

See discussions, stats, and author profiles for this publication at: <https://www.researchgate.net/publication/258857448>

Spirituality and hearing voices: Considering the relation

Article in (Psychosis) Psychological, Social and Integrative Approaches · October 2013

DOI: 10.1080/17522439.2013.831945 · Source: PubMed

CITATIONS

28

READS

1,138

3 authors, including:



[Simon McCarthy-Jones](#)

Trinity College Dublin

102 PUBLICATIONS 3,363 CITATIONS

[SEE PROFILE](#)

Some of the authors of this publication are also working on these related projects:



The phenomenology and subjective experience of Voice Dialogue [View project](#)



Beyond Voices: The Phenomenology of Altered Perception in Psychosis [View project](#)



Spirituality and hearing voices: considering the relation

Simon McCarthy-Jones^{a,b*}, Amanda Waegeli^c and John Watkins^d

^aMacquarie Centre for Cognitive Sciences, Macquarie University, Sydney, Australia; ^bDepartment of Psychology, Durham University, Durham, United Kingdom; ^cHearing Voices Network Western Australia, Perth, Australia; ^dIndependent Mental Health Counsellor, Educator and Researcher, Melbourne, Australia

(Received 23 February 2013; accepted 1 August 2013)

For millennia, some people have heard voices that others cannot hear. These have been variously understood as medical, psychological and spiritual phenomena. In this article we consider the specific role of spirituality in voice-hearing in two ways. First, we examine how spirituality may help or hinder people who hear voices. Benefits are suggested to include offering an alternative meaning to the experience which can give more control and comfort, enabling the development of specific coping strategies, increasing social support, and encouraging forgiveness. Potential drawbacks are noted to include increased distress and reduced control resulting from placing frightening or coercive constructions on voices, social isolation, the development of dysfunctional beliefs, and missed/delayed opportunities for successful mental health interventions. After examining problems surrounding classifying voices as either spiritual or psychotic, we move beyond an essentialist position to examine how such a classification is likely to be fluid, and how a given voice may move between these designations. We also highlight tensions between modernist and postmodernist approaches to voice-hearing.

Keywords: Psychosis; auditory verbal hallucinations; schizophrenia

Introduction

For millennia, a small but notable proportion of people have heard voices others cannot (McCarthy-Jones, 2012). Three discourses have predominantly been utilised to account for these experiences, the medical, spiritual and psychological (Jones, Guy, & Ormrod, 2003; McCarthy-Jones, 2012). Medical accounts, which term these experiences “auditory verbal hallucinations” (AVHs), have for millennia sought their causes in brain dysfunction and offered drug-based treatments (McCarthy-Jones, 2012). Here, voice-hearing becomes “psychotic voice hearing” (e.g. Gilbert & Irons, 2004, p. 507). In contrast, spiritual accounts look for a meaning that goes beyond misguided molecules, disordered dipoles, and contorted cognitions. This can include understanding voice-hearing as coming from a higher self or a supernatural entity (e.g. angels, spirits, djinn), variously signifying divine favour, demonic wrath, spiritual emergence/emergency (Grof & Grof, 1989) or shamanic potential (Murphy, 1976). Yet some voice-hearers will not subscribe to either medical or spiritual

*Corresponding author. Email: s.mccarthyjones@gmail.com.

accounts, instead having a “personal relevance perspective”, which psychologically relates voice-hearing to personal life-events (Jones et al., 2003).

Just as medical models and treatments have been found helpful by some voice-hearers (e.g. Steele & Berman, 2002) but unhelpful by others (e.g. Romme et al., 2009), so have spiritual approaches (Romme et al., 2009).¹ Yet compared to the volume of medical research into AVHs, there is a paucity of research into spirituality and voice-hearing. In this paper we will focus on the potential benefits/drawbacks of spirituality to voice-hearers, and the distinction made between “psychotic” and “spiritual” voice-hearing.

While there is significant debate about the complexity and diversity of definitions of spirituality (e.g. Moreira-Almeida & Koenig, 2006), common to most definitions is a concern with the meaning and purpose of life. For example, Cook (2004) defines spirituality as “a distinctive, potentially creative and universal dimension of human experience ... relationship with that which is intimately “inner”, immanent and personal ... with that which is wholly “other”, transcendent and beyond the self ... experienced as being of fundamental or ultimate importance and is thus concerned with matters of meaning and purpose in life, truth and values” (p. 549). Similarly, Jackson (2001) describes spiritual experiences as those which are special in their degree of profundity and meaning for the individual, and which seem to go beyond mundane consensual reality. Given the ability of voice-hearing to meet these criteria, there has been a longstanding recognition in a wide variety of spiritual traditions, both ancient and modern, that it may have spiritual import (Watkins, 2008, 2010).

How can spirituality help people who are distressed by hearing voices?

Spirituality may help voice-hearers in a number of ways, although many of these ways remain to be rigorously empirically tested. First, it may offer an alternative explanation for people not satisfied by medical explanations,² which may be more meaningful and aid coping. As Cockshutt (2004), a voice-hearer, has noted, he wanted “an explanation. Not a medical explanation because in many ways that means little to me ... The idea that the voices have a spiritual connection will certainly appeal to many” (p. 11). Voice-hearers’ pre-existing spiritual worldviews, or new ones they feel necessitated to develop as response to voice-hearing (Robin Timmers, personal communication, 3 May 2013), may offer a coherent framework to make sense of voice-hearing, increase ownership and feelings of control, and reduce distress. Indeed, in a study of religion/spirituality in people diagnosed with schizophrenia, Mohr et al. (2006) found that “when other sources of support are lacking, spiritual support makes explanations possible when no other explanations seem convincing, brings a sense of control through the sacred when life seems out of control” (p. 1958). This can reduce distress and anxiety (Mohr et al., 2006) and offer comfort:

When I was first pregnant with twins, I began to bleed and was admitted to hospital. I prayed to my God, and to Mary who I believe can intercede to God on my behalf, so that they would keep my babies safe. I was on the veranda of the hospital and I heard the voice of Our Lady the Virgin Mary distinctly speak to me and say “do not worry you will be mother to many children”. I did not know what this meant at the time but was comforted by this experience.³

Second, spirituality may lead to new coping strategies. This may include using meditation, mindfulness, yoga, tai-chi, prayer, mantra singing and reiki (Robin Timmers, personal communication, 3 May 2013) to help to reduce the need to control the voices and create distance from them. Indeed, there is some evidence that Buddhist-inspired mindfulness techniques can help voice-hearers (Bach & Hayes, 2002), enabling them to “let go” of the voices, and to disengage from dysfunctional patterns of interaction with them (e.g. engaging in shouting matches). Yet, conversely, a spiritual perspective may also encourage the person to profitably engage, explore or dialogue with the voices, which may have a beneficial effect (Romme et al., 2009). The use of spiritual techniques may also lead to additional non-spiritual coping strategies. For instance, Robin Timmers (personal communication, 3 May 2013) describes how “praying helped me to develop my inner voice. Once I could speak and hear my thoughts inside I used to, 1) talk back to the voices, go into a dialogue or simply be assertive to them, 2) get a grip on my thoughts and decisions, 3) block the voices out and, 4) coach and support myself as I would to a best friend.” Spirituality may also enable voice-hearers to cope better with the perceived power of voices, a key facet contributing to distress (Peters et al., 2012). For example, Cottam et al. (2011) found that even though “mentally healthy” voice-hearing Christians felt that the source of their voice was powerful, this was not pathological as it was seen in a positive way (e.g. providing guidance to enable them to do God’s work) and did not cause distress. Spirituality, may also aid coping by providing a source of hope for voice-hearers (Mohr et al., 2007), a factor of key importance to recovery (McCarthy-Jones et al., 2013).

Third, spirituality may enhance social support. This may be through being part of a spiritual/religious community that can offer ways to understand and support the person (Dein & Littlewood, 2007).

I am lucky I have someone within my faith, a good spiritual advisor – who also hears spiritual voices and is very accepting of hearing voices and enjoys discussing it and wants to learn more.

Even for non-religiously affiliated voice-hearers, spiritual understandings potentially allow dialogue with accepted religious/cultural frameworks for voice-hearing (Nev Jones, personal communication, 20 May 2013). This may help to normalise the experience, reduce stigma and distress, and create the possibility of communication with others. Social benefits may also be obtained from the spiritual stance, allowing the voice to be experienced as the genuine presence of another, and hence itself providing social support and reducing loneliness.

The guiding voice I heard at the time said all I needed to do was to accept God’s will be done, not my own. This was something I could focus on and do. This bought me closer to God and my faith grew. I felt a oneness with my Lord in what was a lonely situation, isolated in a hospital bed from my six children and my husband.

Spirituality may also help with social support through allowing the person to undertake a defined social role. This can include acting as a medium, in both Western and non-Western cultures (e.g. Moreira-Almeida, Neto, & Cardena, 2008), or undertaking a shamanic role in many societies (e.g. Murphy, 1976).

Fourth, spirituality may help enable forgiveness. Guilt and shame appear to play a key role in the aetiology of some voice-hearing (Dodgson & Gordon, 2009;

McCarthy-Jones, 2012) and being able to find one's self "not-guilty" in relation to, for example, abuse one has suffered, has been the turning point for some voice-hearers (e.g. Coleman, 2000). Similarly, Bush and NiaNia (2012) give the example of the Maori process of "whakawetewete", a ritual of forgiveness and releasing past hurts, helping a 17-year-old voice-hearing Māori person.

How can spirituality hinder people who are distressed by hearing voices?

The above discussion presupposes that having spiritual beliefs means they can be used as a framework to understand voice-hearing; however, this may not happen. Cottam et al. (2011) found that whereas "mentally healthy" Christians were able to understand their voice-hearing experiences within their framework of religious beliefs, Christian patients with psychosis were typically not able to do this. Instead, they frequently reported non-religious interpretations of their voices that were predominantly negative, with 39% having what the authors termed "a curious dissociation insofar as religious beliefs were talked about as though these were separate from the hearing of voices" (p. 416).

Another factor limiting the ability to use spirituality in relation to voice-hearing may arise due to the association between childhood sexual abuse and voice-hearing (McCarthy-Jones, 2011). The pervasiveness of child abuse across societal institutions means that some voice-hearers will inevitably have experienced abuse from members and leaders of religious communities. Although clear statistics are not available for most religions, it is known that around 4% of Catholic priests in the USA who served in ministry at some point between 1950 and 2002 had allegations of sexual abuse of minors made against them (John Jay Research Team, 2011). It is unclear whether other religious communities have higher or lower rates than this. Wherever this occurs, as a result of such abuse some voice-hearers will inevitably have their ability to use spirituality or religion as a help impaired to some degree. Yet, for some, even following such abuse, spirituality can still be useful, and reconnection is possible.

I have been able to associate the abuse to the person [a priest] and not my God and my relationship with him. I am frustrated at the Institution of the Church and certain people within it (because the abuse occurred, and the consequences of it has been managed) and will never be completely reconnected with my religion again although I choose to practice it. My [non-spiritual] voice helps to protect me from ever being so trusting of those in the Church that I ever let myself be abused again by anyone within the Church.

Problems may also arise even when spiritual beliefs are able to be applied to voices. First, spirituality may encourage the voice-hearer to place frightening or coercive constructions on the voices (Eleanor Longden, personal communication, 21 April 2013), for example, understanding them as demonic entities, which could increase the perceived omnipotence and malevolence of the voices and hence the ensuing distress and impairment. This may also draw the voice-hearer's attention away from potential emotional issues underlying the voices (Longden & Corstens, this issue). Spiritual constructions of voices that increase perceptions of them as omnipotent/omniscient can also increase the risk of harm to self and/or others. For example, Farr (as cited in Watkins, 2008) describes how "I thought the voices came from other worlds and that I was approaching an Enlightened state. The voices told

me that in order to reach this state I would have to jump from the seventh floor of a building and land on my head in a certain way”.

Second, those who are spiritual but not religious may lack the social support of a like-minded faith community. In this way spirituality may risk isolation and allow the unchecked development of unusual, dysfunctional beliefs that are not corrected by testing with peers. Furthermore, spiritual/religious communities may actually reduce levels of available social support, for example by making the voice-hearer believe their voices are a result of sin, and then ostracising them. Social support may therefore be enhanced or reduced by spirituality.

Third, if the first voices heard are benign/benevolent, and are understood as trusted spiritual aides, malevolent voices that later develop may also be treated with the same trust and reverence, which may be problematic.

After having first only heard spiritual voices, I did not know there was a difference between spiritual and psychotic voice-hearing, so when I later heard a distressing commanding voice telling me to die, I still interpreted it as a spiritual voice (when I now realize it was not). I was very confused, as it also talked of peace and acceptance and meaning of life, but in death. On reflection, I have learnt I need to be vigilant in my discernment, but it is not always easy.

Fourth, understanding distressing voices spiritually may mean opportunities for potentially successful medication or psychotherapeutic interventions are missed or delayed.⁴ For example, some spiritual/religious communities may actively block voice-hearers' access to mental health services, believing that the voice is a result of sin and hence that the treatment should be a spiritual/moral one. Alternatively, spirituality may cause voice-hearing to be romanticised, again potentially delaying appropriate help-seeking. In terms of empirical evidence, voice-hearers' levels of spirituality have been found to be associated with decreased medication adherence in people diagnosed with schizophrenia (Borras et al., 2007). This may increase the risk of transition from subclinical to clinical psychosis (Bechdolf et al., 2012), in people who could have been helped by medication, although there is no unambiguous empirical evidence currently available to evaluate this proposition.

“For decades, I have been hearing voices, as they say, in my dreams” wrote Jacques Derrida (2005, p. 176), going on to state that “They are voices *in me*” (italics added). Although speaking of dreaming, Derrida's emphasis on voices being *in* him parallels some spiritual discourses of voice-hearing during wakefulness which conceptualise voices as spirits *in* the person. This could encourage the metaphor that the spirits (particularly negative ones) need to be *extracted*. This leads to a fifth potential problem of spiritual frameworks, namely that just like biomedical models they could encourage acts of extraction (a “pulling-out”) as treatment, and encourage psychic dentistry rather than psychological dialoguing (Romme et al., 2009).

Overall, it appears that spiritual beliefs have the potential to both negative and positive effects for voice-hearers. We are hence forced to agree with the conclusion of Koenig's (2009) useful review: namely, that it can often be difficult to determine whether spiritual beliefs are a resource or a liability.

Taking spirituality into account in clinical services

Given the possible benefits of spirituality, how might it be integrated into clinical services for voice-hearers, while mitigating any potential negative effects? Sims and

Cook (2009) suggest taking a spiritual history, asking if spirituality/faith/religion plays a role in the person's life and current experiences, and whether they have someone to talk about this to, should they want to. Sims and Cook argue therapists should have an awareness and responsiveness to people's need to find a sense of meaning and purpose in life, knowledge of spiritual development and crises, the spiritual significance of emotions including anxiety, doubt, guilt and shame, the spiritual importance of love and forgiveness and its relation to mental health. To practically do this, they note Swinton's (2001) argument for the need for mental health professionals to be bilingual, speaking both the language of psychiatry/psychology and the "language of spirituality that focusses on issues of meaning, hope, value, connectedness and transcendence" (p. 174). Yet more radical questions may also be asked. For example, could the techniques taught to shamanic candidates in other cultures be utilised to help early intervention services nurture young voice-hearers through their experiences with minimal distress and impairment in a non-pathologising (yet also non-romanticising) framework? Or would the wider cultural context in which shamanic beliefs are accepted be needed in order for such approaches to be helpful?

Can we differentiate spiritual and psychotic voices?

Although the terms "psychotic" and "spiritual" are social constructions (Jackson, 2001), Jackson and Fulford (1997) have argued that the difference between psychotic and spiritual voice-hearing is crucially important, with the type a person is deemed to experience, having powerful repercussions for their life (Jackson, 2001). They argue that spiritual voice-hearing, whether welcome or unwelcome, should have nothing directly to do with medicine, with it being as wrong to "treat" spiritual voices with neuroleptic drugs, as it would be to "treat" political dissidents as though they were ill. Conversely, they imply that pathological voice-hearing is a proper object of medical treatment, sometimes even against the wishes of the person concerned. This raises the question as to how spiritual and psychotic voices may be differentiated. A practical place to start is with accounts by people who self-report having had both types of voices.

As a voice hearer I believe I have experienced both spiritual voices and those of psychosis. They are distinctly different and experienced differently to me. My spiritual voices have been positive and helpful and bought me peace and acceptance, and therefore have aided my recovery. They have given me hope when I have needed it and reminded me that there is a greater meaning to life than what I am experiencing in the here and now, especially when in emotional pain. The difference between spiritual and non-spiritual voices for me has been that the spiritual are heard more gently and peacefully, more softly and harmoniously they are less frequent. I hear my spiritual voices from above and feel drawn to look above to the sky/roof. I hear them coming from a different place to my psychotic voices, which seem to come from around me. I am unable to talk back but just listen to a spiritual voice. It is not a conversation or invitation to talk back to the voice, but a message for me to listen to. Although I do not see a vision, I sense and feel an intense presence that almost paralyses me in the moment and a connection which I don't experience when hearing my other voices. My spiritual voices come with a strong complete all over body feeling of freeze, trance, and paralysis almost while I am hearing it. It is intense and after hearing it I feel tired.

The degree to which voice-hearers feel compelled to obey the dictates of their voices has also been identified as being involved in the differentiation between self-identified

“psychotic” and “spiritual” voices, e.g. “God says something and doesn’t force you, so you do what you like with it. It is much easier to respond than with a negative voice” (Dein & Littlewood, 2007, p. 224).

More generally, throughout history people have devised methods for the exercise of discernment in relation to voice-hearing. A number of Catholic saints, such as St. John of the Cross and St. Teresa of Avila, wrote extensively on the subject of voices and their proper place in religious and spiritual life (Jones, 2010; Watkins, 2008). Watkins (2010) has attempted to use a wide range of contemporary resources to build upon these contributions to devise a set of reliable general principles for differentiating various kinds of unshared sensory experiences. He argues that voice-hearing is likely to be recognised as having a bona fide spiritual nature and origin if auditory phenomena are more often confined to divine sounds and/or music (e.g. “heavenly choir”, “music of the spheres”, OM), if they appear to emanate from a celestial or supernatural source (e.g. God, angels, spirits), have benevolent qualities (e.g. wisdom, love, gentleness), have a soothing, spiritually uplifting effect, and generally entail complete sentences and occasionally longer monologues and/or discourses providing spiritual guidance, teachings, and revelations. Watkins contrasts these properties with experiences reported by people diagnosed with psychotic disorders whom he argues tend to have more auditory than visual experiences, have voices which are often terse (i.e. repeating single words and/or short phrases), extremely negative (hostile, antagonistic, malevolent, anti-religious, etc.), issue direct commands, possibly accompanied by threats of dire consequences for non-compliance, make a running commentary on the hearer’s thoughts, feelings or actions, or involve two or more voices may be heard speaking among themselves about the hearer (so-called “third person voices”).

Yet, negative voice-hearing experiences can also be spiritual, e.g. those attributed to demons (Crowley & Jenkinson, 2009). Watkins (2010) has also noted that there can be no absolute, universally applicable or invariable rules, and while the above guidelines may be useful, that for practical purposes William James’ (1929) sage advice provides a convenient rule-of-thumb: “To pass a spiritual judgement upon these states, we must not content ourselves with superficial medical talk, but inquire into their fruits for life” (p. 404). In this manner, Watkins has argued that authentic spiritual voice-hearing experiences will tend to contribute to development of peace, growth, humility, balance, free will, inclusiveness and legitimacy, while those of a more dubious or pathological nature tend agitation, stagnation, inflation, preoccupation, compulsion, isolation and eccentricity.

The criteria set out by Menezes and Moreira-Almeida (2009) to differentiate between spiritual experiences and mental disorders may also be applied to voice-hearing. The first set of criteria relate to the voices themselves, with spiritual voice-hearing being that which has short duration and low frequency (echoing our first-person account given above). Yet, a comparison between the phenomenology of voices heard by people with and without a diagnosed psychotic illness concluded that the form and content of these experiences were highly similar (Jackson & Fulford, 1997). A second set of criteria relate to the co-occurrence of other impairing experiences, with spiritual voice-hearing being less likely in the context of “delusional” beliefs and thought disorder, for example. A third set of criteria relate to the consequences of the voices, with spiritual voice-hearing being that which occurs in the absence of psychological suffering and social/occupational impairment, with life becoming more meaningful and the experience making the individual

concerned with helping others. However, as noted above, spiritual voices may not always be positive and non-impairing (Crowley & Jenkinson, 2009). Attempts to use more “objective” biological criteria such as life expectancy or reproductive capacity are also problematic, because not only may malign spiritual voices be as bad by these criteria as psychotic voices, but even a benign spiritual voice may lead to negative outcomes as judged by these criteria due to, for example, resultant self-sacrifice (Jackson & Fulford, 1997). A fourth set of criteria relate to the way the voices are approached or dealt with by the person, with spiritual voices being those where the hearer maintains a critical attitude to them, has some control over them, and can understand them within an existing spiritual/religious framework. However, many of these criteria are mutable and we could imagine how a person with a “psychotic” voice could be helped therapeutically to make their experiences fit a “spiritual” designation. In this sense, voices are neither inherently spiritual or psychotic, but reach this classification through how the person interacts with them. Hence the distinction between “psychotic” and “spiritual” voices is more likely to depend on social judgements about values, rather than scientific judgements about facts (Jackson & Fulford, 1997).

Further approaches to the psychotic–spiritual debate

As Heidegger observed, this is a world we find ourselves thrown into. Here, we find thrown into the muddy waters of pre-existing categories of psychotic and spiritual voice-hearing. What lifebuoys can we grab for? One option is to keep these terms but to look at the way they are used in discourse, following Wittgenstein’s (1953) idea that in order to work out the meaning of a word we should look at how it is used. For example, people may use the term “spiritual voice-hearing” in order to stave off accusations of pathology and madness, or to self-aggrandise. Given this, we may wish to move away from an essentialist approach that conceptualises a given voice as being either psychotic or spiritual, implying that we just need to work out which type the experience “really is”. An alternative approach would be to consider how, in contextualised, practical settings, the categories of spiritual and psychotic voice-hearing are claimed and contested, the strategies that are employed in this struggle to claim or disclaim group membership, and how experiences can move between these designations.

It has been argued that a voice-hearer who is “not in any distress, who lives a fruitful and productive life according to commonsense criteria, would never even enter the arena in which the possibility of mental illness was up for discussion” (David & Leudar, 2001, p. 256). This may be overoptimistic given the increasing conceptualisation of even benign voice-hearing as a risk factor for the later development of psychosis (e.g. Mason et al., 2004). However, it psychiatrically authorises a safe space where claims of self-defined spiritual voice-hearing can exist relatively uncontested. While such a space, which involves a postmodern, *laissez-faire* approach to truth (someone believes they are hearing the voice of an angel, and this belief is respected and “left alone” by others) may fundamentally offend some modernists who will wish to interrogate it, it is only really likely to be contested when it actively impinges on others. One way this may occur is when such views start to challenge the medical establishment’s authority to pronounce on the meaning of voices (see McCarthy-Jones, 2012, for historical examples). This may provoke responses such as: “if they [voices] are memories, fantasies, fears, why not call them

that? The alternative is to collude” (David & Leudar, 2001, p. 257). Voice-hearer’s spiritual claims about their voices may also be contested if they imply others should act in a different way. For example, if a voice-hearer’s perceived angelic voice offers a justification for a behaviour which others contest, or if they claim that the angel’s utterances have implications for other’s behaviours, then others may react to this with the strategy of labelling the voice-hearer “psychotic” or mentally deranged. Examples of this can be seen throughout history, from voice-hearers claiming the Pope should relocate from Avignon to Rome, or suggesting the establishment of new religious denominations (McCarthy-Jones, 2012). Here we see the voice-hearers’ explanations being contested, tolerance of a spiritual view breaking down, and a demonstration of spiritual voice-hearing being re-categorised as psychotic.

How might the opposite occur, i.e. psychotic voice-hearing be re-categorised as spiritual? There is a long tradition of alchemical psychopathology: attempting to transmute “psychotic” experiences into a psychologically meaningful experience (e.g. Laing, 1967). A novel approach that assesses voice-hearing in order to work out who or what the voices may represent, what social and/or emotional problems they may represent (Longden & Corstens, this issue), and if they can be conceptualised as a form of problem-solving experience (Jackson, 2001; Romme et al., 2009), can be seen to loosely approximate translating psychotic into spiritual voice-hearing. This process can also be seen to approximate a way to evaluate whether or not the person is having a spiritual emergency (Grof & Grof, 1989). This may uncover, for example, that a voice saying “kill yourself”, which the hearer finds distressing and has led to being labelled “psychotic”, is actually a useful metaphorical message indicating that the voice-hearer needs to make a major change in the direction of their life to make it more meaningful (Romme et al., 2009). Yet while changes could be spiritual (e.g. finding a new, better direction in life) they may also be more secular (e.g. breaking up with an abusive partner).

Concluding

The categories of psychotic and spiritual voice-hearing appear to be significantly fluid. Where does this leave us? There are clear arguments for the arbiter of the meaning of a voice-hearing experience being the voice-hearer themselves or, if the voice is causing distress, for another helping to midwife the meaning of the voice in a collaborative fashion. Here postmodern pragmatism rules, with the concern being not, for example, “is there really an angel talking”, but instead, “is the explanation useful for the voice-hearer”, and “does it work for them” (e.g. Coleman, 2000). Such an approach is central to the Hearing Voices Movement (Romme et al., 2009). In the postmodern philosophical stance this takes, there is nowhere to stand to pronounce on what voice-hearing “really is”, and any attempt to do so would only create a silence that spoke of violence. In the Internet age this is, thankfully, unlikely to be possible. Paradoxically, though, the permissibility of relativism may actually undermine voice-hearer’s claims to truth and, consequentially, their wider cultural impact (Nev Jones, personal communication, 20 May 2013). Yet, in a society where spiritual claims about voices can have important politic, scientific and metaphysical implications, the truth of these claims will inevitably sometimes be contested by modernists. It is unclear how this modernist/postmodernist tension and the similar related tension between empirical/scientific and religious/spiritual worldviews in our society are to be resolved. Voice-hearing is a subset of a larger debate, and it is

interesting to speculate as to whether it may in some way be able to contribute to this debate. In terms of immediate practicalities though, collaborative, exploratory dialogues as to the meaning of voice-hearing experiences that take place in a context in which the person is free to explore which framework is most helpful to them, and to exercise their basic human rights of freedom for their spiritual and cultural beliefs (as per the 1948 United Nations Universal Declaration of Human Rights), rather than a-priori theoretical colonisation of people's experiences, is likely to be a fruitful way forward.

I believe my spiritual voice is not of me but has been at times of God, Mary, Jesus or the saints. Psychiatry, professionals and academics, readers of this paper will all put their own interpretations on my experience and explain it in whatever way they like to, but the bottom line is it doesn't matter to me anymore now what they think. I accept my voice hearing experiences as being normal for me. I once wanted to know what they thought, and needed to know what they thought or diagnosed it as, because I thought they were the experts and I had something wrong with me and needed their knowledge to help me with my problem. Now knowing I have this innate God given gift and ability to heal, help myself with God's love, support and guidance I am empowered on my recovery, there is nothing wrong with me, and it is more about what has happened to me.

Acknowledgements

We are grateful to Nev Jones, Robin Timmers, Eleanor Longden, Douglas Holmes, Dr Angela Woods and two anonymous reviewers for their insightful comments.

Funding

This work was supported by a grant from the Wellcome Trust [grant number: 098455/Z/12/Z0] and a Macquarie University Research Fellowship awarded to SM-J.

Notes

1. These two approaches are not mutually exclusive though (Jones et al., 2003), with inter-relations being possible (e.g. believing that one's voice-hearing is an illness which is a punishment from God), and with spiritual understandings not precluding the use of anti-psychotic medication.
2. Although as noted earlier, someone may utilise both medical and spiritual accounts together.
3. All such italicised text in this article represents the personal experience of one of the co-authors (AW).
4. Some voice-hearers will choose not to use medication, which may indeed not be the best option for them, but conversely, some will choose not to use medication when it could have actually been a significant help.

References

- Bach, P.A., & Hayes, S.C. (2002). The use of acceptance and commitment therapy to prevent the rehospitalisation of psychotic patients: A randomized controlled trial. *Journal of Consulting and Clinical Psychology, 70*, 1129–1139. doi:10.1037/0022-006X.70.5.1129
- Bechdolf, A., Wagner, M., Ruhrmann, S., et al. (2012). Preventing progression to first-episode psychosis in early initial prodromal states. *The British Journal of Psychiatry, 200*, 22–29. doi:10.1192/bjp.bp.109.066357

- Borras, L., Mohr, S., Brandt, P.-Y., Gilliéron, C., Eytan, A., & Huguelet, P. (2007). Religious beliefs in schizophrenia: Their relevance for adherence to treatment. *Schizophrenia Bulletin*, 33, 1238–1246. doi:10.1093/schbul/sbl070
- Bush, A., & NiaNia, W. (2012). Voice hearing and pseudoseizures in a Maori teenager: An example of mate Maori and Maori traditional healing. *Australasian Psychiatry*, 20, 348–51.
- Cockshutt, G. (2004). Choices for voices: A voice hearer's perspective on hearing voices. *Cognitive Neuropsychiatry*, 9, 9–11.
- Coleman, R. (2000). *Recovery, an alien concept?* Gloucester: Handsell.
- Cook, C.C.H. (2004). Addiction and spirituality. *Addiction*, 99, 539–551. doi:10.1111/add.2004.99.issue-5
- Cottam, S., Paul, S.N., Doughty, O.J., Carpenter, L., Al-Mousawi, A., Karvounis, S., & Done, D.J. (2011). Does religious belief enable positive interpretation of auditory hallucinations? A comparison of religious voice hearers with and without psychosis. *Cognitive Neuropsychiatry*, 16, 403–421. doi:10.1080/13546805.2010.548543
- Crowley, N., & Jenkinson, G. (2009). Pathological spirituality. In C. Cook, A. Powell & P. Sims (Eds.), *Spirituality and Psychiatry*. London: RCPsych Publications, 254–272.
- David, T., & Leudar, I. (2001). Head to head: Is hearing voices a sign of mental illness. *The Psychologist*, 14, 256–259.
- Dein, S., & Littlewood, R. (2007). The voice of God. *Anthropology and Medicine*, 14, 213–228. doi:10.1080/13648470701381515
- Derrida, J. (2005). *Paper machine* (R. Bowlby, Trans.). Stanford, CA: Stanford University Press.
- Dodgson, G., & Gordon, S. (2009). Avoiding false negatives: Are some auditory hallucinations an evolved design flaw? *Behavioural and Cognitive Psychotherapy*, 37, 325–334. doi:10.1017/S1352465809005244
- Gilbert, P., & Irons, C. (2004). A pilot exploration of the use of compassionate images in a group of self-critical people. *Memory*, 12, 507–516. doi:10.1080/09658210444000115
- Grof, C., & Grof, S. (Eds.) (1989). *Spiritual emergency: when personal transformation becomes a crisis*. Los Angeles, CA: Jeremy P. Tarcher.
- Jackson, M.C. (2001). Divine madness? The overlap between psychotic and spiritual experience and its implications. In I. Clarke (Ed.), *Psychosis and spirituality: Exploring the new frontier*. London: Whurr.
- Jackson, M., & Fulford, K.W.M. (1997). Spiritual experience and psychopathology. *Philosophy, Psychiatry, & Psychology*, 4, 41–65.
- James, W. (1929). *The Varieties of Religious Experience*. New York: Random House.
- John Jay Research Team (2011). *The causes and context of sexual abuse of minors by Catholic priests in the United States, 1950–2010*. Washington, DC: United States Conference of Catholic Bishops.
- Jones, S.R. (2010). Do we need multiple models of auditory verbal hallucinations? Examining the phenomenological fit of cognitive and neurological models. *Schizophrenia Bulletin*, 36, 566–575.
- Jones, S., Guy, A., & Ormrod, J.A. (2003). A Q-methodology study of hearing voices: A preliminary exploration of voice-hearers' understanding of their experiences. *Psychology and Psychotherapy: Theory, Research and Practice*, 76, 189–209. doi:10.1348/147608303765951212
- Koenig, H.G. (2009). Research on religion, spirituality, and mental health: a review. *Canadian Journal of Psychiatry*, 54, 283–291.
- Laing, R.D. (1967). *The politics of experience*. Harmondsworth: Penguin.
- Longden, E., & Corstens, D. (this issue). The origins of voices: Links between life history and voice hearing in a survey of 100 cases. *Psychosis*.
- Longden, E., Corstens, D., Escher, S., & Romme, M. (2012). Voice hearing in a biographical context: A model for formulating the relationship between voices and life history. *Psychosis*, 4, 224–234. doi:10.1080/17522439.2011.596566
- Mason, O., Startup, M., Halpin, S., Schall, U., Conrad, A., & Carr, V. (2004). Risk factors for transition to first episode psychosis among individuals with 'at-risk mental states'. *Schizophrenia Research*, 71, 227–237. doi:10.1016/j.schres.2004.04.006

- McCarthy-Jones, S. (2011). Voices from the storm: A critical review of quantitative studies of auditory verbal hallucinations and childhood sexual abuse. *Clinical Psychology Review, 31*, 983–992. doi:10.1016/j.cpr.2011.05.004
- McCarthy-Jones, S. (2012). *Hearing Voices*. Cambridge: Cambridge University Press. doi:10.1017/CBO9781139017534
- McCarthy-Jones, S., Marriott, M., Knowles, R.E., Rowse, G., & Thompson, A.R. (2013). What is psychosis? A meta-synthesis of inductive qualitative studies exploring the experience of psychosis. *Psychosis, 5*, 1–16.
- Menezes, A., & Moreira-Almeida, A. (2009). Differential diagnosis between spiritual experiences and mental disorders of religious content. *Revista de Psiquiatria Clínica, 36*, 75–82.
- Mohr, S., Brandt, P.-Y., Borrás, L., Gilliéron, C., & Huguelet, P. (2006). Toward an integration of spirituality and religiousness into the psychosocial dimension of schizophrenia. *American Journal of Psychiatry, 163*, 1952–1959. doi:10.1176/appi.ajp.163.11.1952
- Mohr, S., Gilliéron, C., Borrás, L., Brandt, P.-Y., & Huguelet, P. (2007). The assessment of spirituality and religiousness in schizophrenia. *The Journal of Nervous and Mental Disease, 195*, 247–253. doi:10.1097/01.nmd.0000258230.94304.6b
- Moreira-Almeida, A., & Koenig, H.G. (2006). Retaining the meaning of the words religiousness and spirituality: A commentary on the WHOQOL SRPB group's "A cross-cultural study of spirituality, religion, and personal beliefs as components of quality of life". *Social Science & Medicine, 63*, 843–845.
- Moreira-Almeida, A., Neto, F.L., & Cardena, E. (2008). Comparison of Brazilian spiritist mediumship and dissociative identity disorder. *Journal of Nervous and Mental Disorder, 196*, 420–424.
- Murphy, J.M. (1976). Psychiatric labeling in cross-cultural perspective. *Science, 191*, 1019–1028. doi:10.1126/science.1251213
- Peters, E.R., Williams, S.L., Cooke, M.A., & Kuipers, E. (2012). It's not what you hear, it's the way you think about it: appraisals as determinants of affect and behavior in voice hearers. *Psychological Medicine, 42*, 1507–1514. doi:10.1017/S0033291711002650
- Romme, M., Escher, S., Dillon, J., Corstens, D., & Morris, M. (2009). *Living with voices: 50 stories of recovery*. Ross, CA: PCCS Books.
- Sims, A., & Cook, C.C.H. (2009). Spirituality in psychiatry. In C. Cook, A. Powell & P. Sims (Eds.) *Spirituality and Psychiatry*. London: RCPsych Publications, 1–15.
- Steele, K., & Berman, C. (2002). *The day the voices stopped*. New York, NY: Basic Books.
- Swinton, J. (2001). *Spirituality and mental health care: Rediscovering a forgotten dimension*. London: Jessica Kingsley.
- Watkins, J. (2008). *Hearing voices: A common human experience*. Melbourne: Michelle Anderson.
- Watkins, J. (2010). *Unshrinking psychosis: Understanding and healing the wounded soul*. Melbourne: Michelle Anderson.
- Wittgenstein, L. (1953). *Philosophical investigations*. Malden, MA: Blackwell.