that pathology, in the deepest sense, speaks to "the psyche's autonomous ability to create illness, morbidity, disorder, abnormality, and suffering in any aspect of its behavior and to experience and

imagine life through this deformed and afflicted perspective" (p. 57). Assuming that this is the case, on what grounds do we completely disregard the possible meaning of auditory hallucinations, which according to Bentall, Hillman, Hornstein, Jung, Romme and Escher, and Steinman, is the psyche's way of communication?

Currently, it is not possible to answer the above question mainly due to the fact that there appears to be insufficient research and literature on the possible 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 a 'schizophrenia' or 'depression' as independent variables. The result has been a relative dearth of studies of symptoms such as 'hallucinations' or 'delusions'" (p. 9).

Similarly, Gray (2008) states that research or studies of auditory hallucinations, particularly in schizophrenia, have been very limited. He encourages more qualitative studies because that would provide an avenue for understanding the auditory hallucinations as "more valid and meaningful" (p. 1006).

Post-Kraepelin times, for most part, have taken a rather unfavorable stance toward auditory hallucinations, with most methods of treatment rescinding them. In many instances, these theories and methods appear to be outdated, leaving ample room for the exploration of more innovative ideas and perspectives.

It is not unusual to think of auditory hallucinations as unreal, futile aspects of the human experience, an enigma relegated to the world of the unknown.

However, it seems that the time has arrived to acknowledge the possible utility of auditory hallucinations and not to think of them as an illusion, but rather, as Jung (1962) warns us, to "…experience the reality of this illusion…The products of the dissociation tendencies are actual psychic personalities of relative reality. They are real when they are not recognized as such" (as cited in Fadiman & Kewman, 1979, p. 126).

The Canadian anthropologist Young (1994) states that auditory hallucinations are "manifestations of reality that impart information that could not be accessed in any other way" (p. 178). He goes on to say that such manifestations are expressions of the various levels of our being and must be treated respectfully. Furthermore, the messages that come through the voices may be difficult to interpret, "but we should at least make an effort to understand, as the message may be of great significance" (p. 187).

Steinman (2009) urges mental health professionals to consider auditory hallucinations "creative productions" (p. 8) of individuals diagnosed with schizophrenia, and stresses that there is order in chaos if we take the time to explore the hallucinations in more depth. He calls for a significant modification in our perceptions of auditory hallucinations.

In shifting our attitude, it may be hoped that an acknowledgement of the possible role or meaningfulness of auditory hallucinations may pave the path to a less pathological perspective. Furthermore, judging from the current literature, it seems that a progressive and tolerant attitude toward auditory hallucinations in

schizophrenia may be beneficial in deepening our appreciation of this widely studied phenomenon.

Chapter 3: Methodology

The intent of this study was to examine how the phenomenon of auditory hallucinations, as experienced in individuals with schizophrenia, is meaningful to them. Hence, the research question of this study is: What is the experience of individuals with schizophrenia who have made meaning of their auditory hallucinations?

Rationale for Method

Given the goals of this study, a qualitative research method was most appropriate, as qualitative inquiry is a "process of understanding based on direct methodological traditions of inquiry that explore a social or human problem" (Creswell, 1998, p. 15). In her study on individuals' experience of living with hallucinations, Jarosinski (2006) states that through a qualitative study, "it is possible that a dialogue with clients regarding their hallucinations can enhance our understanding of this experience" (p. 5).

Among available qualitative methods, phenomenological inquiry was selected as the best method for this study, as the focus of phenomenological research is on understanding the meaning(s) of lived experiences (van Manen, 1984). Phenomenology values the lived experiences of the individual per se. The definition of phenomenology is best described in the words of Reeder (1986) as, "a self-critical methodology for reflexively examining and describing the lived evidence (the phenomena) which provides a crucial link in our philosophical and scientific understanding of the world" (p. 1). Specifically, phenomenology "provides rigorous methods for psychological research, well grounded in an

explicit theory of human subjectivity, and therefore particularly suited in describing the role of the person in recovery from psychosis" (Davidson, 2003, p. 27).

The phenomenological method seeks to delve into human beings' experiences, "engaging their naïve descriptions" (Anastoos, 1985, p. 90) and focusing solely on the subjective experience of the phenomena. Phenomenology is best suited as a research method because it seeks to understand the subjective experience of human beings, including pathologized experiences such as auditory hallucinations.

Scientific studies of schizophrenia seldom focus on the subjective experience of the individuals. One of the hindrances for such a study is the common belief that such individuals 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 to no insight into, or are in denial of their condition" (p. 65). It is hoped that employing phenomenology as the research method sheds light on the subjective or qualitative data as presented by the coresearchers.

Phenomenology is specifically interested in examining the phenomena or the lived experience of the topic at hand, in part by eliciting thick, rich descriptions from the coresearchers, and having them describe their experiences in as much detail as possible (Giorgi, 1985; Polkinghorne, 1989). Furthermore, as Thomas, Bracken, and Leudar (2004) explain, "phenomenology situates human

experience in personal, historical and cultural contexts, and it is through these contexts that experience can be understood as meaningful" (p. 18).

In addition, most research on schizophrenia is quantitative in design. The dominant models of the natural sciences "resort to quantitative, mechanistic, and computer models of human nature that, at best, record various regularities of behavior and make predictions, and, at worst, do violence to our forms of self understanding" (Von Eckartsberg, 1998, p. 4). Phenomenology, on the other hand, espouses a "human science" which "recognizes that our privileged access to meanings is not by way of numbers but rather through perception, cognition and language" (p. 4). Thus, it could be said that phenomenology "represents an alternative to reductionist and positivist accounts of human consciousness" (Thomas et al., 2004, p. 16). In the context of the present study, instead of attempting to quantify or objectively analyze data, phenomenology seeks to explore the manner in which individuals relate to their experiences of auditory hallucinations.

Research Participants

The population for this qualitative study is individuals diagnosed with schizophrenia who have experienced auditory hallucinations. The participants in this study were eight individuals who met the diagnostic criteria for schizophrenia and auditory hallucinations as outlined by the *DSM-IV-TR* (APA, 2000). The five subtypes of schizophrenia (paranoid, disorganized, catatonic, undifferentiated, and residual) were not a factor in the sample selection criteria. This is primarily because there is no substantial evidence or research indicating that there is a

difference in the quality of auditory hallucinations in the subtypes of schizophrenia (see Moskowitz & Corstens, 2007). Moreover, the *DSM-IV-TR* (APA, 2000) states there is "limited value of the schizophrenia subtypes in clinical and research settings (e.g., prediction of course, treatment response, correlates of illness)" (p. 313). Additionally, a report from the American Psychiatric Association (Carpenter, 2009) states that the task force employed with regard to the 5th edition of the *DSM* is considering "dropping traditional schizophrenia subtypes" because of its limited validity for research purposes. Hence, for the purpose of the present research, the subtypes of schizophrenia were not a variable or factor that was accounted for.

The demographic characteristics that were not relevant to the study were gender identity, cultural background, and the number of years participants have been diagnosed with schizophrenia.

The following inclusion criteria have been outlined in identifying research participants for the current study:

1. Individuals who had been diagnosed with schizophrenia but are in remission for at least 1 year;
2. Individuals who experienced auditory hallucinations for the duration of at least one month but for no longer than 4 years ago;
3. Age 18-60 years;
4. Fluent English speakers;
5. Individuals who have at some time (past or present) had some experience of making meaning of their auditory hallucinations;

6. Individuals who are able to coherently speak about their experiences of auditory hallucinations;
7. Availability to participate in the proposed research.

The following exclusion criteria have been outlined as well:

1. Individuals currently abusing drugs and/or alcohol;
2. Individuals currently diagnosed with severe clinical depression or have been suicidal within the last 5 years.

Participants were recruited through the placement of flyers (Appendix A) on online list serves that are mostly frequented by individuals with a clinical diagnosis (e.g., schizophrenia). Such list serves include Craigs List, Intervoice Online, Hearing Voices Network, and Paradigm-sys. "'Snowball' and word-of-mouth techniques of participant solicitation and project advertising" were also employed (Braud & Anderson, 1998, p. 56). Based on where the participants were located and their convenience, interviews were conducted either face-to-face, on the phone, or via the internet (using audio-visual programs).

Interested individuals who responded to the flyer (Appendix A) were assessed according to these inclusion and exclusion criteria. Accepted participants received an information letter describing the purpose of the study and the criteria for inclusion in the study (Appendix B). Participants also received a Participant Informed Consent Form (Appendix C), which they signed confirming their agreement to participate in the study. In addition, the Bill of Rights of Participants in Psychological Research (Appendix D) was also provided to them. All of these

documents were discussed in detail with the participants prior to the first interview.

Procedure

The goal of this study is to describe, in as much detail as possible, the lived experience of making meaning of auditory hallucinations in individuals diagnosed with schizophrenia. This goal was pursued through two open-ended interviews aimed at eliciting thick, rich descriptions of the participants' experience—the direct first-person accounts of the coresearchers are thus the primary data. The first interview was followed by a second, verification interview.

The interview was conducted in a private setting, lasted for approximately 1-1.5 hours, and was tape recorded and later transcribed. The location of the interview was determined according to the convenience of the coresearcher. Thus, the interview occurred either over the phone, face-to-face, or through audio-visual programs over the internet.

The research question for this study was: What is the experience of individuals with schizophrenia who have made meaning of their auditory hallucinations? The following questions were asked during the interview:

1. Please describe in as much detail as possible your experiences of auditory hallucinations.
2. In what ways have your experiences of auditory hallucinations been meaningful or valuable to you?
3. Currently, what meaning have you made of your auditory hallucinations?

4. What sense do you make of the voices?
5. What role do they play in your life, if any?
6. What feelings or bodily sensations have you experienced during your auditory hallucinations?
7. Is there anything else you would like to add that we have not spoken about yet?

Some of the probing questions that were helpful in eliciting more details were:

1. Can you describe that experience a little more?
2. How did that make you feel?
3. What does that mean to you?
4. I am interested in what you just said; can you describe that a little more?

As part of the phenomenological approach to understanding the meaningfulness of auditory hallucinations, nonverbal cues and language were also taken into account in the data analysis.

Participant confidentiality and security was ensured. Any identifying information was eliminated from the interview transcripts and audio tapes, and the participants were identified with pseudonyms so as to protect their privacy. Audio tapes were kept in a secure, locked place accessible only to the primary researcher. The notes, tapes, transcriptions, and any other written data materials were destroyed after completion of the dissertation.

The transcript was sent to the participants a few weeks shortly after the interview. The second (verification) interview was then scheduled. The purpose of

the verification interview is to ask participants if they would like to add any other information to the transcript (Creswell, 2007). Additionally, in the second interview the participants also had the opportunity to speak about their experiences of the first interview. The duration of the second interview was no longer than 30-60 minutes.

Data Analysis

Data analysis in phenomenology involves "a process of reading, reflection, and writing and re-writing that enables the researcher to transform the lived experience into the textural expression of its essence" (Richards & Morse, 2007, p. 171). A phenomenological method outlined by Colaizzi (1978) was utilized in the process of data analysis. This method of analysis is helpful in organizing and analyzing phenomenological data in order to "obtain comprehensive descriptions that provide the basis for a reflective structural analysis that portrays the essences of the experience" (Moustakas, 1999, p. 13).

The following steps were incorporated in the data analysis process:

1. The participant described his or her experience, in as much detail, regarding the phenomena under study.
2. The interview was then transcribed. In order to ensure the accuracy of the transcription, I reviewed each individual transcript while simultaneously listening to the recordings. Each transcript was read several times in order to get an over-arching feel for the data presented.

3. I then selected and developed a list of significant statements that were indicative of how the participants experienced the phenomena. Each statement is considered to have equal worth, and care was taken in developing a list of "non-repetitive, non-overlapping statements" (Creswell, 2007, p. 159).
4. The significant statements were then analyzed for each individual transcript in order to develop larger units of information, or "formulated meanings." In this stage, the researcher "must leap from what his subjects say to what they mean" (Colaizzi, 1978, p. 59).
5. The next step was to organize the formulated meanings into "clusters of themes" (Colaizzi, 1978, p. 59). In other words, I attempted "to allow for the emergence of themes which are common to all of the subjects" (p. 59). Here, I fleshed out the themes and included verbatim statements and examples.
6. The final step was the creation of an "exhaustive description" (Creswell, 1988, p. 235) of the investigated phenomenon, which reflects the "essence" (p. 235) of the experience. The essence is the reduction of the meanings of experiences within a brief description that "typifies the experiences of all of the participants in a study" (p. 235). Where this study is concerned, the exhaustive description is used to relate the participants' experience of making meaning of auditory hallucinations in schizophrenia.

7. The current study includes a results and discussion chapter where the data analysis is discussed in full. Additionally, implications for clinical treatment and clinical research are also discussed.

Bracketing Assumptions

The vital process of bracketing is one of the main procedural steps in phenomenological research. According to Giorgi (1985), "bracketing means that one puts out of mind all that one knows about a phenomena in order to describe precisely how one experiences it" (p. 82). Bracketing is central to developing a "phenomenological attitude" (von Eckartsberg, 1998, p. 6), which minimizes the researcher's pre-conceptions and assumptions of the phenomena. The goal of bracketing is to reduce the researcher's bias to the minimum that is humanly possible.

As a researcher, I made a conscious effort in bracketing assumptions regarding the phenomena of auditory hallucinations, which include the following:

1. Personal expectations of possible findings influenced by my theoretical knowledge and personal experiences of the phenomenon;
2. Personal physical, emotional, and psychological responses toward the participants' experiences;
3. Preconceptions and presuppositions regarding the experience and meaning of auditory hallucinations;
4. The possible tendency to view the material that emerges from the interviews within the context of a particular psychological theory or

framework instead of looking at it purely from the perspective of the individual's experience;

5. The expectations created by the results obtained in previous stages of the research, which may consequently influence the interviews.

In addition to the bracketing process prior to the data analysis, I made conscious attempts to continue the bracketing process throughout the data analysis.

Standards of Quality and Verification

In phenomenology, validity refers to "determining whether the findings are accurate from the standpoint of the researcher, the participant, or the readers of an account" (Creswell, 2003, p. 195). Keeping this in mind, Creswell suggests several strategies in order to validate the accuracy of the findings, all of which were undertaken in this study.

1. Use member-checking to determine the accuracy of the qualitative findings: A second, shorter interview was conducted with participants in which they had the opportunity to verify or correct any misinterpretations in the transcript. They could also choose to add any other information they felt was relevant to the study.
2. Clarify the bias the researcher brings to the study: The process of bracketing described above is intended to address this validity strategy. Bracketing creates, as much as humanly possible, "an open and honest narrative that will resonate well with the readers" (Creswell, 2003, p. 196).

3. Present negative or discrepant information that runs counter to the themes: It was expected that not all participants may find their auditory hallucinations to be meaningful to them in a positive way, and those different perspectives are included, as "contrary information adds to the credibility" (Creswell, 2003, p. 196) of the study for the reader.
4. Use peer debriefing to enhance the accuracy of the account: The findings of the study were presented to the External Reviewer, who is extremely familiar with the area of research and therefore could essentially "review and ask questions…so that the account would resonate with people other than the researcher" (Creswell, 2003, p. 196).

Ethical Issues

A number of ethical issues and concerns were anticipated with the present study are outlined as follows.

1. It was important that as a researcher, I approached participants with an attitude of respect so as to not "further marginalize or disempower" (Creswell, 2003, p. 63) them. It was my intention to approach the participants respectfully and with an attitude of openness; additionally, the very nature of the research question brings respect to the interview process, because it validates their experience of hallucinations in a way that may be new to them.

2. Full disclosure to participants about the purpose and nature of the study was also important. Participants were informed in detail about the nature of the study, the interview process, their rights as participants, and so on. Any questions or concerns that they had were addressed in detail.
3. Since the population under study could be considered psychologically vulnerable, participants were at some risk of opening old wounds and re-experiencing previous traumas during the interview process. This is an unavoidable risk of being involved in a study such as this. Special care was taken to making sure each participant understood their rights in the Informed Consent form and the Participant Bill of Rights form. Additionally, the very strict inclusion and exclusion criteria were designed to enable the selection of psychologically stable participants.
4. As Creswell (2007) notes, "researchers use aliases or pseudonyms for individuals and places to protect identities" (p. 66). All identifying information was concealed during the process of data collection and data analysis, adhering to the highest standards of confidentiality.
5. Language or words "that are biased against persons because of gender, sexual orientation, racial or ethnic group, disability, or age" (Creswell, 2007, p. 67) should also be paid attention to. Care was taken in the language and tone used before, during, and after the interview process.

The above ethical issues were taken and acted upon seriously and have been addressed in the introduction letter to participants (Appendix B), as well as in the consent form (Appendix C) and the participant Bill of Rights (Appendix D).

Chapter 4: Results

The purpose of this phenomenological study was to explore the following question: What is the experience of individuals with schizophrenia who have made meaning of their auditory hallucinations? I was interested in obtaining an in-depth understanding of the participants' experiences of making meaning of their auditory hallucinations. As discussed in the introduction chapter, for the purposes of this study, "making meaning" of auditory hallucinations is: determining whether or how auditory hallucinations may provide insight, serve a purpose, or hold value for individuals with schizophrenia. The sample was a diverse group of eight people that comprised of individuals from the United States, Canada, the United Kingdom, and Italy.

The results section consists of the preliminary findings obtained from the data analysis. Based on Colaizzi's (1978) method, I first elicited statements from participants' transcripts that were most relevant to the research question. Once these statements or phrases were identified, I proceeded to develop formulated meanings which Von Eckartsberg (1998) defines as "a verbal statement formulated by the researcher that states the essence of meaning of the unit" (p. 40). Colaizzi (1978) suggests that in developing formulated meanings, the researcher "must leap from what his subjects say to what they mean" (p. 59). Those formulated meanings that were most pertinent to the research question were identified and explicated with the use of certain sentences or "significant statements" from the participants' transcripts.

Formulated Meanings

The formulated meanings are presented for each individual participant in this section. Following the formulated meanings for each individual participant, aggregate themes that were found across all eight participants, as well as an exhaustive description of the experiences are presented in the next chapter.

It is also worth mentioning that not all significant statements have been presented from the individual transcripts. Some of the reasons for not including certain significant statements are: lack of affective tone and emotion from the participant, the participant did not seem identified with the experience(s) they were describing, the statements were not alive or vivid with sensations and perceptions, the statements did not speak directly to the research question, and the participant was not very involved and excited when describing certain events or experiences.

Participant "Lisa"

Lisa is a Caucasian female who is in her early 30s. She is based in the United Kingdom and currently runs and organizes a Hearing Voices self-help groups called London Hearing Voices Group Projects. She was diagnosed with schizophrenia since the age of 19 when she was attending University. Lisa has had very severe auditory hallucinations because of which she has been in and out of several psychiatric institutions in the last 10 years. Currently, Lisa is in complete remission from schizophrenia.

The following five formulated meanings are presented from Lisa's experience of making meaning of the auditory hallucinations:

1. Having a traumatic experience
2. Finding meaning in voices
3. Riding the waves to self-expression
4. Between the devil and the deep blue sea
5. Physical sensations of the voices

Lisa's first formulated meaning is Having a Traumatic Experience. Lisa's initial thoughts about the voices were that they were a result of the physical and sexual abuse she experienced during her adolescence. Initially, Lisa had no idea as to why she was hearing voices. It was only until she attended the Hearing Voices self-help group that she began to realize that her voices manifested during very stressful or traumatic situations. She found there was a connection between the auditory hallucinations and certain life situations. As she said:

> I started going to a Hearing Voice Group and that helped me, which was a turning point for me . . . they helped me to see the links between the voices and all the things that I had gone through in my life. . . .

She was also able to identify the presence of an "alien" voice which first manifested when she was hospitalized: "The Alien voice came whilst I was in hospital, which is an immensely stressful and traumatic experience."

Stressful situations evoke the presence of the voices, both in Lisa's personal and professional life. For instance, Lisa said, "When I am stressed, then the voices get triggered and get more powerful. So if I am stressed or feel bad about myself, then they get a lot worse." This also indicates that the intensity and strength of the voice(s) increases as her situation gets more stressful.

Besides hearing voices, Lisa also hears the scream of a female, which in certain situations reflects Lisa's frustration and dissatisfaction. As she described, "I began to realize that the screaming—that voice was me—it reflected my frustration on so many different levels."

Lastly, situations that were similar to her childhood abuse made the voices worse. As she explained in the interview:

> . . . the fact that they got worse in situations that mirrored the abuse—like being in hospital—and at times when I felt good about things . . . this told me that there were things in my life that really weren't helping me and that I wasn't taking control at all.

Lisa's second formulated meaning is Finding Meaning in Voices. Lisa expressed that she has an appreciation for her voices: "I feel really lucky that I had them, otherwise I wouldn't have come through so well." She also added that she would not want her voices to go away: "I wouldn't actually get rid of them." In fact, she attributes her current life circumstances to the voices, as Lisa stated that, "They give me direction, they tell me something about where I'm at." Furthermore, Lisa believes that the voices have been instrumental in providing her with a life goal or mission. In the interview she said, "I work for a hearing voices project in London. I help people set up help groups and so they've given me my vocation; they've given me a kind of understanding and purpose."

Lisa distinguishes between the negative and positive voices that she hears and said that she can still derive some meaning or symbolism from the negative voices: "…even though the voices are nasty, it helps you understand what you need to address in order to move forward." She further elaborated that there is symbolism in the voices when looked at contextually because, "Although these

voices didn't have a meaningful content—unlike my other regular voices— they reflect deeper meanings, symbols, relating to my life when looked at in context."

For Lisa, voices are like teachers or guides that provide her with awareness or clues about her internal state. She said, "It gives me an option to learn from them rather than just being in a corner. They help me understand what's going on." Similarly, the voices are a reflection of the helplessness Lisa feels because of the abuse. She indicated this in the following words:

> It's more about having been abused and losing control of my body and about not having power and control. So really the voices helped me understand how much control and power was important to me, how much I had lost through my experiences.

Lastly, understanding the symbolism of the voices may lead to self-healing. In Lisa's case, "If you understand why they are there, then you can work things out and heal yourself I guess."

Another formulated meaning for Lisa is Riding the Waves to Self-Expression. Voices represent feelings that Lisa cannot express clearly. As she explained, "…they reflect the feelings I cannot articulate." The voices are also reflections of Lisa's feelings that may sometimes be related to her abuse. For instance, in the interview she mentioned, "It kind of picks up on my sense of self—whether I feel fake, or feel ugly or feel damaged. All of these feelings come from the abuse and they verbalize it."

Furthermore, sometimes Lisa cannot experience certain feelings or emotions: "I didn't really identify with my feelings or the voices." But, the voices helped her by taking on feelings that she could not experience: "I think they were important because at the time I didn't really know how to experience anger... I

never got angry with people that had done things to me. But the voices got angry—they got angry at me."

For Lisa, during her recovery process from schizophrenia, the voices provided an avenue for self-expression and self-agency. They allowed her to express repressed feelings:

> . . . listening to them and what they meant, I started to play music and express my inner feelings and do some art work and set up the website—all of this gave me my self-esteem and I worked towards understanding what the voices were saying.

Lisa's fourth formulated meaning is Between the Devil and the Deep Blue Sea. Lisa described two voices that are fearful and controlling and are equally present in her life. When Lisa first heard voices, she was very disturbed by them because they were talking negatively about her: "They were just discussing me and they weren't saying very nice things." She further added, "It was really freaky for me because I didn't know where the voices were coming from." Lisa described the voices as being threatening because of which she was very fearful of them: ". . . voice was much more abusive and manipulative, talking directly to me rather than about me. It threatened me, cajoled me and taunted me."

Lisa believed that when she first started hearing voices, they were of no value or significance to her life. Instead, they scared her. She said, "In the first few years they didn't seem meaningful or valuable at all. I just thought they were horrible and frightening."

In some instances, the voices tried to control Lisa's actions by instructing her to do harmful things: "I used to hear a bad voice, the alien,—the one that says 'kill yourself' and it used to tell me to hurt people and that I cannot trust people

and all those horrible horrible things." Lisa identified one of the voices as being an internalized image of her abuser, which is why it possessed a controlling nature: "The alien voice, the one that was the most destructive, was an internalized image of my abuser . . . the very fact that it was there and that it was trying to control and manipulate me, that it made me feel powerless. . . ."

Lisa also heard voices that dialogued between themselves which was frightening for her. In the interview she said that they "were discussing me and criticized me."

Lisa's final formulated meaning is Physical Sensations of the Voices. Lisa described the discomfort of hearing a constant scream right next to her ear: "The scream—I feel a kind of pressure in my right ear. Imagine you've got someone standing right next to you with their mouth right against your ear and they're screaming loudly at you." And sometimes, Lisa experiences a physical sensation even in the absence of the screaming voice. She said:

> When she wasn't screaming I could still hear the pressure of her voice in my ear (as if she was really close to me and was screaming with the sound turned off—a silent scream—which is something I later came to feel was quite significant).

Apart from the scream, Lisa also hears a voice which she calls the alien voice. This voice has a different physical impact on Lisa: "The alien voice—that is more complicated because it is inside me and I feel a little bit dizzy."

Sometimes, the physical sensations Lisa experienced reminded her of the physical and sexual abuse she experienced as an adolescent. As she explained: "It felt like it could take over control of my body—these were very real and visceral pointers to the legacy of that abuse. . . ."

Participant "Sue"

Sue is a 36-year-old Caucasian female who was diagnosed with paranoid schizophrenia at the age of 17. She is based in the United States and is actively involved in working with individuals with psychiatric diagnoses. Sue continues to believe in the value of the voices and the role they have played in her life, even to this date. Sue does not experience any auditory hallucinations and has not had any other psychotic symptoms in the last 10 years.

Five Formulated Meanings have been extracted from the transcript. These include:

1. Killing me softly
2. Atlas Shrugged
3. "There Was a Reason They were There": An Insider's View of the Recovery Process
4. Functional voices
5. "I believe they saved my life"

Sue's first formulated meaning is Killing me Softly. For Sue, one of the biggest impacts of having auditory hallucinations was that they drained her on a physical, psychological, and mental level. Sue was stunned that she was hearing voices and could not understand why: "It was a shock to me, why me?" Having auditory hallucinations was confusing for Sue and she could not comprehend why they were there: "And I couldn't understand them; I couldn't understand why I was hearing voices to kill people, to kill myself, my mom and my younger sister."

For most part, Sue felt that the voices had a negative impact on her well being. From the time of their onset, Sue was incredibly afraid of the voices: “They were very terrorizing to me.” There is a dynamic quality to the voices which, as Sue described, “They started as whispers and as time progressed, the voices progressed too - loud whispers, really loud.” However, Sue was unable to identify the gender of the voices because as she said, “They were like loud whispers. I really couldn’t say it was female or male.”

The constant presence of the voices seemed to add to her fear. In the interview she said, “I heard them all the time.” Moreover, the voices were instructing her to do things; they were “telling me things, commanding me to do things.” The voices felt external to Sue. As she said, “. . . my experience when they first started was that there was someone outside of me.” In the interview, she continued to elaborate, “I felt like I was being attacked by something outside of me.” This speaks to the notion of Sue feeling that the voices were foreign beings, something over which she had very little control.

A quality of the voice that stands out for Sue is one of nefariousness. When she first started having auditory hallucinations, Sue thought the voices were demonic: “I thought maybe it was the devil or something like that.” Furthermore, Sue described a heinous like quality to the voices: “I felt they were evil.”

Sue also experienced a lot of distress from the voices and mentioned that “there are times when I remember yelling, ‘I’m a good girl. Stop it! I’m a good girl. Leave me alone.’” These feelings of distress, because of the voices, continued to persist until Sue’s recovery from Schizophrenia.

Furthermore, Sue felt like there was no refuge from the voices. This idea is illuminated in the following words: “I was continually being hunted by the voices and it was like the hunter and the hunted.” The experience left Sue feeling drained and put her in an altered state of consciousness. She elaborated, “It was exhausting. It was like running a 24-hour marathon; no rest, no water stop. And at the same time I felt like I was in an altered dimension.”

A second formulated meaning is Atlas Shrugged. One of the most pronounced effects of the voices was experienced in Sue’s body; her visceral perceptions of the voices. Sue was physically very underweight and constantly felt as if she were carrying a burden on her shoulders. In the interview she explained, “I was at that time about 85 pounds and I always had feelings of heaviness; I couldn’t hold my head up.” Furthermore, Sue stated that she experienced a sense of physical constrain: “I felt like I had weights weighing me down all the time.”

What was most intriguing for Sue was her memory of experiencing painful physical sensations that were solely concentrated on her head:

> . . . when I was hearing voices and when they were really overwhelming me, and I was trying to distract myself and when that didn’t work, I would get these horrific, and I do mean horrific, electrical sensations zipping up and down my head. I felt like somebody took and electric rod and went zip, zip, zip.

Sue felt a physical vibration when she heard voices. As she explained, “Physically, there was a vibration with me.”

For Sue, the body can provide vital clues to one’s well being; there is something to be learnt even with bodily signals that are undesirable: “I could

learn from what's painful, what signals your body is giving you even if they are negative."

Finally, Sue learnt that awareness around her physical and emotional state reduced the presence of the voices: "And when I paid attention to my body and how I was feeling, it was like the voices kinda went back and they lessened."

Sue's third formulated meaning is "There Was a Reason They were There": An Insider's View of the Recovery Process. When she initially heard voices, Sue was convinced that the voices were evil and had no purpose in her life. However, with intensive psychotherapy, Sue began to actively recover from the diagnosis of paranoid schizophrenia. And a change in the perspective of voices was a significant part of Sue's recovery process: ". . . the major part of my healing and recovery was seeing the illness and the voices in particular, in a new light."

Through the recovery process, Sue realized that the voices were there for several reasons. First, the voices were disconnected parts of her that were sending a message to Sue:

> And so when the voices came, I ultimately was able to see them as not really the evil voices I felt they were at the time, but more as parts of me, disembodied parts of me that were trying to tell me you know you're angry; hey, something's not wrong, you're angry, you're angry.

Second, the voices reflected feelings that Sue was unable to express: "… the voices took the place of feelings." To elaborate, when under stressful circumstances, the voices would manifest because Sue could not effectively deal with her feelings. It was like a coping mechanism for her. She explained: "I had just gone through a very, extremely traumatic experience. And they came back in

response to that because that's how a part of me was used to coping: shutting off feelings."

Moreover, the voices ceased to have much control over Sue once she developed a stronger sense of self: "As I was developing a sense of self, a really core sense of who I was . . . I realized that I really didn't need the voices anymore."

Sue also explained that through the recovery process, she experienced a psychological transformation: that the unconscious mind manifests itself through the voices. As she stated, "I think sometimes the unconscious shows up especially if you are going through a transformation. It's a transpersonal type of experience." Hearing voices also resulted in a profound spiritual experience: "And I actually saw it more as a spiritual thing because through that whole experience I came out really with a deep sense of, not religion so much, but spirituality."

Sue summarized her complete recovery process in the following words: "The way I view them now, my relationship to them was not one where I saw them as adversaries." Therefore, there was a change in perspective, with time, where hearing voices were concerned. Sue was able to make sense of the voices and utilize it in other life situations: "And once I was able to see it that way, I applied it to my life experience."

Another formulated meaning for Sue is Functional Voices. For Sue, the voices had a function: "There was a reason why they were there." She further explained, "They were there for a purpose." One of the most important functions that the voices had was that of acting like a warning system for Sue's internal state

of being: ". . . they were actually trying to warn me; they were trying to make me aware of things that weren't going right you know, the anger and the stuffing, etc. They were trying to make me aware, pay attention."

The voices were also instrumental in keeping Sue's feelings hidden from her, mainly because she would have been unable to handle or deal with certain feelings. Thus, in instructing her to kill the parts of herself that had any feelings, Sue would expel any feelings she may have had toward her family that she was unable to tolerate: "The loving parts maybe, you know; the parts that might have some feeling for these people like my sister and mother—it was better to kill them and not have any feelings, you know, just to get rid of all feeling."

Voices also provided clues around action Sue needed to take in order to better her circumstances. As she mentioned, ". . . looking back, I saw them there to be helpers; to be there to make me aware and that I need to do something...."

Finally, the voices helped in deepening Sue's understanding of auditory hallucinations in her job or vocation. Because of her voice hearing experience, Sue was able to work with other individuals who also heard voices: "It also helped me too because when I first went into the field, I first was a psych tech … I would just listen and validate her [a psychiatric patient], whereas everybody else said oh, she's psychotic, she's hearing voices. . . ."

Sue's final formulated meaning is "I Believed They Saved my Life." Sue was very clear that the voices played a significant role in saving her life. In the interview she plainly stated, "I believe that they saved my life." More importantly, Sue felt that her auditory hallucinations prevented her from

committing suicide and inadvertently saved her life: ". . . if I hadn't heard voices, I probably would have died, because the voices also kept feelings away and I had suicidal thoughts way before I started hearing voices. And that was always an option for me."

Thus, in hearing voices, Sue spent much of her time avoiding the voices instead of thinking of suicide: "So when the voices came, that's where I spent all my energy . . . it gave me a kind of a purpose to push all my energy to get away from them. Then I wasn't thinking of suicide."

Enormous amounts of time were spent in not acknowledging the voices: "I spent so much time to deny they were there." Furthermore, Sue was able to get the medical help she needed mainly because of her auditory hallucinations. As she stated in her own words: "the fact that it is considered a sign of mental illness, that was able to get me hospitalized. . . . So I looked bizarre and the behavior is what got me into the hospital."

In a nutshell, the voices conveyed information to her: "It's like they were saying, '. . . yeah, but you are a very unhappy girl. You need help.'"

Participant "Rob"

Rob is a Caucasian male in his late fifties who is now based in Oregon. He first started hearing voices when he was in the Marine Corps in the United States. Rob was then diagnosed with schizophrenia and was told he had a genetic disease and had to be on medications for life. Unable to accept such a death sentence, Rob decided to seek sanctuary from a shelter where he gained his mental health and

strength from community support. As of now, Bob seldom has auditory hallucinations. They generally appear when he is under extreme stress.

The following four formulated meanings have been identified from Rob's experience of finding meaning in his auditory hallucinations:

1. Having an internal alarm system
2. Voices simply exist
3. A few diamonds in the rock
4. But, "sometimes, the voices don't make sense"

The first formulated meaning for Rob is Having an Internal Alarm System. For Rob, auditory hallucinations are akin to a warning system. He simply stated, "It's like a warning system." They provide him with information that indicates that he needs to step away from things sometimes in order to get a clearer perspective. When he is able to realize that, he finds that his voices gradually disappear: "OK, there's something wrong, get out of whatever stress that you are in. And then almost immediately, within a day or three, I'm back to normal and I find that the voices go away."

More often than not, Rob realizes that he is going beyond his capacity when he starts hearing voices. He explained that "it's a clue to me that there is something going on that I am pushed beyond my limits."

Specifically, the presence of voices is an indication that Rob is stressed out. In the interview he mentioned that "when I hear voices I know I am being stressed." Thus, for Rob, there is a direct correlation between stressful situations and hearing voices. As he put it, "The first step I get stressed, and then the next

step I hear voices." Fatigue is always a factor where his auditory hallucinations are concerned: ". . . there was a lot of physical tiredness."

The auditory hallucinations are also a reflection of Rob's psychological state of being. Rob explained, "It's clear sometimes that when it [the voices] happens, it is connected to something that is going on inside me." And when Rob listens to the voices, it can normalize things for him: "It's like a volcano is starting to erupt and then I hear voices that implies, 'do something about it' and it calms back down."

The second formulated meaning is Voices Simply Exist. Rob's auditory hallucinations are internal: ". . . it's inside my head." In Rob's view, voices are simply present, almost like silent observers. As Rob stated, "They were just sort of there." Moreover, Rob's voices do not instruct him on what to do or do not influence his actions in any way. In other words, Rob does not experience any command hallucinations. In the interview he said, ". . . it wasn't like they were directing me to do something." He further added that, "It doesn't cause me to do anything."

Rob also believes that the voices are not bothersome for him: "But they weren't a problem for me. . . ." He also found it interesting that the voices he heard were distinct but not directed to him. He explained, "I would hear voices, but the voices were not directed to me."

Rob's third formulated meaning is A Few Diamonds in the Rock. Voices are an integral part of Rob: "My interpretation of the voices is that it is really a part of me." There have been plenty of instances where Rob's auditory

hallucinations have had a positive impact on his life. For starters, when Rob was in the Vietnam War, he had severe physical and psychological trauma. At that point the voices were consoling for him: “I heard a voice that said, ‘Accept yourself, you’ve been though a war. It is to be expected.’”

The voices can also be comforting for Rob. He elaborated, “They would soothe me.” Furthermore, there is an amiable quality to the voices which Rob could relate to: “Somehow it [the voices] was being nice to me.”

Rob also believes that his voices are like guides. He explained, “They sort of helped interpret the world for me, like a wise friend might in some ways.” Additionally, the voices have provided an avenue for self-exploration: “In a sense it was a sign of an opening of a door and my looking at my real self as somebody else.” The voices were also a source of self-expression. As Rob described, “Actually in a sense they were my voice.”

According to Rob, the psychotic episodes and the auditory hallucinations that accompanied them were much needed in order to re-gain sound mental health: “But I think the only way back for me to be a healthy human being, since I couldn’t get the help I needed, was to be periodically psychotic because that’s what it took to hear voices and everything else.” Thus, Rob has an appreciation for the voices. It enabled him to get the help he needed. As he explained, “. . . they are symptoms and it was one way for me to get help.” In fact, the voices were instrumental in preventing Rob from taking his own life: “Back when it started I think if they hadn’t happened, my mother committed suicide, I think I would have also easily committed suicide.” Therefore, there is a constructive

perception of the voices as having a positive influence in his life: “So I see them in a positive way.”

Finally, Rob’s voices provide him with friendship. He explained, “I see them as a companion.” And they may also be like messengers with information: “And couple of times it feels like they are a part of me that wants to say, ‘Hey, I’m in trouble or I need help or whatever.’” Rob also shared that: “It’s me relating to me in an alternate way I guess.”

The fourth formulated meaning for Rob is But, “sometimes the voices don’t make sense.” Despite having a positive perception of the voices, Rob also expressed that there are times when his voices have been meaningless for him. He explained, “Some of it just doesn’t seem to be connected.” In fact, Rob is baffled by his voices: “. . . it’s actually a little confusing to me.” He added, “And it was confusing to me because I would look around and see nobody there.”

Rob has been unable to relate to his voices: “I have just not been able to connect the voices.” Rob’s auditory hallucinations are sometimes not very useful. As he said, “. . . it doesn’t really help me in many ways.” In general, the voices do not provide Rob with any insight regarding himself: “Usually, it doesn’t give me any insight into what is going on with me. Usually it doesn’t.”

Rob expressed that often he hears the voice of a female saying “help me.” There is ambivalence about how to respond to the woman's voice that seeks help. In Rob’s words: “… often the voice I hear inside me that says, “help me” is a woman’s voice. And it’s only a few words; it’s like a woman in distress and what am I going to do with that?”

Apart from not being able to make sense of the voices, Rob also finds his voices can be disruptive: “You know, if I am having a conversation with somebody and I am also hearing the voices, it’s disturbing.” The voices can also be a little distressing. Rob explained, “The voices are a little distressing.” Thus, it is not surprising that there is an uncertainty about the nature of the voices: “[the voices] was useful but also scary.” But as Rob said, he does not have to listen to the voices: “It just happens and it’s not something I have to listen to.”

Participant “Sandra”

Sandra is a Caucasian female in her late 50s. She currently lives in Italy and was diagnosed with schizophrenia in her late thirties. Sandra had severe auditory hallucinations and was a psychiatric patient for several years. Currently, she is in psychoanalysis from which she has derived profound meanings around her auditory hallucinations. She does not hear voices at present.

This participant in particular had a paucity of response regarding her experiences of making meaning of her auditory hallucinations. During the interview, she was able to elaborate on her experiences to a limited extent. Hence, only three brief formulated meanings were derived from her transcript. These include:

1. Bridging the gap between the conscious and the unconscious
2. Different voices, distinct responses
3. Stand up for your rights!

Sandra's first formulated meaning is Bridging the Gap between the Conscious and the Unconscious. In the interview, Sandra was very clear that the voices are valuable in mobilizing an individual to work with the unconscious mind. As she explained: "I believe the voices in schizophrenia are like a movement within a person that is saying to them, 'Hey! Hey! You are not in contact with your unconscious. You need to be.'"

Moreover, Sandra described the role of her voices as being akin to Jung's individuation process. She elaborated on this by saying:

> I think of what Jung wrote about the Individuation Process and…what was present in the voices were a reflection of my unconscious that was trying to contact me and communicate to me. . . that I had to become aware of what was happening in my unconscious.

According to Sandra, hearing voices is a phenomenon that calls for psychological integration: ". . . the voice hearing process . . . have or are making a clear appeal for integration in the person." But these messages from the voices have to be interpreted before their meanings can be understood. As she said, "All is needed is for it to be 'decoded.'"

Sandra stated that voices can also be a reflection of her unconscious mind, informing her of challenges or issues she needs to work on: "They were a representation of my unconscious—the fact that I had to become aware of these problems of mine." She further stated, "I was completely in contact with my unconscious through the voices." In the interview, Sandra spoke about how her voices are from the unconscious that gave Sandra messages about her relationship with her husband: "But it was my unconscious communicating to me that he was harassing me and preventing me from being myself."

The second formulated meaning for Sandra is Different Voices, Distinct Responses. The first time Sandra heard a voice was immediately after her mother's death: “I heard the first voice after the death of my mother.” When Sandra started hearing more than one voice, she initially believed that she did not have auditory hallucinations. In fact, she thought that she had a personal psychic connection with others. In her own words: “I convinced myself that this was telepathic communication with others.” Thus, it was normal for Sandra to respond to the voice’s remarks. She explained, “They commented on things and I replied back.”

There appears to be a transition regarding the location of the voices. With time, the auditory hallucinations went from being an internal phenomenon to an external one: “In the beginning, the communications with the voices were inside me. But at the end they were surrounding me.” There was also a gradual change in Sandra’s responses to the voices: “I was amused by them in the beginning. But at the end it was no longer amusing. They didn’t leave me in peace anymore.”

Sandra also had various emotional reactions to the voices. Sometimes, she would be extremely angered by them. She explained in the interview that, “There were also moments that I shouted back at the voices, ‘Oh shut up!’ or ‘Take it up your ass.’” Other times, Sandra was amused by the voices: “Sometimes also it was very funny.” However, Sandra was constantly rattled by the voices because according to her, “the voices were also trying to confuse me; to disturb me continuously.”

Finally, although Sandra initially believed that her voices were real, through therapy Sandra came to realize the contrary. She said, "After one year of therapy I started to realize that all my beliefs and voices were not reality."

Sandra's final formulated meaning is Stand up for your Rights! The voices were instrumental in helping Sandra fight for and stand up for what she believed in. She emphatically said, ". . . they helped me to fight for my inner truth." Thus, Sandra was convinced that her voices were meaningful for her. She stated, "When I had the auditory hallucinations, I knew they had meaning for me. . . ."

One of the instructions given by the voices to Sandra was for her to cheat on her husband: "The voices told me to betray my husband." When Sandra did follow her voices' instructions, they provided her the courage to be true to herself. "They helped me fight for my right to be myself when I left my husband."

Lastly, the experience of the auditory hallucinations convinced Sandra that she had to disclose true self. She said: "When I heard the voices I knew of the injustice that was committed against me and my inner truth; the true identity I believed to have, had to be revealed."

Participant "Ken"

A male Caucasian in his late 50s, Ken is based in the United Kingdom. He first started having auditory hallucinations just before his twentieth birthday. His situation was exacerbated at University where he was hospitalized and diagnosed with schizophrenia. Currently, Ken runs a Hearing Voices self-help group where he co-facilitates and supports people with similar voice hearing experiences. He

only recently started making meaning of his voices which, according to him, has led to their diminishment.

Based on the interview regarding the experience of making meaning of auditory hallucinations, the following four Formulated Meanings have been derived:

1. Have a handle on something
2. Giving him a helping hand
3. Waking dreams
4. Paranoid thoughts

The first formulated for Ken is Have a Handle on Something. Ken experiences both pleasant and unpleasant auditory hallucinations. As he explained, “Some of the voices are not very nice . . . sometimes I hear really nice voices.” Ken also mentioned that the voices used to be very disturbing for him at one point: “My voices used to cause me an awful lot of distress. . . .” However, Ken has found ways to deal with his voices and has also discovered that he can have a better control over the voices instead of it being the other way around. As stated in the interview, “. . . but I gradually became their master. I have told some to simply go. They simply packed their bags and left.”

Ken also conveyed that he makes a conscious choice over the kinds of voices he listens to. He explained, “I decided to ignore the aggressive ones, and simply listen to the gentle, passive ones.” He also explained that he can call upon the voices as he desires. He said, “I found that I can conjure up the voices at will.”

Ken has also solicited the assistance of voices when he has needed them: "I have conjured up certain voices to help me make an important decision." This is another demonstration of his ability to communicate with the voices on his own terms. Another statement that reflects Ken's authority over the voices is: "For a long time I ignored the voices and they went away. And I got really bored and wanted them back, and they came back."

Ken also explained that there are specific ways to work with the voices in order to get a better command over them. He explained that "Marius Romme . . . he recommends some techniques—trying to get control of the voices and realize that you are stronger than the voices." Ken has been diligently practicing these techniques and says he has been successful at it for most part.

Ken's second formulated meaning is Giving him a Helping Hand. Ken describes several instances when he found the voices to be helpful and valuable to him. He said, "The internal ones, they can be very useful." But, he also mentioned that there are repercussions for not listening to the voices when they have guided him about something: "The voices inside have several times told me not to do something and I have gone and done it. And it was a disaster." He further elaborated, ". . . quite often they would give me warnings, saying 'don't do that.' And I would go and do it and it was a catastrophe."

Ken provides an example of when the voices have tried to warn him about something and he did not heed their instructions. He was trying to get off his antipsychotic medications and was feeling anxious. So, he decided to visit his mother and heard a voice:

> And the voice inside said, "Don't go. We will cure you." But I ignored it and I went to see me mum and she got really anxious and wanted to take me to the doctors straight away and get back on the tablets.

Ken discovered that his voices are beneficial. He stated, ". . . they are valuable." Ken also believes that his voices are like guides, providing him the support he may need at times: "They have the role of guidance, trying to help me." He also found that here was meaning to be discovered in the voices. He explained, "I found a lot of meaning and I actually explored them."

The internal voices communicate to Ken at times when he needs to take care of himself and pay attention to his physical needs. As he mentioned in the interview, "… when I hear the voices inside they have said simple things like, 'You need to eat something, you're hungry.'" And in general, Ken has listened to what the voices say to him: "And I have listened to them."

Based on his positive experiences of the voices, Ken believes that people should communicate with their voices and build an understanding around them. He said, "I'd tell other people to talk to their voices, develop a relationship with them, try to understand them." Ken also stated that his voices can provide helpful advice. As he explains, "One voice gave me advice which seemed perfectly logical and was helpful." Thus, it is not surprising that Ken currently uses his voice hearing experience to help others with similar experiences. In the interview he elaborated: "I now run a group with a psychologist. I think we really are helping people."

Ken's third formulated meaning is Waking Dreams. For Ken, voices are like dreams. And like dreams his voices require in-depth exploration in order to

understand them. As he explained, “I suppose they are like dreams. You have to really explore the dreams to understand them. You can’t really take them at face value.” And as with dreams, Ken believes that his auditory hallucinations are symbolic, and the symbolism of voices needs to be interpreted: “But as dreams, they could be in some sort of code or language, which we should learn to interpret.”

Thus, Ken states that voices should not be adhered to or taken at face value. He stated, “In no case should they be taken literally or obeyed.” Ken also believes that there is a possibility that voices may have a message. As he said, “…it could be true that some of the voices have something to say to us.”

In the interview Ken also stated that his voices are from the unconscious mind: “It is part of my unconscious.” He further explained that the internal voices represent parts of his unconscious mind: “The internal voices are me….they are from my mind.”

Finally, Ken believes that his voices may be a result of repressed feelings or memories. He explained that “the voices could be caused by things not dealt with, ‘unfinished business.’”

The fourth formulated meaning for Ken is Paranoid Thoughts. Having auditory hallucinations can cause Ken to feel paranoid and insecure. When Ken first started hearing voices he thought they were emanating from another person. He stated, “I started hearing voices coming from him. That was the first time it happened.” And the experience continued to get more confusing for him: “I went back to my room and I started hearing more voices and they got really bizarre.”

Ken also mentioned that his voices can be frightening. This probably adds to his feelings of paranoia and fear: “I sometimes get a fear when I hear the voices.” Ken also felt conspired against by his voices until he discovered that they were originating from him. He explained, “Up to the time I realized the voices came from me, I thought it was all a conspiracy against me. It was really awful.” Moreover, Ken’s voices can control the way he feels about things or about himself. He said, “Once they made me feel guilty about something I’d done. And the voices knew I had done them, and they were accusing me sort of thing.”

Ken feels that the voices are also aware about everything regarding him. He stated, “Because the voices come from me, they seem to know all about me.” And because the voices know things about Ken, it creates a sense of paranoia for him. As he mentioned in the interview, “It seems to be that the voices do create the paranoia because with my voices they seemed to know all about me.”

Ken’s feeling of paranoia may also be colored by the fact that sometimes he has experienced the voices as being demonic. He said, “At times I have thought the voices were maybe the devil or something.” However, Ken has developed a strategy for dealing with the voices which may reduce his feelings of paranoia: “At first, I tend to get caught up in them as before, then realize what is happening, ignore the voices, drop what I am doing, and take a long break.”

Participant “Jane”

Living in the United States, Jane is a 40-year-old Caucasian female who has had auditory hallucinations since the age of 22. During that year she had her first psychotic episode, was hospitalized, and diagnosed with schizophrenia. Jane

is very fond of her voices and relies on them for spiritual and emotional guidance. She does not refer to her auditory hallucinations as voices but as "spirit guides." Jane currently hears her "spirit guides" from time to time, especially when she seeks their advice.

Although Jane did have the experience of making meaning of her auditory hallucinations, she had less vivid reports of meaning-making as compared to the other participants. Therefore, only three formulated meanings have been obtained from Jane's transcript. These include:

1. Listening with the body
2. Being dependent on the voices
3. Spirit guides

The first formulated meaning for Jane is Listening with the Body. When Jane first started hearing voices, there was an itching sensation in her ears. She stated that "I would hear . . . uh . . . like my ears, they were kinda like scratchy as if there was some interference." However, Jane was able to pick up on what the voices were saying with time: ". . . over time I began to listen for what was coming through the interference." In this way, she was able to clearly hear what the voices were saying to her.

For Jane, the part of the body that is most impacted from the experience of hearing voices appears to be her ears. Jane described a crinkling sound when she hears voices: "In the past I've had a lot of crackling around my ears." This crinkling sound was disturbing to her. As she said, ". . . it was like listening to tin foil being crunched up and it was very annoying."

Jane also mentioned that the clarity of the voices is very much related to her physical state of being. This makes a difference in the audible perception of her voices: ". . . depending on how tired I was or the day I'd had, I could hear them more or less clearly."

In order to communicate with the voices, Jane has to give them her complete attention. She explained, "Normally when we communicate, I'm not on the phone, I'm not on the computer, I'm not doing this or that." Finally, Jane sometimes perceives her voices emotionally. As she stated, "Sometimes it's like a feeling I get."

Jane's second formulated meaning is Being Dependent on the Voices. When Jane first started hearing voices, she felt that the voices emerged as a helping mechanism, as she was in a very bad mental state. She explained: "I was in the *terrible* state of mind . . . terrible, terrible, terrible. I think they wanted to help and that's what attracted them you know." Thus, for Jane, her Voices have a functional role: "They are helpful for me."

Jane's voices also provide assistance for her. She said: "I have the sense that they really help me." Jane also discusses major decisions with her voices because of their intelligence and the useful information they provide. She stated: "If something is important to me I check in with them… I mean if it is a big decision I check in with them because I figure they have more knowledge than I do."

For Jane, it is normal to consult with the voices. As she explained: "It just became a habit after all to check in with them." Because Jane communicates with

her voices on a regular basis, she does not feel lonely or isolated from the rest of the world: ". . . having being in touch with them or them being in touch with me gives me the feeling that I am not so completely isolated and alone; like I am not marooned you know."

Jane can summon the voices who respond sometimes: "I can send out a request for them. Most of the times they will come." The voices respond to Jane's queries in general. She stated that, "90% of the times they will come and answer my questions."

Jane depends on her voices: "I count on them you know." Moreover, she depends on the veracity of the voices. She said: "I count on them being accurate." Lastly, the following statement speaks to the extent to which Jane relies on her voices: ". . . if I wanted their help, and they weren't around, I would be disappointed."

Jane's final formulated meaning is Spirit Guides. In the interview, Jane was explicit in stating that she considers her voices to be spirit guides. She said, "I think it's weird to call them voices. I have a theory that they are spirit guides." She has two voices or spirit guides that are completely distinct from each other. She explained: "I can hear there are two of them and they sound distinctly different."

Jane's voices speak softly: "They're almost like whispers." They are also very valuable to Jane. She stated: "They are more useful than anything else." Jane often experiences her voices as benign. She claimed, "They never in anyway want me to hurt anybody else including myself." Apart from having a spiritual

relationship with them, Jane also shares an amicable relationship with the voices. She elaborated: “I see them as friends. We are more like casual friends.”

Jane’s voices are also very soothing for her: “They are a comfort.” Jane also mentioned that for her the voices are a source of ethereal information. She said: “I rely on them for intuitive answers. I rely on them for an unearthly perspective.” According to Jane, everyone can listen to voices if they paid more attention to them: “I do think that everyone has spirit guides. It’s just like having a radio dial but not everyone is picking up on them.”

Participant “Stephen”

Stephen is a male Caucasian who is based in Canada. He is in his late 20s and had his first experience of auditory hallucinations at the age of 19. That was when he was diagnosed with schizophrenia. He is currently in graduate school and prides himself for functioning optimally despite his “debilitating” illness. Stephen currently does not experience any auditory hallucinations.

Based on his experiences of making meaning of his auditory hallucinations, the following four formulated meanings have been derived from the interview:

1. “Rahatein, Rahatein”: Cut yourself
2. A psycho-somatic experience of voices
3. “A passionate relationship”
4. Valuable voices

The first formulated meaning for Stephen is “Rahatein, Rahatein”: Cut Yourself. In general, Stephen experiences his voices to be harmful and pejorative.

For instance, the voices give destructive instructions to Stephen: “The kind of stuff they say is like ‘Oh! Jump off the bridge’ or ‘Kill.’” Stephen’s voices also allude to material or subjects that make him extremely uncomfortable. He said: “A lot of sexual stuff, violent stuff; stuff that normally makes people really uncomfortable. It makes me very uncomfortable too cuz I don’t want to be thinking these things.”

The voices also give command hallucinations that are confusing for Stephen. As he explained, “. . . they give command hallucinations and they can be sexual like ‘touch that guy’s ass,’ even though I am a totally heterosexual.”

Stephen hears a certain voice the most often and he is perplexed by it: “The thing I hear most often is ‘Prince of Light’ and it’s disorientating.” And sometimes, the voices instruct Stephen to do harmful things to himself. Stephen explained that he hears the voice of his uncle, who he lived with for a few years, to harm himself: “. . . sometimes I hear my uncle’s voice saying, ‘Rahatein, Rahatein’ which means cut yourself.”

Stephen also mentions that his voices are an interference in his personal relationships. He said: “And they are very intrusive in human relationships because there is this kind of back talk. It’s like self-talk but it’s, hmm, what’s the word when you don’t want it, hmm…involuntary.” He further states that the voices create barriers in connecting to people: “They affect me in human relationships; it makes it harder to connect to people.”

There are several other negative qualities to Stephen’s auditory hallucinations. Sometimes, when Stephen hears voices he feels “very

uncomfortable." As he elaborated, "They tell me horrible things, they make me afraid, they say awful things about my friends, they confuse me…" Stephen also expressed that he is irritated with the voices: "…they are annoying." Thus, it is not surprising that Stephen disclosed that he sometimes experiences frustration over the voices. As he said, ". . . it's frustrating to have them." Lastly, Stephen feels that there is a bizarre quality to the voices that he hears. He stated that "they say weird stuff."

Stephen's second formulated meaning is A Psychosomatic Experience of Voices. Stephen has a psychological, emotional, and physical response when he has auditory hallucinations. Where the physical sensations are concerned, Stephen experiences a sensation "mostly in my stomach" when he hears voices. He also disclosed that he would experience the quality of light. He elaborated, "I would actually feel the quality of light in my body."

Stephen explained that sometimes the auditory hallucinations create painful sensations in his entire body. He said, "I actually get body pains, like body hallucinations . . . like physical pain in my body." Stephen's emotional responses to the voices appear to be intense for him. He stated, "I mostly feel anxious, sad and afraid, and angry." Interestingly, Stephen utilizes his anger toward the voices in surmounting them. He said, ". . . anger is actually a pretty good tool to fight them, to overcome them. Because you feel anger and then you say, 'screw this' and then you use your anger to get out of your self-victimizing." Furthermore, a lack of understating of the auditory hallucinations can lead Stephen to feel

apprehensive. He said that "the immediate sense is fear because I don't understand them."

Finally, from a psychological perspective, having auditory hallucinations can bring up material from the unconscious mind. As Stephen put it: "A lot of unconscious stuff comes up."

Stephen's third formulated meaning is "A Passionate Relationship." In the interview, Stephen stated that he has a rather intense relationship with his voices: "I'd say it's a passionate relationship." And perhaps it is a passionate relationship because the voices have provided a reason for Stephen to endure life. He explained, ". . . they've awakened a passion in me to survive and to thrive." For Stephen, developing a relationship with the voices is imperative. As he said, ". . . it's important to befriend your voices." He also added that somehow one must find a way to connect to their voices. He said that "anything that is happening inside of you, you got to relate to it some way or another."

Struggling with the voices has provided profound wisdom for Stephen. To explain in his own words:

> I have to reach through them in order to come up with an idea. They are barricading the way but when I do get through them I come up with an idea that is better than anyone in the class because of the fact that I have to reach so far.

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The auditory hallucinations have also played a significant role in Stephen's life where survival in the world is concerned. As he explained: ". . . it's been the dynamic quality it's [the voices] brought to my sense of survival and my need to survive as a person and as a being in this universe."

Furthermore, Stephen accepts his auditory hallucinations as he has developed various aspects of himself around them. He said, "I don't reject them in the sense that I form my ego, and I form my personality, and I form my love around these intrusions." The voices have also influenced Stephen's way of thinking. As he stated, ". . . the way they have helped me is that they've caused me to think in a way that I would have never thought I was able to think before."

Finally, it could be said that having an intense or passionate relationship with the voices makes Stephen a stronger person: "In a nutshell, the voices have made me a stronger human being."

Stephen's fourth formulated meaning is Valuable Voices. Voices are an integral part of Stephen. He said, "They are part of me." They have provided him with a new perspective on life. He explained, "They've caused me to have sensitivities to reality and to my experiences that would not have been possible." Stephen also expressed an appreciation for having the voices in his life. As he said: "And when I do feel good I feel grateful that I've been through everything that I've been through. . . . I am blessed that I have gone through what I have gone through."

Thus, there is value in the auditory hallucinations for Stephen. He stated that "they [the voices] make the things I'm doing more important because I am struggling to be able to do them." Stephen's voices are also significant: "They've given me a wealth of meaning. . . ."

For Stephen, hearing voices has opened the door to the world of mythology. He said, ". . . they connect me also to mythology and mythological

symbols. . . .” Thus, there is a relationship between voices and understanding mythology:

> . . . when I was in the hospital I heard the voice of God a lot, and spirits and demons and it’s caused me to think from a mythological standpoint, and understand symbols in ways most people couldn’t because I was living my symbols for six months.

Stephen has found self-expression through the voices. He said, “I have had to carve my voice, I mean find my voice amongst the voices.” One could say that the voices have contributed to Stephen's poetic abilities. He explained: “The experience [of the voices] gave me the ability to write that book. It gave me the richness and the depth and the uniqueness, a voice; it’s given me a poetic voice that I never had before.”

Stephen also stated that he has gained a self-understanding he would not have had without the presence of the voices in his life. He said that “they have helped me or lead me to an understanding of myself that I would never ever have accessed.” Stephen also believes that the voices are constructive in what they say. He elaborated: “. . . they do say positive things. They say like, ‘you’re beautiful’ and I don’t mind getting called ‘Prince of Light,’ as long as it’s not too often.”

The value Stephen places on his auditory hallucinations is clear from this phrase: “. . . the quality that they bring to my consciousness is unique and I wouldn’t give that up for the world.”

Participant “Jim”

Living in the United Kingdom, Jim is a Caucasian male. He is in his late 40s. He was diagnosed with paranoid schizophrenia and has had very distressing

auditory hallucinations. He has been a revolving door patient for ten years of his life until he participated in a Hearing Voices self-help group where he started making sense of his voices. Currently, Jim facilitates a self-help group in the United Kingdom and travels around the world speaking about his voice-hearing experiences. He continues to experience auditory hallucinations intermittently and has found immense meaning from his voices.

The following four formulated meanings have been determined from Jim's experience of making meaning of his auditory hallucinations:

1. Three voices: Three representations
2. "Critical" voices
3. Living with negative voices
4. Working with Voices

Jim's first formulated meaning is Three Voices: Three Representations. There are three main voices that Jim hears and he says that these voices have made life challenging for him. He stated:

> The voices . . . umm . . . I essentially had 3 voices because one was a Catholic Priest who was my abuser, one was my first partner who had died, and the other one was my father who was quite a terrible voice. And I guess those voices were the ones that made my life quite miserable.

The voice of the priest is related to the sexual abuse that was repeatedly inflicted on Jim by his parish priest when Jim was a young boy. This voice in particular was related to Jim's guilt around being sexually abused. As he explained:

> If you take the voice of the priest: he would say to me it was my fault, I let him do things to me yeah. But in a sense, it was reflecting back to me was my guilt of my sexual abuse.

Thus, Jim believes that hearing the voice of the priest was part of Jim's mourning process. He stated, “It was part of the grieving process of my abuse.”

Another voice that Jim hears is the one of his deceased partner, Annabelle, with whom he shared a very close relationship. Jim stated that Annabelle’s voice served a very important function in his life. He elaborated:

> I guess the big one was the voice of my ex-partner Annabelle. And the fact that with Annabelle being there, I found it really difficult to get involved in another relationship. And so I had a discussion with Annabelle about it . . . we decided that the best thing . . . was for her voice to go.

Annabelle’s voice continues to be significant in Jim’s life. As he said, “She was an important voice and in many ways is still an important voice.”

The third voice that Jim heard is the voice of his father. Jim heard his father’s voice during the time his father was alive, as well as after his father’s demise. For a long time, Jim did not share a very positive relationship with his father, though that changed toward the latter stage of his father’s life. Similarly, the voice of Jim's father changed over time as Jim experienced a change in their personal relationship. He stated: “And so I heard his voice eventually and his voice was very critical. But when we reconciled, his voice became a much better thing, it became gentler, human, a guiding voice.”

Jim’s second formulated meaning is “Critical” Voices. Jim’s voices can be “critical” in informing him of certain unfinished business in his life. He said, “. . . they were telling me I had things in my life to sort out that I hadn’t dealt with.”

His voices were also critical in many other ways. For instance, when Jim was able to reflect on his voices he found that there was value or meaning in

them. He stated, “And it was only when I started looking at the voices in my life did they make sense.” It was the Hearing Voices self-help group that was instrumental in helping Jim understand the symbolism of his voices: “. . . when I went to my first group I think within a year everything had turned around. Because what they [the voices] were saying made real sense.” Moreover, Jim believes that “I think that started in the Hearing Voice Group, the self-help groups where I first started learning techniques to help me cope with the voices.”

For Jim, voices have a purpose. He explained, “They serve a function for me.” An example of this function would be the fact that Jim believes his voices are like a warning system. He elaborated:

> . . . even now it’s there occasionally especially when I am very tired or stressed and I see that voice as a warning system. So if I hear the voice of the priest now I think to myself “Ah, it’s time to go fishing or it’s time to do something for me.”

Jim also employs his voices’ intelligence when making personal decisions for himself. They are like consultants where major decisions are concerned. As he stated, “Other voices I use to discuss things with, when I’ve got to make major decisions. And I will talk with the voices about it.” Jim’s voices have also enabled him to come out of his shell and reveal his true self. He explained:

> I think that by looking at the voices I was able to become who I was meant to be. I think I was . . . umm . . . a very quiet, inhibited sort of guy. And I look at pictures of myself now, and I look at pictures of myself 12 years ago, and I probably look younger now than I did 12 years ago because I have started being more of myself.

Jim also had a guiding voice that he was unable to recognize. However, this voice had a positive influence on him. As he stated: “I have one voice I could never identify and I used to call it ‘teacher,’ because it was always guiding; it was the

positive voice of the other voices really. It would tell me that things would be OK." Furthermore, this voice was a psychological support for Jim during a very turbulent time in his life: ". . . it was my sanity when I was insane—this rational, sort of novel part of who I was held by this voice for a long time."

Jim also heard another voice that he was not able to identify, but was equally critical in helping him through life's stresses. He elaborated:

> It was the voice of "self" that I found so hard to identify. Even though it was positive and it was helpful and stuff like that, in a sense it was the most difficult voice because I couldn't name it, I couldn't see what it was there for. Then I realized much later it was actually me; the voice held whatever that essence or individual is. For me, it kept it safe; even when I was mad it kept it safe.

This voice provided a sense of assurance for Jim. As he explained:

> It would always tell me that no matter what happens, I would always get through it; that there was a certain part of me worth saving, worth keeping alive, compassionate and human, that I wasn't mad and there was a part of me that was very sane, very alive, yeah.

Thus, it is not surprising that the voices continue to be a meaningful part of Jim's life: "They are still an important part of my life."

Another formulated meaning is Living with Negative Voices. When Jim first started hearing voices they were mostly negative and demeaning. They could also be critical. He stated, ". . . the first time I heard a voice it was the voice of a woman. It just said to me I had done something wrong in my work." But Jim found he was more surprised by the voice than scared by it: "That voice startled me. It didn't really scare me that much."

As time progresses from the first voice Jim heard, he started hearing several voices, all of which were negative. He explained, ". . . over the next few

weeks I started hearing more than one voice and it was all very negative stuff." There was one voice that was very accusatory. As he stated, "I heard the voice tell me that it was my fault; that I deserve to burn in hell, I was evil, it was my fault my partner died." However, Jim began to hear several accusatory voices: "I had all these sort of accusations coming and it wasn't just from one voice."

There was a presence of six voices. As Jim revealed, "It was from 3, and 4, and very soon I had 6 voices just going at me all the time." One of the voices gave Jim harmful instructions: "And one voice saying to me that I should kill myself." Jim also stated that there is a transient quality to the voices. And this transition was very disturbing for Jim. He said, "It started very . . . umm . . . almost gently but it got to quite a high sort of level of distress within six weeks."

Because Jim had auditory hallucinations, he was referred to a psychiatrist who prescribed antipsychotic medications. Instead of experiencing relief from the medications, Jim stated that they made his auditory hallucinations worse: "I then started receiving antipsychotics which didn't make any difference. If anything, the voices I think got more active because there was nowhere to go; if I wasn't asleep I was hearing them."

The fourth formulated meaning for Jim is Working with Voices. Jim has established an organization called "Working with Voices" which is based on his experiences of hearing voices. He stated that: "Working with Voices which reflects the journey I went through, how we organized voices, how I started thinking about the first experience of voices, how that connected with my life history."

At the organization, Jim uses his voice hearing experience to help other voices hearers. He explained: ". . . now I spend a lot of my time working with voice hearers to help them achieve that control because I think it is possible for voice hearers to hear very negative things." Jim stated that a purpose in working with voices is freeing oneself of the guilt and other feelings a person may experience if he or she is sexually abused. He explained, ". . . part of working with the voices is finding your innocence once again."

If reflected on deeply and with the right support, voice hearers can make sense of their voices. He said, "I have never met a voice hearer who didn't sit down and make some sense of what was going on." And as a result of this reflection, people can develop some control over their voices: "Once people make sense of why the voices are there, then they also have the power to do something about it."

Jim shared his own experience of how the voices have no control over his life unless he permits it, which he does when he needs their counsel:

> They don't have any power as such except that which I give them which is really when they discuss thoughts and ideas with me - so when I am writing or when I am speaking or anything like that. For instance, I don't need notes when I speak. If I forget something I expect one of the voices to get it for me. . . . Quite often the voice will pop in and say what I have forgotten so I can get that and then correct it.

Jim stated that even challenging voices possess some meaning: "I think sometimes it can be very difficult to understand the meaning of a voice. But that still doesn't mean the voice is meaningless." He added that some voices may not be very clear in their role or function. This could mean that "it's not fluid enough to understand the meaning of what the particular voice might be."

Next Steps

The next step of the data analysis requires the development of themes that are present and common for all eight participants. This step will be explained in more detail in the following chapter.

Chapter 5: Discussion

This qualitative study is intended to illuminate the experience of how individuals diagnosed with schizophrenia make meaning of their auditory hallucinations. Eight individuals were interviewed who met these criteria. The interview process proved to be a meaningful and purposeful exchange between myself and the participants. While each interview provided a unique glimpse into the individual participant's experience, there were themes and motifs that emerged and were common to all eight interviews.

This chapter presents the "aggregate themes" that were gleaned from the formulated meanings described in the previous chapter. This is followed by the final step of Colaizzi's (1978) data analysis—developing an "exhaustive description." The exhaustive description is essentially a "descriptive passage, a long paragraph or two" (Creswell, 2007, p. 62) that conveys the shared experiences of the participants. Furthermore, the exhaustive description is intended to provide the reader with the sense that he or she understands "better what it is like for someone to experience that" (Polkinghorne, 1989, p. 46). In the case of the present study, this understanding would relate to the participants' experiences of making meaning of auditory hallucinations within the diagnosis of schizophrenia.

Finally, a discussion regarding clinical and research implications will also be presented, along with the limitations and delimitations of the study.

Aggregate Themes

The following eight aggregate themes have been derived from the data analysis. They are described below in detail. Verbatim quotes and examples are used to illustrate the participants' experiences. The exhaustive description follows after the final aggregate theme.

The aggregate themes that emerged are the following:

1. Echoes from the past: Trauma and their relationship to auditory hallucinations.
2. In service of the psyche.
3. Council of sages: An internal warning system.
4. Moving toward health.
5. Voicing feelings.
6. Between psyche and soma: Sensory and emotional perceptions of hearing voices.
7. Voices from hell.
8. Senseless voices.

Theme 1: Echoes from the Past: Trauma and Auditory Hallucinations

This theme typifies the common notion regarding some of the participant's experiences of having auditory hallucinations as a result of a traumatic experience. Several of the participants stated they had some kind of a traumatic experience before they began hearing voices. These experiences took the form of

either physical, sexual or psychological abuse, all of which were extremely stressful and emotionally debilitating.

The participants shared a range of traumatic experiences that they felt were directly related to the voice hearing experience: loss of a parent, being sexually assaulted (rape), being sexually abused as a child, being a member of an extremely dysfunctional family, and finally, being in a war. From the participants who had a traumatic experience, most of them stated that they had successfully repressed these experiences and had not worked through them. Furthermore, they believed that their auditory hallucinations appeared as a result of this suppression which forced them to reflect on their traumatic experiences. A result of this reflection was a new found ability to make sense of and understand the relevance of the voices.

Lisa's experience best illuminates the idea of auditory hallucinations being the fruit of a repressed traumatic experience. In the interview, Lisa stated that she was raped as a teenager and never really dealt with the experience. This was primarily due to her innate need for perfection with regard to being "the best student, the best sister, or the best daughter, and to look after others." As a result, Lisa says she did not really talk about her rape, nor did she "ask for help." She explained:

> I kept it all bottled up. I didn't talk about these things that happened to me; I felt I needed to be perfect. So I squished everything inside. When I went to university I was initially having a wonderful time. . . . I remember seeing a poster advertising the student union's "No Means No" week, which is basically about encouraging women to be able to take control of their bodies and say no to sex if they don't want it (and for guys to respect this). . . . That poster opened the floodgates and I began getting flashbacks,

> really bad mood swings, anxiety, paranoid and—eventually—the three [voices].

Like Lisa, Jane stated that she was psychologically crippled before she started having auditory hallucinations. She compared her mental state of mind to a burn victim with "category 4 burns." According to research and theoretical literature, it is not surprising that the participants theorized that there is a correlation between auditory hallucinations and having a traumatic experience. Romme and Escher (1993) confirm this theory in stating that:

> It is assumed that the person may react to an extremely traumatic experience—such as incest, parental abuse, accidental injury, kidnapping, or acts of war—by isolating these memories from the consciousness. The trauma then returns in the form of flashbacks, feelings of persecution, aggressive voices, or terrifying images. (p. 23)

Lysaker, Buck, and La Rocco (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).

Sue is another participant who stated that she grew up in a very dysfunctional family and did not lead a healthy and balanced childhood. Having a father who was an alcoholic and a mother who was emotionally unavailable created an unstable family environment which Sue attributed to her psychosis. Sue also mentioned that during her adulthood she was raped, which was an exceptionally traumatic experience for her, given that she was just beginning to recover from her psychosis. She stated that she started hearing voices and believes that they "came back in response" to her fear and anxiety around the rape.

Based on the research of Romme and Escher (1993), 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).

Where the participants of this study are concerned, all of them mentioned that they were able to recall the conditions surrounding the onset of their auditory hallucinations. For instance, Rob stated that he first started hearing voices when he was a Marine in the Vietnam War. He clearly remembered a voice talking to him and it reflected the fact that he did not want to be a Marine. He stated, "And I heard a voice as clear as anything." Jim stated that his voices were clearly related to the distress of losing his life partner, as well as to the trauma of being sexually abused by his parish priest at the age of eleven. He distinctly recalls that "the first time I heard a voice it was the voice of a woman."

Based on these examples, there is evidence of a relationship between the emergence of auditory hallucinations and the experience of trauma. Romme, Escher, Dillon, Corstens, and Morris (2009) exemplify this idea in stating that individuals, such as the ones presented in this study, find that:

> . . . their voices are not a sign of madness but a reaction to problems in their lives that they couldn't cope with, and they have found that there is a relationship between the voices and their life history; that the voices talk about problems they haven't dealt with—and that they therefore make sense. (p. 2)

For the participants in this study, trauma played a significant role in the creation and manifestation of their auditory hallucinations. However, through the exploration of their auditory hallucinations, the participants were able to make sense of the purpose and message of their voices; they were able to connect the dots between their voices and their life history. More importantly, they were also able to gain insight about how their past traumas impacted their current mental functioning.

Theme 2: In Service of the Psyche

This theme elucidates the idea that auditory hallucinations have a function and purpose in an individual's life. All eight participants stated that their voices served a very specific function in their life. Some of them even stated that they came to depend on the usefulness of their voices, while others felt very grateful for having the experience of auditory hallucinations despite experiencing the auditory hallucinations as sometimes being negative.

One of the participants, Sandra, found that her voices were instrumental in developing a healthier relationship with her husband. To elaborate, on several occasions, Sandra's voices instructed her to leave her husband. Sandra adhered to these instructions and realized that "it was my unconscious communicating to me that he was harassing me and preventing me from being myself." Sandra's voices protected her from the psychological abuse she was confronted with while being in a marital relationship with her husband. Their purpose was to shield her from the stress of being in a relationship she was not satisfied with.

Lisa is another participant who felt that her voices had a very specific purpose in her life. For a very long time, Lisa had self-esteem issues that undermined her ability to feel good about herself. In the interview she stated that these issues were related to the bullying that she experienced from her best friend as a young girl in school. For Lisa, the auditory hallucinations were a reminder of the need to work on and improve her self-esteem. As she said in her own words:

> The voices, the fact that they talk about me and they discuss me, they criticize me, that is really directed to my self-esteem issues that I have had because of the bullying at school . . . I see parallels in that the voices talk about me . . . and are quite critical. They also get worse when I feel good or proud about something I've done—similar to this friend who used to feel threatened by me doing well at things.

Once Lisa was able to recognize the significance of her voices, she was able to get a better grasp on them and simultaneously learn from them. She also became more aware of what she needed to do in order to improve her self-esteem.

Steinman (2009) lends credibility to the idea of how individuals may find that their auditory hallucinations have a purpose in their life when they are examined in depth. He says, "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).

Stephen is another participant who has found that his voices have a purpose in his life. Although he claimed that the voices are frustrating and are a part of his illness that affects his functioning, he believes that "the quality that they [the voices] bring to my consciousness is unique and I wouldn't give that up

for the world." He also added that his voices "make me reach farther for ideas." An example he provides that supports this notion is as follows:

> Like, when I am in class . . . I'll be hearing things [voices] and I'll be like searching and searching and searching for a thought or idea or something. . . . And finally when I get a thought… and I say it, all my teachers are impressed with the quality of my thought. . . . I have to reach through them [voices] in order to come up with an idea. They are barricading the way, but when I do get through them I come up with an idea that is better than anyone in the class because of the fact that I have to reach so far.

Some of the participants also expressed that their voices embodied the role of companionship for them. For instance, Jane stated that she has subsidized housing because of which she cannot live with anyone else. She added, ". . . being in touch with me gives me the feeling that I am not so completely isolated and alone."

With regard to finding companionship from auditory hallucinations, Karon (1994) states that: "One simple explanation for many hallucinations is that the patient is lonely. The voices represent somebody who cares about him [her]. Even malevolent voices are better than being alone" (p. 176).

Jane also stated that her voices function as a source of guidance for her. She explained that "if it is a big decision I check in with them because I figure they have more knowledge than I do." Ken, another participant, stated that his voices "have the role of guidance, trying to help me." This idea of utilizing auditory hallucinations as means of deriving information is not unusual. In fact, Elfferich (1993) explains that:

> . . . voices give a concrete, sane message which is in accord with the facts of our visible world, and indeed adds new information to that world. These messages contain material which, as far as can be traced, cannot possibly

> have resided in the consciousness of the person hearing the voices. (p. 100)

Jim explicitly stated that his voices "do have a function." For instance, in exploring the voice of the priest (his sexual abuser) Jim discovered that ". . . the only function that it has is to tell me it's time to do something for me rather than work you know; do something that I enjoy—read, go fishing, take a holiday, those kinds of things."

And for Rob, his voices would "soothe" him during times of despair. Rob explained that he never had a normal childhood. In fact, his memories of his childhood are of it being a turbulent and stressful period in his life. He said, "I never got any fathering or mothering really." But during times when Rob felt alienated and alone, his voices were there for him, to comfort him.

Based on the experiences of these participants, it can be said that auditory hallucinations can have a function and a purpose in an individual's life. These functions range from protecting an individual from emotional conflict to bringing awareness regarding past traumas to comforting and soothing an individual during times of despair.

Theme 3: Council of Sages: An Internal Warning System

For most of the participants, the experience of having auditory hallucinations was related to experiencing a stressful situation. The participants stated that when under distressing circumstances, they would begin to hear voices. Some of the participants also mentioned that their existing auditory hallucinations were exacerbated under stressful conditions. However, these participants also felt

that when they experienced auditory hallucinations or when they found that the voices increased, they understood it as a sign or a warning from their psyche.

Ken believes that his auditory hallucinations are like a warning system which provides him clues about his internal state of being. He simply said, "Quite often it was a warning sort of thing." Ken has also noticed that his voices "occur when I get very stressed." For Ken, this implies that his voices are an indication of the fact that he is being burdened by his circumstances and needs to step back. He elaborated: "At first I tend to get caught up in them as before, then realize what is happening, ignore the voices, drop what I am doing, and take a long break."

Similarly, Rob feels that his voices are indicative of his state of mind when he feels stressed. He said, "It just warns me that I am being stressed out and I need to back off a little bit." Rob exemplified this idea through a personal example. A few years ago, Rob took on the position of a janitor at the Post Office and began to feel extremely stressed out. As a result, he started hearing voices again. He said:

> I got that I was stressed—those are my clues. . . . So when I saw these clues, I thought "Ok, I am being stressed, what can I do?" So I quit my job at the post office, and literally, within a couple of days it all went away. So it's a clue to me that there is something going on; that I am pushed beyond my limits. It's like a warning system.

Within the literature, there is ample evidence that suggests a relationship between stressors and the manifestation or exacerbation of auditory hallucinations in an individual's life. 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). This concept is quite evident for the participants represented in the present theme.

Another participant, Jim, stated that he hears voices when "I am very tired or stressed out" and he sees the voice "as a warning system." He elaborated, "So if I hear the voice . . . I think to myself, 'Ah, it's time to go fishing or it's time to do something for me.'" Therefore, like Ken and Rob, Jim too treats his auditory hallucinations as being evidence that he is possibly physically tired or stressed out.

Sue's experience adds a nuance to the idea of auditory hallucinations being like a warning system. Unlike some of the participants who understand their voices as being indicative of physical stress, Sue considers her voices to be indicative of emotional stress. Hornstein (2009) affirms this idea in saying that "voices often say important things about a person's emotional life" (p. 18). Thus, for Sue, her voices were "helpers" and ". . . were actually trying to warn me; they were trying to make me aware of things that weren't going right."

Lisa also believed that her voices are related to emotional stress. In the interview she stated, "When I am stressed, then the voices get triggered and get more powerful. So if I am stressed or feel bad about myself, then they get a lot worse." She also provided an illuminating example of how her voices are indicative of emotional stress and how they made her aware of certain things in her life that she needed to rectify. She explained:

> And I had arranged this mental health conference and I really feel at home at these conferences because I like the people and I quite enjoy being there. And then I heard the scream—it was the loudest it had ever been—while I was sitting there hearing all this stuff about recovery . . . here was this voice that was at its most frustrated/loudest in a place where I usually feel most at home. I thought about it and realized that I felt torn inside. Here I was, talking about recovery and thriving, yet inside I knew that I was still partly dependent on the mental health system and hadn't really got the courage to move myself out of it.

This clearly depicts that Lisa was emotionally conflicted about being at the mental health conference while still being a part of the mental health system. However, she did not realize the impact this had on her until she heard the scream. It was almost like a wakeup call for her; an indication that she needed to take care of business.

It appears from the testimonies of these participants that their auditory hallucinations played a crucial role in informing them about things or situations that were not conducive to their physical and mental functioning. Most of these participants came to understand their voices as a warning system, that when heeded to, enabled them to develop a better understanding of the ways in which they could avoid or lessen their physical and emotional stress.

Theme 4: Moving Toward Health

This theme highlights the manner in which the participants achieved improved mental health as a result of reflecting on and working through their auditory hallucinations. For most of the participants, exploring their auditory hallucinations proved to be beneficial and rewarding to them. It provided them an opportunity to gain insights about their past, to act on their insights in the present, and to develop a further self-understanding and awareness for the future. This

enabled them to not only better understand their voices; it also aided them in controlling the voices and their impact on their mental health.

Another perspective on understanding mental health as consequential to making meaning of auditory hallucinations is the idea of "personal growth." From the interviews, there is a unanimous agreement that making meaning contributed to the participants' personal growth. According to Escher (1993), "Personal growth can be defined as recognizing what one needs in order to lead a fulfilled life, and knowing how to achieve these ends; it could, perhaps, be described as a process of emancipation" (p. 56).

An example that exemplifies this is best provided by Lisa. Lisa stated that she feels "really lucky" to have had the experience of auditory hallucinations. She also said that: ". . . it helps me lead a lot more of a healthier life. It's kinda given me a reason to look into my experiences and understand them and make sense of them which has made me a much happier person."

Lisa also believes that having auditory hallucinations gives her "an option to learn from, rather than just being in a corner. They help me understand what's going on." In a similar vein, Sue stated that her voices were a significant part of her attempts to better understand herself during and after her psychosis. She was able to take the information she learnt about herself in psychotherapy and apply it to her "life experience." She elaborated on this point with the following example:

> For instance, when I first got out of the hospital after 3 years, 2 months, I went into a studio apartment on my own. At first when I would walk to the store I would get really paranoid . . . I would do it anyway. And when I would do it, and keep doing it, it got less and less as a fear and I became more empowered by doing it and that proved to me that I could learn from what's painful. . . .

Rob too has found that exploring his voices has introduced him to a whole new world. He says that for a long time he was not always in touch with his "real self." He understands his voices as a "breakthrough," an invitation for him to take a closer look at himself. Rob accepted this invitation and found that he was able to gain profound insights about himself and make the necessary changes he needed to in order to function effectively in the world. This experience enabled him to "be a far more healthy human being." He said:

> My sense is that I was an unconscious person. I had no clue who I was. I had no other way to function except through this breakthrough. Otherwise, I was just going to shut down for the rest of my life.

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 also 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). And as seen from the participants in this study, when the cause(s) of their auditory hallucinations are discovered, they may be in a better position to reflect and work through these causes in order to develop and maintain healthy psychological functioning.

But apart from gaining healthy psychological functioning, some of the participants also discussed gaining better control over their voices as an attribute to improving their mental health. For instance, Lisa believes that her "first step" in attaining control over her voices was to understand the connection between her voices and being in stressful situations. She said, "I realized I could make my

voices worse by being stressed, then maybe I could make them better if I was not stressed." Once she understood this connection, Lisa found it easier to manage her auditory hallucinations. Sue also stated that in developing a healthy sense of self, a "core sense" of who she was, she was able to get better control over her voices to the extent that she stopped hearing them. Jim is another participant who found that through the process of connecting his "first experience of hearing voices" with his "life history" he was able to gain control over his life and "as a result more and more control over the voices."

Another aspect of gravitating toward mental health as a result of exploring one's auditory hallucinations is the idea of sharing one's experiences with other voice hearers. Many of the participants reported that part of recovering from their psychosis, gaining an understanding of themselves, as well as gaining control over their voices involved sharing their experiences and knowledge with other individuals who had auditory hallucinations. An attestation to the experience of being with other voice hearers and relating to them is provided by McLeod, Morris, Birchwood, and Dovey (2007) who believe that "opportunities to bring people together to understand and discuss their experiences is realistic and has potential for added therapeutic value" (p. 248).

Several of the participants also found that their voice hearing experience propelled them into working with other individuals who were either diagnosed with schizophrenia or who simply heard voices. Ken stated that he currently runs a voice hearing self-help group where he believes "we are really helping people." Sue explained that her experience of auditory hallucinations not only influenced

her decision of joining the psychiatric field, it also enabled her to be more empathic to those individuals with severe psychiatric diagnoses. She described her experience as a psychiatric nurse in a hospital where she was attending to:

> . . . a woman who said she heard voices from angels. . . . But, her family was more disturbed by the fact that she was hearing that. So she would talk to me . . . I would just listen and validate. . . . So my experience really influenced the way I viewed others experiencing auditory hallucinations.

Similarly, Lisa and Jim expressed that their experiences motivated them to facilitate hearing voices self-help groups. Lisa said:

> I work for a hearing voices project in London. I help people set up help groups and so they've given me my vocation; they've given me a kind of understanding and purpose. Kinda like a direction in life. It feels good actually, it feels good.

Jim has started his own organization called "Working with Voices" and spends a major amount of his time in working with voice hearers. He said, "Particularly, I work with people who hear voices of their abusers which seems to be an area where I guess I use my own lived experience a lot to help people through their guilt."

For participants in this study, making meaning or making sense of their auditory hallucinations has provided them with an opportunity to not only obtain a better understanding of themselves, but has also enabled them to provide other voice hearers with the necessary knowledge and tools to gain control over their voices.

Theme 5: Voicing Feelings

A quote from Ensink (1993) aptly reflects the sentiment of this theme when she says, ". . . the repression of emotions makes perhaps the greatest

contribution to the incidence of auditory hallucinations. This suggests that not recognizing feelings as belonging to the self makes it more likely that emotions…will be attributed to ego-dystonic sources" (p. 171).

All the participants in this study echoed the above idea; they believed that in examining their auditory hallucinations, they discovered that in most cases, their voices were mirrors of their feelings and emotions. They further discovered that because they were not in touch with their feelings, or may have repressed them, their auditory hallucinations emerged as a reminder for them to take a closer look at their emotional life. Most participants also expressed that their auditory hallucinations are an integral part of them.

Stephen exemplifies the idea of voices being a part of him. He said, "They are a part of me." For Stephen, his voices are "reverberations of his positivity." In other words, they reflect his positive emotions as he is experiencing them. Thus, Stephen believes that in order to be in more meaningful contact with his emotions, he has to relate to the voices in "some way or another." Romme et al. (2009) suggest that:

> . . . for voice hearers, accepting their voices and relating them to their own life, is the only way to recover from the distress their voices bring. It also becomes clear that rather than extinguishing the voices, it is more helpful to change one's relationship to them. (p. 2)

Ken also added that his voices "accentuate" what he is already feeling. In this way, Ken is able to get some insight into his feelings that he may not have been completely aware of. He also believes that "voices could be caused by things not dealt with." He refers to suppressed emotions that a person may have which may cause them to harm themselves or others. But as Ken stated, if the person is

able to reflect on these emotions, he or she may develop an alternative understanding about the presence of the voices in their life. He illustrated this point with an example: ". . . if someone has a voice telling them to kill someone else, it could well be caused by unexpressed or suppressed anger towards that person. And so the anger should be dealt with in healthier, safer ways."

Sue initially considered her auditory hallucinations to be demonic, "evil voices." However, through constant examination of her voices in psychotherapy, Sue discovered that her voices were "disembodied parts" of herself. Sue also stated that her voices replaced feelings; feelings that were intolerable and unbearable for her. Perhaps her voices were feelings she was not in contact with either because she refused to pay attention to them or did not possess the psychic maturity to deal with them. As she explained in her own words:

> . . . what had happened was through the therapy the voices slowly integrated into feelings again. And when they did integrate into the feelings, the feelings felt foreign to me because I lived without them for so long. So I had to learn how to accept and understand the feelings I was starting to get.

Rob too believes that his auditory hallucinations represent "dissociated pain." He explained that, ". . . it's my perspective that what is going on with me is I have a dissociated self, so I need to get in touch with all this stuff. . . ." He also stated that he is aware that he has "a lot of emotional pain." When he began therapy he started the grieving process around his pain and connected with his emotions to the point that the voices "went away again."

Some of the participants experienced extremely intrusive voices that directly addressed feelings that they may have deliberately avoided. For instance,

Lisa experienced that her voices "were related to my feelings of powerlessness." This was related to the fact the she was sexually abused and hospitalized several times, two instances in which she had no control or power over the situations. Once she was able to getter a deeper understanding of how her voices mirrored her feelings she found that this knowledge helped her "with deeper issues." Lisa provided an example that illustrates how her voices are related to her poor self-esteem:

> For instance, if I was getting ready to go out, the voices would say, ". . . why is she looking in the mirror, she looks awful…they are going to laugh at her." They continue criticizing. . . . But that's helpful because they are reflecting my feelings to me. . . . It kind of picks up on my sense of self—whether I feel fake, or feel ugly or feel damaged. All of these feelings come from the abuse and they verbalize it.

She best summarizes her point in stating that, "I think they are a part of me, but the part of me that has been squished down and I have not had a chance to speak about."

Jim's example appears to be the most compelling in illuminating the idea that some auditory hallucinations are repressed feelings; feelings that reside within the core of the unconscious mind. Jim went through an enormous amount of trauma and distress—he was sexually abused as a child (an experience he never dealt with until adulthood), he never dealt with the death of his partner, nor did he deal with the breakdown of his relationship with him and his father. Thus, for Jim, his voices were communicating to him feelings that he had repressed and needed to work through. He said, "In a sense they were telling me I had things in my life to sort out that I hadn't dealt with." For instance, Jim believes that the voice of his parish priest "was reflecting back to me my guilt of my sexual abuse . . . It was

about how I felt about the abuse." When Jim was able to recognize this not only on "an intellectual level" but on "an emotional level" as well, he was better able to rid himself of the feelings of guilt and shame he experienced.

Experiencing auditory hallucinations is like experiencing one's feelings; feelings that the individual is not aware of or may not recognize immediately. However, the experiences of the individuals in this study indicate that with the recognition of one's feelings comes the opportunity for personal growth and development; a notion that may have been inconceivable without the exploration and meaning-making of one's auditory hallucinations.

Theme 6: Between Psyche and Soma: Sensory and Emotional Perceptions of Hearing Voices

Having selected phenomenology as a method for this study, it is essential to explore the somatic and emotional experiences of the participants who experienced auditory hallucinations or voices. Inspired by the philosophical reflections of Merleau-Ponty, Shapiro (1985) states that "meaning and understanding are originally bodily. Part of their being bodily is that they occur prelinguistically, before language and before reflective conceptualization" (p. xiv).

Therefore, a phenomenological approach seriously considers the body to also be a receptacle for meaningful experiences. Where this study is concerned, most of the participants were able to describe how their auditory hallucinations had an impact on their physical and emotional self. All of the participants in this group described their physical sensations as being intense and uncomfortable.

Lisa talks about the "screaming voice" and its impact on her body. She said:

> I feel a kind of pressure in my right ear. Imagine you've got someone standing right next to you with their mouth right against your ear and they're screaming loudly at you. That's how it feels; I can feel the air pressure of her voice. I can feel that even when she's not screaming, so I know she's there all the time.

Jane also talked about the physical sensation in her ear. She also stated that being physically fatigued can influence her ability to hear voices. She elaborated, "Sometimes, depending on how tired I was or the day I'd had, I could hear them more or less clearly." Sue's experience is similar to Jane's because she first began hearing voices when she was tired. She talked about the voices as being akin to "someone shouting loud whispers in your ear." She said that "physically, there was a vibration with me." She also described experiencing "zipping sensations" (surrounding her head) when she would have auditory hallucinations.

Some participants talked about having extremely uncomfortable physical sensations in their body. For instance, Stephen mentioned having "body hallucinations" or "body pains" that he experienced when he heard voices. He described them as a "physical pain in my body." He also described feeling the pain "mostly in my stomach."

But apart from physical sensations, some participants were more inclined toward emotional perceptions of their auditory hallucinations. To elaborate, Jim stated that his voices "have an impact more on my emotions than my other senses." He shared an example that illuminates this idea:

> I guess the biggest thing for me is that if I smell incense it triggers a very powerful response in me around my abuse. For instance, Karen and I were in Jerusalem and Bethlehem and she couldn't understand why I couldn't go down to one of the most beautiful parts of the church. The smell of incense is too overpowering.

Experiencing the voices on an "intuitive" level is also common for Jane. She explained that "sometimes it's more about perceiving them. That's the hard thing to look for. . . . Sometimes it's like a feeling I get."

Ken expressed fear and anxiety when he heard voices which sometimes led to him feeling paranoid about his environment and circumstances. Stephen confirmed this idea through his own emotional responses to the voices. He said that when he has auditory hallucinations he generally feels "anxious, sad, and afraid, and angry." Rob expressed that he does not experience any somatic responses to the voice, only emotional ones. He said:

> . . . at times they are a little frightening to me because I can go long periods of time, a couple of months and think "oh everything is OK and fine" and then they will come back. . . . It's startling sometimes. It reminds me that I am a bit vulnerable. But no, no physical sensations as such.

Based on the experiences of the above individuals, it appears that hearing voices can be a complex phenomenon, both on a psychological and physical level. These participants clearly demonstrate the impact auditory hallucinations may have on their mind and body, which allows for a deeper appreciation for all that a person endures with the experience of auditory hallucinations.

Theme 7: Voices from Hell

This theme draws attention to the fact that some participants in this group experienced negative and, what some describe as "demonic" voices or auditory

hallucinations. While all of the participants in this study expressed that they experienced benign voices, six out of the eight participants reported that they also heard very critical and derogatory voices. For some participants, the voices spoke directly to them. For others, the voices spoke in the third person which was equally disturbing for the participants.

Sandra's experience exemplifies the extent to which she was affected by her "persecutory" voices. She explained that initially, her voices were non-violent and were inside her head. Gradually, they "surrounded" her and that became unbearable for her. She elaborated:

> I also remember covering the mirrors in my house with sheets or handkerchiefs. I only left 10 centi-meters of the mirror for myself because I believed that the voices were also trying to confuse me; to disturb me continuously. And I thought I was restraining this effect by covering the mirror.

Ken is another participant that whose voices used to cause him "an awful lot of distress." He explained that sometimes his voices were "mumbling obscenities all the time." He initially thought the voices were coming from "the devil." For Lisa, her voices were initially "horrible and frightening" for her. The voices spoke to her in third person and they "discussed" and "criticized" her for a long period of time. But she also heard a voice that spoke directly to her which she described as being "much nastier." She described the voice as "much more abusive and manipulative, talking directly to me rather than about me. It threatened me, cajoled me, and taunted me." Furthermore, Lisa's voices instructed her to kill people and to kill herself.

Sue's experience also speaks to the idea of voices being derogatory and manipulative. Like Lisa, Sue also heard her voices commanding her to "kill people, kill myself, my mom and my younger sister." She said that this experience was "very terrorizing" to her especially because she would hear these commands quite often and being raised as a Catholic, she assumed she was hearing voices from "the devil." Sue also explained that, "I couldn't let down my guard; I couldn't allow myself to feel anything good cuz if I did, they'd come." This is an indication of the fear Sue experienced when she heard voices.

Stephen clearly stated that some of his voices are "negative." This is primarily because, "The kind of stuff they say is like 'Oh! Jump off the bridge' or 'Kill.'" Stephen also added that his voices "tell me horrible things, they make me afraid, they say awful things about my friends, they confuse me…" Jim is yet another participant who experienced extremely persecutory voices and who also heard instructions to harm himself and others. He said:

> But over the next few weeks I started hearing more than one voice and it was all very negative stuff. I heard the voice tell me that it was my fault, that I deserve to burn in hell, I was evil, it was my fault my partner died. I had all these sort of accusations coming and it wasn't just from one voice. It was from 3, and 4, and very soon I had 6 voices just going at me all the time. And one voice saying to me that I should kill myself.

Based on the experiences of the participants in this group, several inferences can be made about the nature and significance of persecutory and command auditory hallucinations in schizophrenia. First, some of the participants who reported negative auditory hallucinations experienced some level of trauma before they were diagnosed with schizophrenia. For instance, Lisa was raped at a young age, Jim was sexually abused as a child and experienced the loss of his

partner, Sandra experienced the loss of her mother and was constantly emotionally attacked by her husband, Ken was struggling with being at University and did not feel part of his social community, and Sue had a very traumatic and unstable childhood. Thus, it appears that individuals with a traumatic past are more likely to experience negative auditory hallucinations. This information is not unexpected as a significant body of literature indicates that there is a relationship between negative auditory hallucinations and trauma. 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 was a major factor in the emergence of negative auditory hallucinations. The findings of Freeman and Fowler's study support the experiences of the participants in the present study who claimed that their traumatic experiences resulted in the manifestation of auditory hallucinations. Interestingly, when the participants were able to recognize and accept this connection, their voices subsided significantly.

Second, it could also be said that negative auditory hallucinations may have a significant role in bringing to consciousness repressed memories and experiences. For instance, when Lisa explored her critical and demeaning voices, she found that they were speaking to her denial of her rape experience when she was an adolescent. The voices could have been gentler and less malignant. But because she had so successfully repressed her feelings of fear, anxiety, guilt, and shame, her voices may have had to take on a more aggressive stance in order to get their message across. This idea can be explained by the fact that Lisa thinks

that one of her negative voices is "an internalized image" of her abuser. She said, "I think instead of hearing the voice of my abusers which would be too painful and horrible, I pushed them out and made them inhuman."

In the case of Sue, her voices constantly instructed her to kill herself and to kill those individuals she was closest to. Sue understood these voices as being a metaphor for killing parts of herself; the parts that had feelings for her mother and her sister. As she explained, "It was better to kill them and not have any feelings…just to get rid of all feeling." This information is significant from a psychological perspective because not possessing any feelings implies an internal death. With such an internal death one could never experience suffering, pain, sadness or fear, all of those emotions that make a human being so vulnerable.

Theme 8: Senseless Voices

While all eight participants found that there was meaning or value in their auditory hallucinations, there were some participants who also found that, at times, their voices did not make any sense to them or were not relevant to their lives. Six participants discussed how sometimes their auditory hallucinations did not provide any insight or meaning for them. This observation reflects the paradox that from a single individual's perspective some auditory hallucinations are experienced as meaningful, while other auditory hallucinations may be experienced as meaningless or senseless.

On reflecting on the process of making meaning of auditory hallucinations, Rob stated that "usually, it doesn't give me any insight in what is going on with me." He said that there have been times when he has just not been

able to make sense of the voices or "connect the voices and what they seem to be suggesting." The following example may shed light on this phenomenon: "I mean, often the voice I hear inside me that says, 'Help me,' is a woman's voice. And it's only a few words; it's like a woman in distress and what am I going to do with that?"

Stephen also shared Rob's opinion in that his voices have not "revealed" anything significant to him because "they just repeat thoughts over and over again."

Other participants expressed that initially, they too did not find any value or meaning in their voices. They only discovered the significance of their auditory hallucinations when they were in therapy or when they were part of a voice hearing self-help group.

Some participants believed that their voices were completely senseless. For Ken, his voices were "garbage." He said, "There was no sense in them whatsoever and I used to just ignore them." However, it was when Ken started working with a psychologist in the Hearing Voices Network group, was he able to understand the value and significance of his auditory hallucinations. Similarly, Sandra expressed that she did not understand her voices and found them to be quite "confusing." It was only when she was in psychoanalysis that she developed an appreciation for her voices. Once she developed an appreciation for her voices, she was in a better position to learn from them.

Sue spent most of her time "denying" the existence of her voices simply because they made very little sense to her. She only started understanding the

significance of her voices once she began psychotherapy. She said, "When I began to make sense of the auditory hallucinations and start feeling there was meaning to them was during my therapy with Dr. Brigham."

Like Ken, Sandra, and Sue, Lisa too only found meaning in her voices when she started attending a self-help group for voice hearers. Prior to that, she found her voices to be meaningless for the first few years. She said:

> In the first few years they didn't seem meaningful or valuable at all. I just thought they were horrible and frightening. But I started going to a Hearing Voice Group and that helped me, which was a turning point for me.

For Ken, Sandra, Sue, and Lisa, their auditory hallucinations only began to be meaningful once they received the support and direction from either their psychotherapist or their self-help groups. This implies that receiving containment and guidance from experienced professionals has an impact on the manner in which individuals may perceive or find meaning from their auditory hallucinations; hallucinations that may appear insignificant and senseless on the surface can ultimately be a source of wisdom and knowledge when examined at more profound level. Steinman (2009) lends validity to this idea in asking, "How can one gain control over psychotic material if one can't step back and understand it? How can patient or psychiatrist make sense of bizarre delusions if they never discuss their possible content and meaning?" (p. 62).

Therefore, Steinman suggests that exploring one's auditory hallucinations can prove to be beneficial for the individual. Furthermore, the role of the professional is crucial in helping individuals to make sense or meaning of their voices, as in the case of Sue, Lisa, Sandra, and Ken.

Exhaustive Description

This section presents an Exhaustive Description, which is essentially a summary of all the eight themes that have been derived from the data analysis. In other words, the Exhaustive Description illuminates the shared experience of the participants in the present study.

The individuals in this study shared elaborate and detailed accounts regarding their process or experience of making meaning of auditory hallucinations within the diagnosis of schizophrenia. All eight participants found their auditory hallucinations to be meaningful to them. This implies that they found value, gained insight(s), and/or discovered the function or purpose of their auditory hallucinations in their lives. While each participant provided a unique perspective on making meaning, the data analysis brought forth eight themes that were found across the participants. These themes provided significant perspectives and clues regarding the ways in which individuals make meaning of their auditory hallucinations, the manner in which their hallucinations are related to their personal lives, and the processes utilized in employing auditory hallucinations in developing self-understanding and self-awareness. However, while all participants did make sense of their auditory hallucinations, some participants indicated that there were times when their auditory hallucinations were meaningless and insignificant. This dichotomy may speak to the complexity and challenges of experiencing auditory hallucinations in schizophrenia.

It was found that for most of the participants, auditory hallucinations were precipitated by a traumatic experience. The spectrum of trauma included sexual

abuse, sexual assault, loss of a parent, and an unstable family environment. All of these participants agreed that their voices were a response to enduring such traumatic events. They described their voices as having a functional role or a specific purpose in their life. For some, their auditory hallucinations were akin to a warning system, informing them that they needed to remove themselves from stressful circumstances or environments. For others, auditory hallucinations were symbolic of being a reminder to them to work on certain aspects of their lives or to deal with certain memories that they may have denied or repressed. Participants also believed that their voices were an integral part of themselves and were a reflection of their feelings that they may not have been aware of. Some participants also understood their auditory hallucinations as being messengers—conveying messages from the unconscious mind.

Except for one, all other seven participants also described somatic and emotional responses to having auditory hallucinations. Feelings of anxiety, fear, guilt, and shame were some of the emotions that were experienced by these participants. Where bodily awareness is concerned, participants reported that they would generally have physical sensations near their ears, which was mostly distressing and uncomfortable.

Participants also expressed their distress over hearing persecutory and command hallucinations, especially because they did not possess a framework for understanding the negative nature of such hallucinations. However, when they were able to attain an awareness of their significance, either through personal therapy or self-help groups, they were able to better perceive and understand the

negative auditory hallucinations. This implies that there is meaning even in negative voices.

Some of the participants were also grateful and appreciative of their auditory hallucinations, stating that they would not have achieved emotional and psychological health without the experience. This appreciation prompted some of the participants to share their knowledge and experience with other individuals who had auditory hallucinations. Starting an organization, facilitating a self-help group, or taking up a position in the psychiatric field, were some of the ways in which these participants contributed to improving the welfare of other voice hearers.

The Exhaustive Description marks the final step of the data analysis. What follows next is a retrospective reflection on the bracketing process and discussion of the clinical and research implications of the present study.

Bracketing

Before proceeding to the discussion of the clinical and research implications, it is essential to re-state that I consciously engaged in the process of bracketing. As von Eckartsberg (1998) explains, bracketing involves the suspension of the researcher's preconceptions in order to "give way to a more disciplined phenomenological attitude from which one could grasp essential structures as they themselves appear" (p. 6). I made a conscious effort in bracketing my assumptions regarding the phenomena of auditory hallucinations, which included the following: personal expectations of possible findings influenced by my theoretical knowledge and personal experiences of the

phenomenon; personal physical, emotional, and psychological responses toward the participants' experiences; preconceptions and presuppositions regarding the experience and meaning of auditory hallucinations; the possible tendency to view the material that emerges from the interviews within the context of psychology instead of looking at it purely from the perspective of the individual's experience; and the expectations created by the results obtained in previous stages of the research, all of which may consequently influence the interviews.

In an effort to bracket all of the above, I constantly monitored and noted in a journal any personal assumptions, thoughts, and feelings that I may have had. Being a licensed psychotherapist, caution was taken to not make psychological interpretations while listening to the participants during the interviews. This process enabled me to carefully and intently listen to the participant's experiences as they were being described.

Initially, bracketing was a relatively effortless process. However, by the fourth participant interview, I was eager to create connections between participants' narratives and the overlapping themes that presented itself in the raw data. Thus, I had to consciously remind myself to refrain from making such connections until I embarked on the data analysis.

I also had to navigate through the elaborate steps of the data analysis. Getting lost in the details of the data analysis was sometimes a factor that hindered the bracketing process. I found that at times like these, I had to step back in order to get a better perspective of the raw data. This made a remarkable difference in the bracketing process.

On a much more personal note, I was surprised by my expectations of experiencing auditory hallucinations myself. Having being completely immersed in the data, I became vigilant about hearing voices or other similar auditory sounds such as music, words, and so on.

All in all, I found that I was successful in bracketing my assumptions, feelings, and expectations regarding this study. I believe that the bracketing process has played a pivotal role in not coloring or influencing, as humanly possible, the results and findings of the present study.

Implications of the Study

This section reviews the clinical and research implications of the present study. The goal of this qualitative phenomenological study was to explore the following question: What is the experience of individuals with schizophrenia who have made meaning of their auditory hallucinations? The results of this study indicate that individuals diagnosed with schizophrenia find various ways of perceiving or making meaning of their auditory hallucinations. This discovery is contrary to mainstream thought, which considers auditory hallucinations to be generally meaningless or irrelevant in a person's life. This contradiction presents a number of implications within the clinical realm, as well as for furthering research regarding voices or auditory hallucinations.

Clinical Implications

The clinical implications of the present study revolve around the concepts or ideas that have emerged from the experiences of eight individuals who have

found meaning or value in their voices or auditory hallucinations. A significant implication of this study from a clinical perspective involves the treatment of schizophrenia and the ways in which making meaning of one's auditory hallucinations may be a vital factor in the treatment of those individuals diagnosed with the illness. The role of the psychotherapist and the recovery process are two other areas that will also be discussed within the treatment of schizophrenia.

Clinical Treatment of Schizophrenia

A quote from Davidson (2003) speaks volumes about the purpose of undertaking the present study and its relevance to the clinical treatment of schizophrenia:

> …to learn more about the ways in which people with schizophrenia may influence the course and outcome of the disorder …to do so by interviewing people who are currently living with the disorder (as opposed, e.g., to reading autobiographical accounts). (p. 61)

In this study, I have found several ways in which the participants shed new light on the manner in which auditory hallucinations may be viewed or understood with regard to schizophrenia.

For 21st century psychiatry, auditory hallucinations are considered a symptom and are generally indicative of a mental illness, such as schizophrenia. Ritsher, Lucksted, Otilingam, and Grajales (2004) affirm this idea in stating that: "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 last 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, based on the experiences of the eight participants who were all involved with the mental health system on one level or another, two main ideas reflect the general outlook of the psychiatric model toward schizophrenia. First, there is an enormous emphasis on the administration of antipsychotic medications for individuals with schizophrenia. Second, the attitude(s) of mental health professionals that were encountered by the participants illuminates the typical approach toward auditory hallucinations in schizophrenia. In what follows, I argue that these outlooks provide substantial evidence for the need of improving treatments that are currently rendered to individuals with schizophrenia.

In terms of being on antipsychotic medications, many of the participants stated that they received minimal refuge from their voices or auditory hallucinations despite the consumption of antipsychotic medications. Reverting to the literature review in this study, this information supports the notions put forward by Bentall (2003), Whitaker (2003), and Breeding (2008). According to them, the reliance on antipsychotic medications may only mitigate the presence of the auditory hallucinations but not necessarily eliminate them.

In fact, several of the participants described that their voices were aggravated due to their medications. For instance, Jim described himself as a "revolving door patient" who received 40 ECTs (Electroconvulsive Therapy) and was a psychiatric patient for 10 years of his life. He described the onset of his hallucinations and the fact that they worsened when he was on medications because the voices had "nowhere to go." Similarly, Lisa stated that the consequences of being a part of the mental health system can be extremely disempowering for an individual. This is mostly because "when you are in the mental health system, you lose your life; you lose everything that's good about you."

Furthermore, some of the participants expressed regret about informing their psychiatrists about their auditory hallucinations. In informing them about their voices, the participants found that not only were they immediately bestowed with the diagnosis of schizophrenia; they also found that (due to the lack of support and understanding) their experiences of the auditory hallucinations worsened and intensified. Rob aptly stated: "I am really sorry I told a professional

the truth. Because what they did was increase my stress and things became worse." Like Rob, Jane too stated that, "I was more horrified that I was in the hospital than at the thought that I actually might be ill . . . ."

The participants also commented on the attitudes or general outlook of mental health professionals when they learnt that the patient heard voices. From the narratives of the eight participants, there appears to be a disregard or minimal interest in the nature or purpose of auditory hallucinations in schizophrenia. Romme et al. (2009) summarize this attitude in the following words:

> . . . we have observed that the attitude of mental health care researchers and professionals is one of regarding voices not as a source of information, but as a sign of 'non-existent reality'; it is this attitude that disables people from finding more adequate and helpful information about this experience. (p. 4)

One of the participants, Ken, elaborated on this kind of attitude through the following comment: "I told my psychiatrist I heard voices and he said, 'You'd better increase your tablets then.'" In a similar vein, Rob too expressed his frustration around the nonchalant attitude he received from his psychiatrist. He said, "I hate psychiatry. . . . When I told them I heard voices, they just threw me in the State Hospital."

The experiences of these eight participants regarding the psychiatric model may very well reflect some of the experiences of the millions of individuals who are diagnosed with schizophrenia. As mentioned in the literature review, approximately 24 million people worldwide suffer from schizophrenia (WHO, 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). Where this study is concerned, most of the participants expressed their gratitude and appreciation for the opportunity to talk about their auditory hallucinations; an opportunity, they explained, that was seldom afforded to them by the mental health system. For instance, speaking on auditory hallucinations, Rob stated: "It's a phenomenon I wish that was explored more. I am glad you are doing what you are doing because it would help all of us that have this phenomenon to relax a little bit."

Sue's experience is similar to that of Rob's. She stated: "I think that it is wonderful for you to really take an interest because I think more people like you who do take the interest and the time to understand really make an impact on people's lives."

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 potentially meaningful 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).

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

These questions beg for the possibility of, as Hillman (1977) puts it, "re-viewing" symptoms such as auditory hallucinations. Based on the works of Dorman, C. Grof and S. Grof, Jung, Laing, Nelson, and Romme and Escher, I propose that auditory hallucinations are not mere projections of the human mind. On the contrary, I believe that, 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, on the works of several theorists, as well as on the experiences of the eight participants, I suggest that it is possible to view auditory hallucinations as an access to the human psyche, if explored at a deeper level. This is not to imply 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. Heery (1989) epitomizes this perspective in saying that inner voices may hold personal significance and should be explored and integrated into the voice hearer's experience instead of being eliminated.

A point worth noting drawn from the experiences of some of the participants is that auditory hallucinations can be extremely negative and persecutory. This can be excruciatingly distressing for the individuals experiencing them. Yet, from the data analysis there is evidence that even negative auditory hallucinations can prove to be meaningful or relevant when contextualized within the person's life history. Moreover, as indicated in theme number one of the data analysis, 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 (Morrison & Larkin, 2006; Gold & Elhai, 2008). However, for most part, understandings of schizophrenia preclude the influence of psychological and/ or emotional trauma as being critical in the etiology or 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 suggests that, apart from employing the medical model, the treatment of schizophrenia should also consider the possible role of trauma and its impact on the development and prognosis of schizophrenia.

The role of the therapist. The role of the therapist can be considered an intervention in and of itself where the clinical treatment of schizophrenia is concerned. In the context of this research, 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, I believe that individuals may gain better control over them and simultaneously gain more stability in their life. This is evidenced by the fact that a number of participants in the present study indicated that in altering their perceptions or relationship with the voices, they were better able to achieve improved psychological functioning. They further added that they were mostly able to make this transition due to the support and containment they received from their therapist or mental health professional.

Many recent studies indicate that auditory hallucinations are experienced by psychiatric and non-psychiatric populations. According to Romme and Escher (1993), what differentiates the two groups is the ability to develop a deeper understanding and a relationship to the auditory hallucinations. In other words, instead of viewing them as a pathological symptom, it may be more constructive to view them as potential messengers or helpers of the human psyche. Therefore, auditory hallucinations may be understood as a language of the psyche that speaks to the individual's life history and experiences. 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:

> 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. Where this study is concerned, most of the participants felt disappointed and invalidated by their therapists who had no regard or interest in their auditory hallucinations. 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). Confirming Breggin's perspective, Karon (1994) states that: "There is a view among many psychologists that the hallucinatory material . . . should be ignored. The patient should be directed toward reality and not encouraged to explore the hallucinations. Such a view is a mistake" (p. 178).

Thus, the role of the therapist is vital in creating a bridge between an individual and the significance of their "symptoms." It could be said, based on some of the experiences of the participants, that when an individual is held within a therapeutic container, his or her experiences are validated and taken seriously by the therapist. Such a therapist has genuine regard and interest in their client's psychological and emotional processes. As a result of this validation, the individual may feel seen and understood and this may provide him or her an opportunity to re-structure and re-integrate his or her self. The "divided self" (p.

175) that Laing (1960) referred to in schizophrenia may no longer remain fragmented and a new self may emerge as a result of this psychological transformation. As seen in the literature review, Dorman (2003) successfully implemented this approach 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 in order 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.

Based on the data analysis, there appears to be several ways in which the therapist may assist in developing or changing an individual's relationship to the auditory hallucinations. The first step should be the acceptance of one's auditory hallucinations, irrespective of their nature and intensity. Ken, a participant, exemplifies this view in stating: ". . . ignoring them didn't seem to do much. It only temporarily solved the problem."

Another way of changing one's relationship to the voices involves gaining control over them. Most people who hear voices state that their voices control their thoughts and actions. However, if one is able to reverse the cycle, one is in a better position to gain control over their voices. One of the techniques to establish control is to have a dialogue with the voices at a specific time of the day, thereby "setting limits or structuring the contact" (Romme & Escher, 1993, p. 21). In the

interview, Ken shared his technique on how he gained control over his voices. He said that he talks to the voices and gives them the following instructions: “I don’t want to talk with you at the moment. But come back at 6 o’clock in the evening when I am relaxing.”

Such techniques may prove useful to some individuals in changing their relationship to their auditory hallucinations. This may result in re-framing their perspectives of auditory hallucinations, gaining more control over them, and eventually gaining more control over their own lives. However, what is of paramount importance is the fact that such a re-framing of one’s auditory hallucinations is likely to be most successful with the support, validation, and assistance from the therapist or the mental health professional.

The recovery process. As discussed in the literature review, recovery is “a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills, and/or roles. It is a way of living a satisfying, hopeful, and contributing life even with limitations caused by illness” (Anthony 1993, p. 3). According to this model, recovery does not equate to cure. Instead, as Deegan (1996) states, “The goal of recovery is not to become normal. The goal is to embrace the human vocation of becoming more deeply, more fully human” (p. 92). Recent studies indicate that with adequate support and containment, individuals with severe mental illnesses can completely recover and can repossess the role of a functional member of society (Zahniser et al., 2005; Ahern & Fisher, 2001). In fact, individuals who have been diagnosed with schizophrenia have

experienced remarkable success in achieving complete recovery from the over powering and incapacitating symptoms of the illness (see Lukoff, 2007).

One of the requirements for recovery is the ability to make sense of and find meaning in one's experience. In the case of schizophrenia, recovery could imply the discovery of meaningfulness in an individual's auditory hallucinations and the ways in which they may apply to the person's life. The process of recovery also calls for an evaluation of several factors that influence an individual's experience of schizophrenia, as well as the decisions involved in overcoming the illness. As Ritsher et al. (2004) point out:

> . . . the specific experience of voices may hold vital clues as to how they developed and how best to cope with them. A detailed understanding of individuals' voice hearing experience yields more accurate judgments of the degree to which the voices affect their level of distress, impairment, and risk of harm to self or others. (p. 224)

Possessing this knowledge can significantly impact the ways in which an individual views his or her experiences. This in turn empowers the person to take the necessary steps in order to achieve recovery or as Lukoff (2007) states, "enjoy lengthy periods of time free of psychotic symptoms and partake of community life as independent citizens" (p. 642).

The book *Living With Voices: 50 Stories of Recovery* (Romme et al., 2009) is an illustration of the fact that individuals have achieved recovery based on a deeper and more meaningful understanding of their auditory hallucinations. These stories tell a tale of the incredible power of understanding and relating to one's auditory hallucinations as a means of achieving successful recovery. Romme and Escher (1993) have also discovered that, where auditory

hallucinations are concerned, there are primarily three phases that are involved in order to begin and succeed in the recovery process. The following stages have been outlined by them:

1. The startling phase: the usually sudden onset, primarily a frightening experience;
2. The phase of organization: the process of selection and communication with the voices;
3. The stabilization phase: the period in which a more consistent, ongoing means of dealing with the voices is developed.

Interestingly, all participants in the present study indicated that they did follow some form of this template before they attained some level of recovery from schizophrenia. Where the "startling phase" is concerned, the participants expressed fear, anxiety, confusion, and denial as some of the responses to their auditory hallucinations. In order to complete the "phase of organization," participants reported that there was a gradual acceptance of their auditory hallucinations which created a more conducive environment for understanding and/or communicating with their voices. Romme at al. (2009) elaborate on the phase of organization with the following words:

> . . . it becomes evident that recovery from the distress of hearing voices is only possible when the voices become accepted as a human capacity that can have a function in the person's life, and can be used to help voice hearers develop themselves. (p. 4)

Finally, gaining control over the voices and developing strategies for dealing with them marked the "stabilization phase" for the participants in the present study.

Based on the literature on recovery, as well as the experiences of the participants in this study regarding the three phases of recovery, it appears that there is a compelling association between finding or making meaning of auditory hallucinations and recovering from schizophrenia. This idea may be illuminated in the words of Thomas et al. (2004):

> A concern with meaning makes it possible for us to wonder at how the person integrates puzzling and distressing experiences within his or her life. We may then understand how some people cope with their experiences, and others do not. From this point on recovery becomes a possibility. (p. 22)

Recovery is a concept that is alive and is growing momentum where individuals with a psychiatric diagnosis are concerned; it is a concept that is very pertinent to the diagnosis of schizophrenia. Furthermore, the notion of recovery has enormous implications for the ways in which individuals with schizophrenia choose to view their diagnosis: either as a mental illness that is caused by a biological or genetic defect or a life challenge that can be overcome through "hope and empowerment" (Ahern & Fisher, 2001, p. 23).

Implications for Future Research

There are several implications of the present study for future research regarding auditory hallucinations. To begin with, this study was devoted solely to the exploration of meaningfulness of auditory hallucinations in schizophrenia. However, it would be worthwhile to include other diagnostic populations that also experience auditory hallucinations as a symptom. The clinical diagnoses of bi-polar disorder, depression, and dissociative identity disorder, to name a few, may be other important areas to consider for the examination of meaning-making of

individual's auditory hallucinations. Furthermore, such diagnoses additionally present with other symptoms that are worth exploring where symbolism or meaningfulness is concerned. Delusions are one such symptom. According to the *DSM-IV-TR*, delusions "are erroneous beliefs that usually involve a misinterpretation of perceptions or experiences, and are not ordinarily accepted by the other members of one's culture" (APA, 2000, p. 299). Like auditory hallucinations, delusions too are generally regarded as meaningless, pathological symptoms, and are typically treated with medications. However, based on the present study, the exploration of meaning-making of delusions may offer significant insight into the workings and processes of the human psyche.

The participants of this research were primarily individuals from Western continents, namely North America and Europe. Thus, another area for possible research involves cross-cultural populations who have also been diagnosed with schizophrenia, as elucidated in the *DSM-IV-TR* (APA, 2000). Cross-cultural representations of finding meaning or value in auditory hallucinations may provide vital clues on how individuals from non-Western cultures may perceive meaningfulness or find insight or value in their auditory hallucinations.

Furthermore, it appears that more qualitative studies regarding the experiences of individuals with schizophrenia and/or other psychotic disorders are needed (Davidson, 2003). Where this study is concerned, the participants expressed eagerness for recounting and sharing their experiences during the interviews. They stated that they were rarely asked about their experiences of auditory hallucinations by their psychiatrist or psychotherapist. Furthermore, this

study was a meaningful process for both the participants and the researcher, suggesting that such qualitative research may benefit both the client and mental health professional.

As far as the review of the literature is concerned, the present study appears to be the first study that has explored meaningfulness of auditory hallucinations in schizophrenia. However, only eight participants were involved in the present study. Therefore, additional studies with multiple participants regarding finding meaning or value in auditory hallucinations would be important.

It would also be worth investigating the process of making meaning of one's auditory hallucinations in schizophrenia. In other words, exploring the ways in which individuals determine what is meaningful to them could be helpful in illuminating the process of making or finding meaning in auditory hallucinations.

While research on the recovery process has been fairly established, further research should be undertaken with a specific focus on identifying the relationship between finding meaning in individuals' auditory hallucinations and their recovery from schizophrenia.

Finally, a significant amount of research must be dedicated to the efficacy and validity of voice hearing self-help groups in the United States. The next few paragraphs of the research implications section have been dedicated to the description and functions of the Hearing Voices Network or (HVN).

HVN is an organization based in Manchester, England. It was founded in 1988 in response to the pioneering work of the Dutch researchers Marius Romme and Sandra Escher. HVN has over 160 branches within the United Kingdom

alone. Furthermore, the National Health System (NHS) in the United Kingdom recognizes HVN as an efficacious tool in providing support for individuals who hear voices.

Speaking on the main purpose of HVN, Julie Downs (the administrator) paints an elaborate picture of the ways in which HVN serves individuals with auditory hallucinations. She says:

> What we've found . . . is that people who have strange or frightening experiences like voice hearing need to talk about their perceptions and feelings…Psychiatrists tell people to ignore the voices, but this just doesn't work. . . . Besides, voices often say important things about a person's emotional life. But it's hard to figure out what these messages are, and people are often too frightened by their voices to try and decipher them. Being in a group with other people who've had similar experiences, who accept each other's realities, no matter how strange they are, and who listen to one another in an interested, accepting way can be a lifesaver. 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)

HVN recognizes 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. A handful of the participants in this study expressed their gratitude and appreciation for HVN and the manner in which the organization provided them with an avenue for the exploration of their voices. Lisa, Ken, and Jim were the three participants that emphasized how they benefitted from participating in the voice hearing self-help group. For instance, Lisa stated that she was better able to understand the significance of her auditory hallucinations when she joined the group. She said:

> But I started going to a Hearing Voice Group and that helped me, which was a turning point for me. Over time, as I began to open up, they helped

me to see the links between the voices and all the things that I had gone through in my life; that they have a symbolic meaning.

All three participants were based in the United Kingdom, a country where the frameworks for understanding auditory hallucinations are much broader and comprehensive when compared to the United States. Interestingly, but not surprisingly, none of the participants that were based in the United States made any mention of such self-help groups. On the contrary, these participants were solely dependent on the framework of the psychiatric or medical model, which allows very little room for considering the significance of auditory hallucinations, let alone exploring them in depth.

My research has revealed the existence of only four voice-hearing self-help groups in the United States. These are based in Massachusetts, Wisconsin, Oregon, and Colorado. This is a rather negligible number given that approximately 2.4 million adults (NIMH, 2008) are diagnosed with schizophrenia, whose prominent symptom is auditory hallucinations. This is not unexpected considering the narrow and restricted perspectives of most mental health professionals in the United States. From the review of traditional and contemporary literature, there appears to be a minimal transition from viewing auditory hallucinations as pathological symptoms to perceiving them as possibly meaningful or valuable messages from the psyche. This is reflected through the period from Lockhart (1975) to Hornstein (2009), both U.S. psychologists, who were taught and informed that auditory hallucinations or voices are meaningless and ineffectual "symptoms" of a mental disease.

Thus, it appears that the twenty-first century may mark a societal period in which the need and demand for voice hearing self-help groups, such as HVN, are larger than the resources available in the United States. Based on the efficacy of these groups not only in the United Kingdom, but in countries such as Italy, Japan, Australia, and so on, the time may have arrived for the United States to examine, explore, and establish organizations that embrace a wider perspective on auditory hallucinations.

Delimitations and Limitations

The present study is delimited in two ways, the first being its sole focus on individuals with schizophrenia. Auditory hallucinations are experienced by psychiatric and nonpsychiatric populations (Bentall, 2003); however, this study is only concerned with individuals with a diagnosis of schizophrenia. Second, research participants were recruited from list serves such as Craigs List and Intervoice Online. This kind of random sampling has the potential to bring in a full range of interested individuals. Although it was hoped that the sampling would reflect the population at large, the actual sample was not very diverse in terms of demographic variables, including ethnicity and gender. Furthermore, individuals who did not have access to a computer or the internet, for economic or personal reasons, may have also not been able to participate in the study.

This study is limited because it is not generalizable to other kinds of populations of people who may experience auditory hallucinations such as those with bi-polar disorder and clinical depression. Furthermore, there appears to be several limitations with the method itself. The number of participants is limited;

additionally, this being a self-report, there is no other manner of verifying the participants' responses or experiences. Phenomenology is the only method being employed, which may restrict other ways of understanding the participants' experiences. Lastly, this being a qualitative study, it is possible that the results of the study could be interpreted in alternative ways by a researcher bringing a different perspective to the data.

Chapter 6: Conclusion

Auditory hallucinations are a widely researched phenomenon. They have been understood from multifarious perspectives and schools of thought and have been attributed to several causes or factors; consequently, there currently are a plethora of approaches to working with auditory hallucinations. However, it appears that 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 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, based on the experiences of the participants in the present study, who were all diagnosed with schizophrenia, it is apparent that auditory hallucinations was perceived as much more than just a symptom.

Reflecting on the origin of the word *symptom*, the word is derived from the Greek word *symptoma* which refers to "a happening, accident or disease" (dictionary.com, n.d.). This definition is reflective of pathology for those individuals who may experience symptoms due to a mental or psychological

illness. It follows that a natural tendency is to eradicate symptoms in the service of alleviating human suffering. Therefore, for most means and purposes, eradication of symptoms implies healing; it implies cure. But, is this always the case?

For the participants in the present study, their experiences indicate the contrary; viewing their auditory hallucinations as more than just a clinical symptom, these participants chose to take a closer look at the significance of their auditory hallucinations. All of the participants also expressed that their auditory hallucinations were considered nothing more than just a symptom by the medical and mental health professions. A reflection of pathology and poor mental functioning, these individuals were informed that they would be better off without their voices; voices that were considered to have very little relevance, if at all, in a person's life.

Fortunately, these participants, who according to the *DSM-IV-TR* "lack insight" (APA, 2000), chose not to treat their voices as a meaningless symptom. Instead, they chose to pay attention to the message, value, insight, and/or purpose that they discovered in their auditory hallucinations. A drastic departure from consensus reality regarding auditory hallucinations, these individuals dared to listen to their voices; listen to the messages that were being conveyed. As we read through their experiences, we find a resounding chorus of voices that give testimony to the potential value and meaningfulness of auditory hallucinations, even in schizophrenia, a lifelong, debilitating mental illness.

As Thomas et al. (2004) point out, "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, participants in this study discovered symbols or metaphors that were imbued with messages from the psyche. For some, their auditory hallucinations were a reflection of repressed traumatic events; for others, the voices echoed feelings or emotions that were buried in the debris of their unconscious mind; and for yet others, hearing voices was understood as a warning, an indication of a stressful environment or situation. Providing comfort, guidance, and companionship were other functions that were fulfilled by individuals' auditory hallucinations. Even those voices that were extremely critical and persecutory were still found to contain some meaning or value within them, when explored at a deeper, more symbolic level.

There appears to be two factors that are vital to the successful exploration of meaningfulness of auditory hallucinations: the role of the therapist or mental health professional and the attitude of the client toward their auditory hallucinations. Both these factors are interrelated and create an environment that is conducive to exploring one's voices.

Where the role of the therapist is concerned, providing support, containment, and a non-judgmental attitude is essential in facilitating a deeper understanding of an individual's auditory hallucinations. This in turn "permits the

person to turn and face the inner flow of experiences, to welcome them rather than turning away or trying to suppress them" (Cortight, 1997, p. 173). It is important that therapists or mental health professionals realize that where auditory hallucinations are concerned, "a personality, a life history, a pattern of hopes and desires lie behind the psychosis" (Jung, 1995, p. 127). This implies that when understood within an individual's life history and experiences, auditory hallucinations may have a significant impact on an individual's life. Hence, one could say that the therapist's role is akin to being a midwife of the human psyche, assisting in the delivery of the messages that are being communicated through the voices.

In considering the attitude toward auditory hallucinations, fear, terror, and anxiety appeared to be the immediate response of the individuals in this study. Arguably, this was primarily because they possessed no framework for understanding their experiences. As a result of the fear and anxiety, these individuals were overpowered and overwhelmed by their auditory hallucinations. However, once they were able to better conceptualize the causes or purpose of their hallucinations, they were able to gain control over them and regain stability in their lives. Karon (1994) speaks to the importance of an individual's attitude toward his or her auditory hallucinations in the following words:

> . . . you cannot help hearing voices. That is not under your control. But you can control whether you accept it as real, or whether you treat it as something to be understood, something caused by your unconscious which has a lot of very useful information. (p. 183)

Thus, possessing an attitude of curiosity and openness may serve an individual in better understanding and possibly appreciating their auditory hallucinations.

There is no denying that sometimes it is challenging for an individual to have auditory hallucinations, especially if they have command or persecutory hallucinations. But with a supportive environment and a non-judgmental therapist, the possibility of working through the experience may be highly enhanced.

Although still widely looked at as a symptom to be eliminated, the exploration of the potential value of auditory hallucinations is gaining more momentum and acceptance than it did a decade ago. This is particularly reflected in the successful establishments of voice hearing self-help groups and research regarding the value and function of auditory hallucinations, especially in Europe. However, the perspective on auditory hallucinations is still a dismal scene in the United States where auditory hallucinations are very much considered a symptom to be eradicated. A predominant framework for understanding mental illness, the medical or psychiatric model continues to minimize the importance of exploring the possible value or significance of auditory hallucinations. This is even more unfortunate as more recent studies indicate that auditory hallucinations are intricately linked with traumatic experiences or events, as also evidenced by participants in the present study. Therefore, it appears that in order to be of real, effective service to those individuals with schizophrenia, instead of solely depending on the psychiatric model, it would be more favorable if mental health professionals paid attention to their patient's voices instead of simply denying them.

Voices or auditory hallucinations are an essential element of the language of the human psyche; it is the yarn that weaves the fabric of the unconscious

mind, a realm that holds vital clues to the functioning and processes of the psyche. More often than not, this language may not be easily comprehensible on the surface and requires deep, intense exploration. However, a successful exploration of auditory hallucinations may yield significant insight, awareness, and wisdom for the individual. These in themselves may be sufficient for the commencement of the individual's recovery process from schizophrenia.

Based on the existing research and evidence, and on the experiences of the participants in the present study, it is time that we re-view auditory hallucinations as a possible clue to the human psyche and its healing, instead of simply dismissing them as a non-functional, meaningless symptom of a mental illness.

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Appendix A:

Research Flyer

Interested in talking about your Auditory Hallucinations?

Dear Community,

I am a 3rd year PhD student at the California Institute of Integral Studies, San Francisco. I am also a licensed Marriage and Family Therapist in California. I am currently working on my dissertation proposal and I am particularly interested in interviewing individuals who match the following criteria:

1. Individuals who had been diagnosed with schizophrenia but are in remission for at least 1 year;
2. Individuals who experienced auditory hallucinations for the duration of at least one month but for no longer than 4 years ago;
3. Age 18-60 years;
4. Fluent English speakers;
5. Individuals who have at some time (past or present) had some experience of making meaning of their auditory hallucinations;
6. Individuals who are able to coherently speak about their experiences of auditory hallucinations;
7. Availability to participate in the proposed research.

Individuals are not allowed to participate in this study if you are:

1. Currently abusing drugs and/or alcohol;
2. Currently diagnosed with severe clinical depression symptomology or have been suicidal within the last 5 years.

I am interested in interviewing such individuals about their auditory hallucinations, particularly their experiences of them. My school has an extremely thorough review committee called the Human Research and Review Committee (HRCC). This means that issues such as informed consent, confidentiality, referring individuals who may require therapy following the interview, etc, will be included and discussed prior to the interview. The interviews will be held in around the summer of 2009.

If interested, or if you have any questions, please email me at [contact information withheld for privacy]. You can also call [withheld for privacy].

In gratitude,

Rochelle D'Silva.

Appendix B:

Introductory Letter to Research Participants

Date:

Dear:

Thank you for your interest in participating in this study on the experience of auditory hallucinations in schizophrenia. I appreciate you making the time and effort to participate in the interview.

This study is being conducted for a Doctoral Dissertation in East-West Psychology under the guidelines established by the California Institute of Integral Studies Institutional Review Board. This study is being conducted by Rochelle D'Silva, a doctoral candidate at the California Institute of Integral Studies in San Francisco. The purpose of this study is to explore the experiences of meaningfulness in auditory hallucinations in individuals with schizophrenia.

You are considered a suitable participant for this study if you meet the following criteria: (a) have been diagnosed with schizophrenia but are in remission for at least 1 year; (b) have experienced auditory hallucinations for the duration of at least one month but no longer than 4 years ago (c) are anywhere between 18-60 years ; (d) speak fluent English; (e) have at some time (past or present) had some experience of making meaning of your auditory hallucinations; (f) are able to coherently speak about your experiences of auditory hallucinations; and (g) and are able and willing to participate in the current study.

You will not be considered suitable for this study if you are: (a) currently abusing drugs and/or alcohol; (b) currently diagnosed with severe clinical depression symptomology or have been suicidal within the last 5 years.

You will be asked to meet with me for approximately 1-1.5 hours. During this time, I will ask you to describe to me in great detail your experiences of auditory hallucinations. In addition, you will be asked to meet me a second time (for a briefer duration) wherein you will be given a transcript of your interview, so you can check for any errors or misinterpretations of the information provided by you in the initial interview.

This study is intended to allow a better understanding of this phenomenon, which has rarely been explored and discussed. The inquiry and interview process is designed to elicit a better personal insight of your lived experience.

Thank you once again for being willing to participate in this study. Please be ensured that all information revealed in the interviews will be kept in strict confidence. Should you require further information before signing the release form, please let me know. I can also be reached at (415) 279-2131 in case you have further questions regarding any aspect of the research.

Sincerely,

Rochelle D'Silva

Appendix C:

Participant Informed Consent Form

Rochelle D'Silva, a Ph.D. candidate in Humanities with a concentration in East–West Psychology at the California Institute of Integral Studies, San Francisco, California, has requested your voluntary participation in a research study at this institution. The title of the research is: *Meaningful Voices: A Phenomenological Exploration of Auditory Hallucinations in Individuals With Schizophrenia.*

If you agree to participate in this study, you will be asked to describe your story that particularly revolves around your auditory hallucinations. The study mainly focuses on people who have had auditory hallucinations, and their meaningful experience(s) thereof.

The interview will be conducted in a confidential setting, either on the phone, face-to-face, or over the internet (using audio-visual programs). The interview will also be tape-recorded, and I will later transcribe the tape. The interview has a stipulated time limit of 90 minutes. You will be asked to participate in a second, shorter interview to review the transcript and provide any additional information.

Confidentiality: Any identifiable information that is obtained in connection with this study will remain confidential, and your identity will not be disclosed. Your information will be stored in locked cabinets and password-protected data will be stored on a computer. The notes, tapes, transcriptions, and any other written data materials will be destroyed after completion of this dissertation.

Risks and Benefits: The following is an outline of the risks and benefits you may experience in participating in the study:

Benefits

- You *may* experience improved health outcomes, such as a feeling of lightness or relief from telling your story.
- You *may* use the interview as an opportunity to disclose any information (concerning auditory hallucinations) you wish to, which you may or may not have felt comfortable doing so in the past.
- You *may* gain of a better understanding of your condition from describing your experiences of auditory hallucinations.

Risks

- There *may* be a possibility of some trauma being triggered as you narrate your story (e.g., negative memories and emotions associated with the illness).
- After the interview, there *may* be some residual emotions around your experiences that may surface, which you may not have anticipated.

If you do experience any of the risks mentioned above, you may use the contact information of one local psychotherapist and/or a psychologist who would offer their services at a reduced fee.

Voluntary Participation and Withdrawal: You are free to choose not to participate. If you do participate, you are free to withdraw from this study at any time during its course. In the case of the development of serious side effects, noncompliance or poor response to the interview, I may ask you to withdraw your participation from the respective research.

Authorization: I have read (or someone has read to me) this form and have decided to participate in the project described above. Its general purposes, the particulars of involvement, and the possible risks have been explained to my satisfaction. My signature also indicates that I have received a copy of this consent form, as well as the Bill of Rights for Participants in Psychological Research form.

I understand the purpose and nature of this study and am participating voluntarily. I grant permission for the tape-recorded interview data to be used in

the process of completing a Doctoral Degree in East–West Psychology, including a dissertation and other future publications resulting from this dissertation. I understand that my name and other identifying information will not be used. I have received a copy of this consent form and I understand that my confidentiality will be protected within the limits of the law.

I understand that in case of injury, if I have questions about my rights as a participant in this research, or if I feel I have been placed at risk, I can contact the chair of the Human Research Committee, California Institute of Integral Studies, 1453 Mission Street, San Francisco, CA 94103 or contact the chair of the dissertation committee at (415) 575-6100.

Name of Participant: _____

Signature: _____ Date: _____

1. "I certify that I have explained to the above participant the nature, purpose, and potential benefits associated with participation in this research study, and have answered all questions that have been raised."

2. "I have provided the participant with a copy of this signed consent form."

_____ _____

Signature of Principal Investigator Date

Referrals for one session of reduced fee counseling:

Psychotherapist
Anin Utigaard, MFT
[contact information withheld for privacy]

Psychologist
Doris Bersing, Psy D.

Appendix D:

Bill of Rights for Participants in Psychological Research

You have the right to:

1. Be treated with dignity and respect;

2. Be given a clear description of the purpose of the study and what is expected from you as a participant;

3. Be told of any benefits or risks to you that can be expected from participating in the study;

4. Know the researcher's training and experience as a psychotherapist;

5. Ask any questions you may have about the study;

6. Decide to participate or not without any pressure from the researcher;

7. Have your privacy protected within the limits of the law in California, USA.

8. Refuse to answer any research questions, refuse to participate in any part of the study, or withdraw from the study at any time without any negative effects;

9. Be given a description of the overall results of the study upon request;

10. Discuss any concerns or file an anonymous complaint about the study with the Human Research Review Committee, California Institute of Integral Studies, 1453 Mission Street, San Francisco, CA 94103.