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Living in a World of Voices: A mixed-methods investigation of non-clinical voice-hearing in context

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**Living in a world of voices: A mixed-methods
exploration of non-clinical voice-hearing in
context**

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Durham University

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Abstract

Although hearing voices is often seen as a sign of illness, there are many people for whom it is an ordinary, non-distressing, and meaningful part of life. These individuals, known in psychological literature as “non-clinical voice-hearers” have been the subject of a growing body of research. Such work often compares their experiences to those of individuals who hear voices as part of disorders such as schizophrenia, with the aim of developing new therapies and learning about risk factors for such conditions. However, this often ignores non-clinical voice-hearers’ wider contexts. For instance, many of those who make up non-clinical voice-hearing participant groups practice Spiritualist mediumship and view voices as spirits of the dead. There is a need for a deeper understanding of the ways in which spiritualism, and the wider contexts of participants’ lives impact their experiences and descriptions of voices. This work addresses this need through a mixed-methods, multi-site, investigation of non-clinical voice-hearing built around the central question of: How do the broader contexts of participants’ lives, such as their family-lives, spiritual communities, and broader experiences of their own minds interact with their experiences of voice-hearing?

This thesis reports on the results of six studies addressing this question. These include four qualitative studies based on semi-structured interviews with non-clinical voice-hearers, and two quantitative studies designed to explore novel areas based on the qualitative findings. The first qualitative study found that the experiences of voice-characteristics and voice-related emotions falls outside of standard ways of categorizing them, and that participants were often comfortable with uncertainty about the nature of their experiences. The second study used an online questionnaire-based approach to find that higher intolerance of uncertainty was associated with higher voice-related distress. The following three studies used semi-structured interviews to carry out qualitative thematic analysis looking at the experiences of those who had participated in non-clinical voice-hearing research at Durham, Yale, and King’s College London. These studies identified a wide array of themes that speak to the interpersonal nature of voices, which intertwined with participants’ relationships, their families, their communities, and themselves. These studies also identified patterns in unusual experiences that did not fall neatly into the category of ‘voice’, such as a sense of voices as coming from a different “world.” This showed that voices often are not isolated perceptual moments, and instead are interwoven with background states of experience. Overall, these findings demonstrated that grappling with and resisting the assumptions built into our

research methodologies and standardized measures of hallucination opens up new possibilities for research and understanding.

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Declaration

Chapter 3 consists of a paper that is currently under review at the journal *Psychosis*. Author contributions are outlined below.

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AS: Data analysis, drafting, and final editing of the manuscript

AW: Conceptualization of study, consultation on analysis, comments on the manuscript.

AE: Consultation on analysis and interpretation, comments on the manuscript

BAD: Data collection, conceptualization of study, editing and comments on the manuscript

Statement of Copyright

The copyright of this thesis rests with the author. No quotation from it should be published without the author's prior written consent and information derived from it should be acknowledged.

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Chapter 1: Non-Clinical Voice-Hearing: An Introduction

1.1 Thesis Introduction

Hearing voices in the absence of a corresponding external stimulus can take place in a variety of contexts. It can be a symptom of neurological conditions such as epilepsy (Serino et al., 2014), be induced by recreational and pharmaceutical drugs (Goetz et al., 1998), or occur in what are known as *hypnagogic* or *hypnopompic* states—the border state between waking and sleeping (Ohayon et al., 1996). They also, famously, can take place in the context of psychiatric conditions such as schizophrenia—around two-thirds of those with a diagnosis of a schizophrenia spectrum disorder experience hallucinations (McCarthy-Jones et al., 2017). Voices and visions also take place in religious contexts, in which people report hearing the voices of divine beings (Luhmann et al., 2012). And for some individuals, voices are simply a part of life, occurring in states of ordinary waking consciousness, and without significant associated distress or other symptoms sufficient for diagnosis of any form of psychosis (Sommer et al., 2010). These individuals are known as “non-clinical voice-hearers” (NCVHs). Those who hear voices and do meet criteria for disorder are generally known in this literature as “clinical voice-hearers” (CVHs).

Over the past several decades, there has been increasing recognition of the fact that voice-hearing is far more common than previously thought and that there are individuals who don't require treatment for voices (Romme & Escher, 1989). This has led to a growing body of psychological research seeking to understand these individuals and their experiences. A central aim of such work is to understand the ways in which NCVHs and their experiences differ from those who hear voices in the context of a psychotic disorders, such as schizophrenia. This research has been carried out at several key research sites (See table 1), which will be described briefly below, before an in-depth review of the literature which will follow.

A series of studies which contributed enormously to the field of voice-hearing research were led by Dr. Iris Sommer and Dr. Kirsten Daalman, based at the University of Utrecht. These studies recruited non-clinical voice-hearers via open calls. This research recruited a large number of participants and generated a series of studies which offered an overall picture of the non-clinical voice-hearing experience, and the ways in which non-clinical voice-hearers

compared to those who heard voices as part of a psychotic disorder. In the first study they compared non-clinical voice-hearers to healthy controls on various demographic features and overall functioning (Sommer et al., 2010). In another paper, “*The Same or Different? A Phenomenological Comparison of Auditory Verbal Hallucinations in Healthy and Psychotic Individuals*” (Daalman et al., 2011) they compared the voice-hearing experiences of 118 outpatients with a psychotic disorder and 111 individuals who did not have psychosis. All participants were experiencing voices at least once per month. This paper found that voices were similar between the two groups in terms of loudness, location, and frequency, supporting the idea that the experiences of the two groups were similar enough to be considered related phenomena.

Another key voice-hearing site was Durham University. From 2010 to 2020, a large interdisciplinary project called *Hearing the Voice* drew on methods and perspectives from psychology, neuroscience, religious studies, and anthropology, among other disciplines to explore the question of what it is like to hear voices. This project produced a number of studies and papers on subjects ranging from voice-personification (Alderson-Day et al., 2021) to the ways in which writers experience the voices of their characters (Foxwell et al., 2020). This project conducted research with variety of voice-hearers including those who were using early intervention in psychosis services (Alderson-Day et al., 2021), and non-clinical voice-hearers recruited through open calls and spiritual networks (Alderson-Day et al., 2017).

Other key research took place at King’s College London, led by Drs. Emmanuelle Peters and Quinton Deeley. This work recruited non-clinical voice-hearers to take part in the *Unusual Experiences Enquiry* (UNIQUE), which focused on the ways in which voice-hearers interpret their voices, an area known as “voice-appraisal”. This line of research has found that CVHs and NCVHs differ in the belief frameworks through which they understand voices—one example of such differences in belief framework is that NCVHs are more likely to have spiritual explanations of voices than CVHs (Peters et al., 2017).

Spirituality and religious belief are deeply intertwined with the field of non-clinical voice-hearing research, with many NCVHs experiencing their voices as spiritual beings (Peters et al., 2017, Luhrmann et al., 2021). Both the work carried out at Durham and at KCL recruited some study participants through spiritual networks (Peters et al., 2016; Alderson-Day et al., 2017). Another key research site, Yale, has focused on spiritual voice-hearers. Dr. Albert Powers and Dr. Phil Corlett recruited Psychic-mediums as non-clinical voice-hearers in a

2017 study, *Psychics and the Psychosis Continuum* (Powers et al., 2017). Psychic mediums, or “mediums,” experience their voices as spirits of the dead (Powers et al., 2017). This study found that psychic mediums reported an ability to control the onset and offset of their voices, leading to a large-scale project focusing on control over voices in psychic-mediums entitled *Control Over Perceptual Experiences* (COPE).

Other studies have also focused on mediums as non-clinical voice-hearers. Roxburgh and Roe (2014) and Taylor & Murray (2012) carried out qualitative studies on the voice-hearing experience in UK-based mediums. This work, like that of Powers et al. (2017), found that voices are experienced as meaningful aspects of participants’ lives and that mediumship training allows participants to learn to manage their voices (Roxburgh & Roe, 2014).

A central goal of these lines of research is to compare the experiences of non-clinical voice-hearers, with those of people who hear voices and do meet criteria for disorder, clinical voice-hearers (CVHs). This is important and fruitful work, which has given rise to clearer conceptual framings of voices. For instance, NCVH research helped to establish that voice-hearing is better defined as an experience of perceived external agency (Wilkinson & Bell, 2016), than one of auditory perception. Such work contributes theoretical support to the idea that voices can be a meaningful, non-distressing element of the human-experience.

However, the emphasis on comparing clinical and non-clinical voice-hearing can lead to a decontextualization of the non-clinical voice-hearing experience. This work has approached NCVHs through the lens of clinical voice-hearing, using research instruments based on clinical experiences of voices. These research instruments generally focus on areas deemed relevant to hallucination-related disorder, such as distress, which may fail to capture key elements of the voice-experience for those for whom voices are a powerful source of meaning and joy. Even the focus on how NCVHs learn to manage or control voices assumes that voices are unruly in some way, requiring control and management. Along with emotional and relational aspects of voices, phenomenological features of voices such as frequency, and location are also measured based on scales developed in the context of psychopathology research, e.g. the *Psychotic Symptoms Rating Scale* (Haddock et al., 1999). This means that such research, while incredibly important, may overlook aspects of the non-clinical voice-hearing experience which fall outside of the bounds of the clinical scales and clinical areas of interest.

The present research seeks to address this and to contribute to the field by looking specifically at the experiences of non-clinical voice-hearers, working to understand the experience on its own terms rather than exclusively through its relationship with clinical voice-hearing. It will explore the ways in which these experiences are woven through the broader fabric of voice-hearers' lives, shaped by and shaping their social worlds, and the very landscape of their experiences of consciousness. This will include looking at the ways in which mediumship and their spiritual beliefs and communities interact with voices. It will also contribute to the literature through a detailed investigation of the experiences of participants recruited through several key research sites, using interviews. This allows the research to offer an overview of the experiences of participants in different parts of the field. The emphases and precise ways of defining non-clinical voice-hearing can differ across research sites and thus a broad overview of the field, bringing these lines of research into direct conversation, is needed. These interviews offer insight not only into novel research areas but the ways in which focal points and recruitment strategies differ across sites.

The following sections will provide an overview of the key findings of the literature on which this work is based and the field to which it is speaking. It will begin with an introduction to non-clinical voice-hearing and key findings in the field. Then, in Section 2, it will discuss social and cultural factors, which provide crucial context for understanding this way in which this field has developed. This section begins with a history of the Hearing Voices Movement, a social movement and international network working towards the acceptance of voice-hearing. The section then describes the relationship between voice-hearing and spirituality with a focus on spiritualism, a religion with which many NCVH participants affiliate. The chapter will conclude with a discussion of the rationale and overview of the present study.

Table 1 *Key Studies Underpinning the Present Research*

Paper	Participants	Study Design and key measures	Key findings
Alderson-Day & Lima et al., 2017	17 NCVHs 12 matched controls	fMRI was used to look at participants' responses to listening to degraded sine-wave speech.	NCVHs reported recognizing speech earlier than controls. NCVHs also showed stronger intelligibility responses in regions including the dorsal anterior cingulate cortex and the superior frontal gyrus than controls. This suggests greater reliance on top-down processing in NCVHs.
Alderson-Day et al., 2021	40 voice-hearers using Early Intervention in Psychosis (EIP) services	Voice-hearers were interviewed using semi-structured interviews designed to explore voice-phenomenology.	All participants personified voices. 24/40 described minimal personification and 16/40 complex personification. Complex personification was associated with voices' ability to be conversed with and to provide companionship.
Daalman et al., 2011	118 outpatients with a psychotic disorder experiencing AVH at least once per month (CVH group) 111 otherwise healthy participants experiencing AVH at least once	Features of AVH were compared using the Psychotic Symptoms Rating Scale and Auditory Hallucinations Subscale (Haddock et al., 1999).	Voices were similar between groups in terms of voice-loudness, perceived location (inside vs. outside of the head), or degree of voice personification. Voices were more frequent in the CVHs than in NCVHs. Voices were more negative in the CVH group. Degree of voice negativity could predict clinical status in 88% of participants. NCVH participants had a significantly lower age of Voice onset than CVH participants.

	per month (NCVH group)		
Daalman et al., 2012	100 individuals with a psychotic disorder (CVHs) 127 healthy participants with AVH with frequent AVH (NCVHs) 124 healthy controls	All groups were compared on history of childhood trauma, using the Childhood Trauma Questionnaire (Bernstein & Fink, 1998).	CVHs and NCVHs had higher levels of trauma than controls. There was no relationship between type of trauma and characteristics of AVH.
Gold et al., 2003	76 CVHs (with a DSM-V diagnosis of schizophrenia or schizoaffective disorder. 49 with current AVH, 27 without current AVH) 48 NCVHs (recruited in a variety of ways including via networks of psychic mediums) 51 healthy controls	This study compared CVHs (clinical participants with current AVH), clinical participants without AVH, NCVHs, and controls on various cognitive measures and phenomenological features of voices.	CVHs and NCVHs reported similar levels of loudness and frequency of voices. NCVHs and controls had similar scores on measures of cognitive performance. NCVHs reported more control over voices and less negative voice content than CVHs.

<p>Peters et al., 2016</p>	<p>84 participants with a psychotic disorder</p> <p>92 healthy participants with “psychotic experiences”</p> <p>83 healthy controls</p>	<p>Clinical, non-clinical and control groups were compared on a variety of socio-demographic and psychological characteristics.</p>	<p>Clinical and non-clinical groups both had elevated levels of trauma.</p> <p>Non-clinical participants were similar to controls on psychological characteristics.</p> <p>Clinical participants were more likely to come from a British ethnic minority background and be working-class than non-clinical participants.</p>
<p>Peters et al., 2017</p>	<p>84 individuals with a diagnosed psychotic disorder</p> <p>92 healthy individuals who have “psychotic experiences”</p> <p>83 healthy controls</p>	<p>Appraisals of “psychotic experiences” were compared across clinical and non-clinical participants.</p> <p>Experimentally induced anomalous experiences were used to assess differences in appraisal style across participant groups.</p> <p>Appraisals were assessed using the AANEX- inventory (Brett et al., 2007).</p>	<p>Clinical participants appraised “psychotic experiences” as more negative and dangerous and less controllable than non-clinical participants.</p> <p>Clinical participants appraised experimentally induced anomalous experiences as more threatening than non-clinical participants and controls.</p>
<p>Powers et al., 2017</p>	<p>16 voice-hearers with a psychotic disorder (P+H+)</p> <p>17 clairaudient psychics conceptualized as voice-hearers</p>	<p>Participants were compared on a variety of measures including demographic characteristics and experiences of voices using measures such as the Launay-Slade Hallucination Scale (Launay & Slade, 1981).</p>	<p>Voices were similar across psychics and voice-hearers with a psychotic disorder in terms of loudness, frequency, and location of voices.</p> <p>Psychics were less distressed by voices than clinical participants and reported a greater ability to control the onset and offset of voices.</p>

	<p>without a psychotic disorder (P-H+)</p> <p>16 non-voice hearers with a diagnosable psychotic disorder (P+H-)</p> <p>18 non-voice-hearers without a psychotic disorder non-voice-hearers without a diagnosable psychotic disorder (P-H-)</p>		
Powell & Moseley, 2021	<p>65 Spiritualist mediums</p> <p>143 members of the general population as controls</p>	<p>Spiritualists and controls were compared on various characteristics include hallucination proneness and absorption (Tellegen & Atkinson, 1974) using an online questionnaire.</p>	<p>There were higher levels of hallucination proneness and absorption in Spiritualists than in controls.</p> <p>In the general population higher absorption was associated with higher levels of spiritual belief, but there was no relationship between spiritual belief and hallucination proneness.</p>
Sommer et al., 2010	<p>103 healthy participants with frequent AVH</p>	<p>Participants with AVH and controls were compared on a variety of measures.</p> <p>Key measures:</p>	<p>Participants with AVH did not meet clinical threshold for delusions, disorganization, negative or catatonic symptoms of psychosis.</p>

	60 matched controls without AVH	<p>-Global Assessment of Functioning subscale of <i>The Comprehensive Assessment of Symptoms and History</i> (CASH; Andreasen et al., 1992)</p> <p>-Brief Child Trauma Questionnaire (CTQ; Bernstein et al., 2003)</p> <p>-The Peter's Delusion Inventory (PDI; Peters et al., 2004)</p> <p>- The Schizotypal Personality Questionnaire (SPQ; Raine, 1991)</p>	<p>Participants with AVH showed trauma levels and family history of Axis 1 Disorder elevated above those of controls,</p> <p>Participants with AVH had significantly higher levels of all dimensions of delusions and all dimensions of schizotypy than controls. They also showed lower levels of global functioning than controls.</p>
Roxburgh & Roe, 2014	10 Spiritualist mediums	Participants were interviewed about their experiences with voices and how they interpret them. Interviews were analysed using interpretive phenomenological analysis.	The authors identified found that mediums reported anomalous experiences in childhood, that voices were connected to a search for meaning, and that mediumship frameworks normalized anomalous experiences.

Part 1: Non-clinical voice-hearers: conceptual overview and key findings

1.2 Section Introduction

Psychosis, or “psychotic disorder”, refers to a condition in which one becomes detached from reality to some degree (DSM-V, American Psychiatric Association, 2013). Hallucinations, including voices, are one way in which this loss of reality can manifest, with delusions being considered the other form of “psychotic symptom” (APA, 2013). At one point voice-hearing was considered a hallmark of schizophrenia. In early negotiations of the concept, German psychiatrist Kurt Schneider proposed a series of symptoms whose presence alone were sufficient for a diagnosis of schizophrenia (Schneider, 1959). These symptoms, known as “first-rank symptoms” included forms of voice-hearing such as voices commenting on one’s actions (Schneider, 1959). However, in recent years there has been increasing interest in the idea that the presence of psychosis is not binary—it is not necessarily entirely absent or entirely present in an individual. The idea that psychosis lies on a continuum underlies a body of research seeking to understand the ways in which voices are experienced outside of illness, and to conceptualize the ways in which they relate to illness.

1.3 Continuum Models

Versions of the continuum model can be seen in early 20th century thought with the observation that traits similar to attenuated symptoms appeared in family members of those with psychosis (Bleuler, 1911, 1950 in Kwapil & Barrantes-Vidal, 2015). These observations informed the development of the concept of “schizotypy” (Kwapil & Barrantes-Vidal, 2015), a multidimensional trait which measures predisposition to psychosis (Mason, et al., 2005). Schizotypy is made of five factors, essentially designed to capture attenuated forms of psychosis-symptoms and the measure the degree of their presence. These factors include ‘unusual experiences’, ‘cognitive disorganization’, ‘introvertive anhedonia’, and ‘impulsive non-conformity’ (Mason, Linney & Claridge, 2004), and aim to capture trait versions of the core symptoms of schizophrenia.

In 2000, an article by Jim Van Os launched renewed lines of research and debate on the possibility of a psychosis continuum. In this paper Van Os reports on the results of an epidemiological survey of 7076 individuals in the Netherlands in which 4.2% displayed evidence of psychotic symptoms, and 17.2% reported having had some form of experience that resembled a psychotic symptom. All participants were interviewed by lay interviewers and those who displayed psychotic symptoms were then interviewed by psychiatrists,

strengthening the study's findings. In this study, experience of hallucination was correlated with experience of delusion and they found some association with subclinical disfunction and depressive symptoms. Van Os argues that these findings are evidence of a psychosis continuum which extends beyond disorder into the general population, an idea which has since been widely taken up in voice-hearing research (Johns et al., 2014).

Non-clinical voice-hearing research is closely tied in with contemporary thinking on the psychosis continuum and has implications for the ways in which this continuum is modelled. Various forms of this continuum have been proposed. In regard to non-clinical voice-hearers, the central question surrounding the continuum is whether voice-hearing is fundamentally tied to pathology (Baumeister et al., 2017). In one model of the continuum, distress and disfunction increase as voice-hearing increases, and in the other models they do not (Johns et al., 2014). Johns et al. describe these as a continuum of "risk" vs. a continuum of "experience".

In the first model, NCVHs lie on a continuum between CVHs and non-voice-hearers on a continuum of "risk", with NCVHs essentially presenting with a milder form of psychosis. This is sometimes known as a "quasi dimensional continuum" (Baumeister et al., 2017). This model would predict that distress and disruption to functioning would increase as voice-hearing increased. Voice-hearing is defined in this model as fundamentally tied to disorder which is simply present in attenuated form in NCVHs. In this view, non-clinical voice-hearing is essentially "sub-clinical" voice-hearing. This model suggests that hearing voices is inherently connected to a predisposition to psychotic disorder, which becomes an official disorder once it passes a particular threshold. In this model schizophrenia, as Gold et al. put it, "could be seen as an extreme form of schizotypy" (Gold et al., 2023: 52). Evidence for this model is supported by findings that NCVHs show elevation of other symptoms of psychosis. For instance, the findings of Sommer et al., (2010) that NCVHs have elevated scores on non-voice related aspects of schizotypy including disorganization and cognitive-perceptual domains, support this model.

In the second type of continuum model, the "continuum of experience" (Johns et al., 2014), voice-hearing is not inherently pathological. In this model, non-clinical voices are closely related to those present in schizophrenia, but unrelated to other aspects of psychosis. Voice frequency and other phenomenological features would be unrelated to distress and impairment to functioning. Studies finding that voices in NCVHs are similar to those of

CVHs phenomenologically, but that non-clinical voice-hearers do not show elevated levels of negative and cognitive symptoms of psychotic disorder (e.g. Gold et al., 2023), support this model.

The third possibility is a discontinuous model, in which clinical and non-clinical voice-hearers do not lie on a continuum. In this model CVHs and NCVHs are in two separate, discontinuous categories (Baumeister et al., 2017). In such a model, NCVHs would be virtually identical to healthy controls (those who do not hear voices and do not meet criteria for any form of psychotic disorder) and the experiences of NCVHs would be completely unrelated to, and likely very different from, those of CVHs. This model is supported by work which suggests a distinct aetiological pathway to non-clinical voice-hearing. Anthropologist of religion, Tanya Luhrmann, proposes a model for spiritual voice-hearing in which spiritual practice and cultural expectation give rise to hallucination-like experiences in predisposed individuals (Luhrmann, Nusbaum, & Thisted, 2010). In this model similarity between clinical and non-clinical voice-hearing is somewhat coincidental. Although analogies could be drawn between these forms of voice-hearing, the link between them is more tenuous and such a model could call into question the validity of comparing them.

There is also evidence that more than one of these models may be at work, with some of those who make up NCVH participant groups lying on a continuum of risk and others lying on a continuum of experience (Linscott & Van Os, 2010). Linscott & Van Os argue that the latent structure of the continuum may be disguising the presence of two voice-hearer subgroups.

As this review of the literature demonstrates, there is much to be explored about the nature of the continuum. Non-clinical voice-hearers, and the ways in which their experiences overlap with and differ from those of clinical voice-hearers, are of crucial importance to understanding continuum models.

1.4 Who are non-clinical voice-hearers?

Non-clinical voice-hearers are defined as those who hear voices regularly but do not meet criteria for a hallucination-related disorder and do not require support for voice-hearing. The first criterion (regularly hear voices) generally means hearing voices at least two times per month. To give an example of typical criteria, a study by Sommer et al. (2010) recruited participants who scored highly on one of the following items from a measure of hallucination called the Launay-Slade Hallucination Scale (Launay & Slade, 1981):

“In the past I have had the experience of hearing a person’s voice and then found that there was no-one there”; “I have been troubled by hearing voices in my head”
(Launay & Slade, 1981).

Participants were then screened by telephone to establish that “(1) voices were distinct from thoughts and had a “hearing” quality,” and “(2) voices were experienced at least once a month.” To establish that participants met the second part of the definition (being “non-clinical”) they also included the following criteria:

“(3) no diagnosis or treatment for psychiatric disorders other than depressive or anxiety disorders in remission,

(4) no alcohol or drug abuse for at least 3 months,

(5) no chronic somatic disorder”

(Sommer et al., 2010, p. 634).

1.5 Comparing clinical and non-clinical voice-hearers: Key Findings

Research on non-clinical voice-hearing seeks to understand the aetiology of individuals’ voices as well as how these individuals and their experiences compare with those who struggle with voice-hearing, i.e. clinical voice-hearers (CVHs). Studies comparing clinical and non-clinical voice-hearers have identified patterns of similarity and difference across the two groups. Such work has looked at the behaviour and content of voices as well as perceived physical properties of the voices such as their loudness, location, and frequency (e.g. Gold et al. 2023). This work has also looked at broader psychological and demographic features of voice-hearers themselves such as their socioeconomic background, as well as their emotional responses to, and beliefs about, voices (e.g. Peters et al., 2016; 2017).

These findings are of relevance for understanding the relationship between clinical and non-clinical voice-hearing. For instance, the degree of similarity of the properties of voices themselves (e.g. loudness and location) are important for understanding the degree to which the two groups are comparable at all. If all CVHs were to describe voices that were clearly auditory, and all NCVHs were to describe voices that were more like thoughts, for instance, this might suggest that the two groups are having unrelated experiences. Furthermore, this would impact the degree to which one can translate the experiences of one group to the other.

A key goal of such research is to learn from the experiences of NCVHs in order to develop new therapeutic supports for CVHs. For instance, the fact that NCVHs report the ability to control their voices through the use of particular techniques has led to the idea that CVHs could use the same techniques to reduce distress (Mourgues et al., 2022).

Such findings also hold implications for the voice-hearing continuum, with different patterns implicating different versions of this continuum. The following sub-sections will outline key findings and areas of interest identified by such research.

Voice-hearer demographics

Clinical and non-clinical voice-hearers have very different demographic profiles. NCVHs have higher levels of education, are less likely to be working class, and less likely to live in areas with civic disorder (Peters et al., 2016). Peters et al. (2016) also found that NCVHs were more likely to be religious than CVHs, but that CVHs were more likely to be religious than healthy controls. Research based in the UK found CVHs were more likely to be migrants than CVHs and come from ethnic minority backgrounds (Peters et al., 2017). In a study comparing non-clinical voice-hearers to individuals with schizophrenia or schizoaffective disorder Gold et al. found that NCVHs were more likely to be women than participants in clinical groups and were also older than clinical participants (2023). There is also evidence that hallucinations overall significantly decrease with age (Larøi et al., 2019) and that hallucinations are less likely to be associated with pathology in older groups (Yates et al., 2021). In work carried out at Utrecht comparing clinical and non-clinical voice-hearers it was found that NCVHs reported an earlier age of voice onset than CVHs.

Perceived physical properties of voices

Fundamental to voice-hearing research is the matter of what voices sound like, and the nature of their perceived physical properties. Several key properties of interest are loudness, location (internality vs. externality), and frequency (e.g. Powers et al., 2017). These are measured using various standardized hallucinations measures such as the *Psychotic Symptoms Rating scale* (PSYRATS) (Haddock et al., 1991), a structured interview which measures features including frequency and location using on a scale of 1 to 7 based on interviewer ratings (Haddock et al., 1999). A body of research suggests that voice-frequency, loudness, and location are similar across clinical and non-clinical groups (e.g. Powers et al., 2017; Daalman

et al., 2011). However, other work has found that frequency of voices is somewhat greater in CVHs than in NCVHs (Choong, Hunter & Woodruff, 2007).

At times voices can be very voice-like, even being mistaken for “real” voices (Woods et al., 2015). However, many voices do not have a literally auditory quality, at times feeling much more like thoughts. Clinical and non-clinical voice-hearers report both kinds of voices, as well as those which are a mix between the two (Woods et al., 2015; Jones & Luhrmann, 2016).

Woods et al., (2015) point out that the use of these scales leads to a focus on such features and a neglect of others such as voice-identity. These measures may fail to capture subtle aspects of phenomenology not covered by such scales or variation in the ways in which participants describe the sensory features of voices. For instance, being part of spiritual communities may lead participants to speak about voices using terminology they have learned from these communities. It can also be difficult to disentangle sensory aspects of voices from other aspects of the experience, such as cognitive features of voices. Gold et al. (2023) compared 48 NCVHs, 76 individuals with schizophrenia or schizoaffective disorder (49 with current AVH and 27 without current AVH), and 51 healthy controls on a variety of measures. They also found that although CVH and NCVH groups reported similar loudness, CVHs were more likely to report that voices interfered with their ability to hear other sounds in their environment. This study used a newer tool, the Chicago Hallucination Assessment Tool (CHAT), which is designed to explore sensory, cognitive, and emotional features of voices (Axelrod, Gao, & Keedy, 2015). Although loudness is a sensory feature and interference with ability to hear is a cognitive feature, this difference in voice interference level raises the possibility that there are aspects of the sound experience that aren't captured by questions about loudness, or that CVHs and NCVHs interpret this question differently.

Appraisal

Another key area of interest are the ways in which participants interpret—or “appraise”—their voices. Research on voice-appraisal looks at what participants believe about their voices, theorizing these beliefs as central to voice-related distress, and even clinical status (Woods & Wilkinson, 2017). This shifts the site of potential difference from features of voices themselves to the ways in which participants interpret and understand them. This is

based in a cognitive model in which emotional responses to voices are impacted by beliefs about voices (Chadwick & Birchwood, 1994). Research on such beliefs, or “appraisals” of voices, has looked at both individual beliefs about aspects of voices such as whether they are “omnipotent” or “malevolent” (Peters et al., 2012) as well as the overall belief framework one holds about voices, such as whether they are spirits or are generated by one’s own brain (Peters et al., 2017).

There is strong evidence supporting the importance of appraisal in voice-distress, with questionnaire-based studies finding that assessments of greater voice-omnipotence and malevolence are related to greater voice-related distress (Peters et al., 2012). Peters et al. (2017) used an experimental paradigm to explore appraisals of the same induced anomalous experiences in CVHs and NCVHs, finding that CVHs appraised the same induced experiences as more threatening than NCVHs and controls. Interestingly one study found that CVHs hold more negative beliefs about voices than NCVHs but that the groups did not differ on positive beliefs (Morrison et al., 2004). In a study of 101 voice-hearers Varese et al., (2016) used self-report measures to look at the relationship between beliefs about voices, ways of interacting with voices, and various aspects of voice-experience. They found that beliefs about voices and the tendency to avoid interaction with voices were predictors of voice-related distress, even when frequency of voices were controlled for, further suggesting that voice-appraisal could play a central role in voice-related distress.

Other evidence challenges the centrality of appraisal to voice related distress. For instance, one study on voice-hearers diagnosed with schizophrenia or bipolar disorder found that the relationship between trauma and voice-related distress was fully mediated by negative voice-content (Rosen et al., 2018). A recent meta-analysis found a significant effect of appraisal on voice-related distress, although these effects were relatively small suggesting that, while appraisal is important, distress is also impacted by other factors (Tsang et al., 2021). Furthermore, results of studies looking at the effectiveness of cognitive behavioural therapy targeting beliefs about voices on voice-related distress have been mixed (Mawson et al., 2010). This further supports the idea that factors beyond beliefs about voices impact voice-related distress.

The notion of appraisal itself has been criticized for being insufficiently delineated (Woods & Wilkinson, 2017). Woods and Wilkinson, in their commentary “*Appraising Appraisals*” (2017), point out that the concept of appraisal could be interpreted in various ways. For

instance, an appraisal could be either a background model of how the world works which impacts interpretation of experience, or it could be a retrospective assessment of a particular experience. Both the need for greater conceptual clarity surrounding appraisal and the mixed results about its role in the voice-hearing point to a need for further research aimed at capturing a more holistic understanding of how beliefs interact with voice-hearing.

Trauma

Another area of central interest in voice-hearing research is trauma. Understanding the ways in which trauma interacts with voice-hearing is of crucial importance for understanding both the development of hallucinations and the ways this might differ across CVH and NCVH groups and for developing therapeutic supports. For instance, if trauma is a key differentiating factor across CVH and NCVH groups this points to the importance of therapeutic supports targeting symptoms of trauma.

Trauma has been implicated in voice-hearing in various ways. Hallucinations including voices can be a symptom of post-traumatic stress disorder (PTSD), a condition brought about through experiencing trauma and characterized by symptoms such as a heightened sensitivity to perceived threat (APA, 2013). Although individuals can have both schizophrenia and PTSD -- and hallucinations can be part of PTSD --the two conditions are distinct, with each including sets of other symptoms.

Individuals diagnosed with psychotic disorders report levels of trauma elevated above those of the general population (Shevlin, Dorahy, & Adamson, 2007), as do non-clinical voice-hearers (Sommer et al., 2010, Daalman et al., 2012). A study looking at hallucination proneness in 100 people diagnosed with psychotic disorders, as well as 133 students without psychotic disorder diagnosis, found trauma to be a strong predictor of hallucination proneness in both groups (Goldstone et al., 2012). However emotional trauma was the strongest predictor in the clinical group, and sexual abuse the strongest predictor in the non-clinical group. CVHs are also more likely than NCVHs to meet criteria for post-traumatic stress-disorder (PTSD) and more likely to report childhood sexual abuse (Andrew, Gray, & Snowden, 2008). A large-scale study of data from the National Comorbidity Survey also found that childhood sexual abuse was associated with hallucinations in the general public (Shevlin, Dorahy, & Adamson 2007).

One theory for the link between trauma and hallucination is that it is mediated by dissociation (Longden, Madill, & Waterman, 2012), a state involving disruption the integration of mental processes and contents (Cardeña,1994). This theory is supported by studies finding that measures of dissociation had a greater association with the number of first rank symptoms of schizophrenia than measures of PTSD or trauma exposure (Vogel et al., 2009). However, there is also evidence that dissociation plays different roles in different forms of hallucination. In a study of trauma in those with only schizophrenia, only PTSD, or both conditions, Wearne et al. (2020) found that dissociative symptoms were much stronger in both groups with PTSD than those with only schizophrenia. Dissociative symptoms were correlated with hallucinations in the two trauma-exposed groups but not the group with only schizophrenia (Wearne et al., 2020), suggesting that dissociation may be a mechanism that leads to hallucination in some individuals but not others.

Along with evidence suggesting that trauma contributes to the onset of hallucinations, there is also some evidence finding connections between trauma and the ways in which voices are experienced. For instance, Daalman et al., (2012) find that trauma type is associated with hallucination modality. There is evidence suggesting that some experiences of voice-hearing are forms of autobiographical memory of trauma (Hardy, 2017). However, there are also studies which find little relationship between trauma and the ways in which voices are experienced suggesting that in many cases, trauma plays a greater role in the onset of voices than the nature of voices. Daalman et al. (2011) found no association between sexual or emotional abuse and the emotional valence of voice-content in a participant group made up of both clinical and non-clinical voice hearers. It is also notable that attempts to treat positive symptoms of psychosis through addressing trauma, have shown only small effects, suggesting that trauma may be involved in the onset of voices but not the experience of voice-related distress (Brand et al., 2018).

Overall, although there is consistent evidence showing elevated levels of trauma in voice-hearers, there is a need for further research on the precise role of trauma, including the ways in which it operates in the development and experience of non-clinical voice-hearing.

Relationships with voices

While it was previously viewed as connected to speech and language, there are strong arguments for the view that voice-hearing is fundamentally a perception of agency—that it is,

at its core, a social experience (Wilkinson & Bell, 2016). The fundamentally relational nature of voice-hearing is reflected in the fact that voices can be those of divine beings or the spirits of loved ones (Cook et al., 2022; Roxburgh & Roe, 2014), and that although they can be very distressing, they can also be powerful sources of meaning. Voices, even when they first appear in participants' lives, are often described as being strongly personified. In a study of 40 voice hearers using Early Intervention in Psychosis (EIP) services, Alderson Day et al. (2021) found that 40% of participants reported experiencing voices with "complex personification", ascribing agency and intention to the voices (Alderson-Day et al., 2021), and that all participants described at least minimal personification.

Because of the agentic and personified nature of voices, various lines of research have approached the voice-hearing experience as a form of interpersonal relationship (e.g. Hayward, 2003). CVHs and NCVHs have shown patterns of difference in the ways in which they interact with voices. Lawrence, Jones & Cooper (2010) found that NCVHs are more likely to engage with their voices than CVHs, for instance. Lawrence, Jones & Cooper conducted an online questionnaire-based study of 184 members of the general population who reported hearing voices, finding that higher levels of perceived omnipotence of voices was related to higher levels of resistance to voices and higher perceived voice-malevolence associated with engagement with voices. The fact that engagement is higher in NCVHs than in CVHs and that negative voice content is highly predictive of clinical status (Daalman et al., 2011) suggests that the voice content itself could play an important role in the patterns of the voice-hearer relationship. Engagement with voices in the form of negotiation and boundary setting has long been advocated by voice-hearers as a way of increasing control over voices and reducing distress (Gutkovich, 2020). In qualitative work with voice-hearers who are psychic mediums, participants reported that training on how to engage and set boundaries with voices increases control over voices (Roxburgh & Roe, 2014).

This is an idea which is of interest for its potential to be translated to clinical voice hearing. NCVHs report greater control over voices than CVHs (Mourgues et al., 2022). Research on relationships with voices is often approached through the lens of appraisal e.g. *does the participant appraise the voice as hostile* (Hayward, 2003), or *does the participant view the voices as controllable?* (Brett et al., 2007). Peters et al. (2012) found that appraisals of voices as malevolent were associated with voice distress and appraisals of voices as benevolent with voice engagement. However, such an approach neglects the role of the

behaviour of the voice in the relationship. There is a tension between appraisal and a relational model of voices—an appraisal approach focuses on what the voice-hearer believes about the voice, but a relationship involves more than one party. If one is to view the voice-hearing experience relationally, then some degree of agency ought to be shifted to the voice. This points to the need to look more carefully at variation in voice behaviour (i.e. voice phenomenology) and how this interacts with participant responses to, and appraisals of, voices.

Like with other research areas, there is a need for a more holistic understanding of the ways in which various aspects of the experience interact. For instance, how do appraisals of voices and features of voices themselves interact to produce the resulting relationship?

Distress

A central goal of voice-hearing research, and psychology and psychiatry generally, is to reduce distress. Voice-related distress is central to voice-hearing research, serving as a primary variable through which we understand the role of other variables in the voice-hearing experience. It plays a central role in appraisal research, for instance, with the relative roles of voice-appraisal and voice-content in causing distress being a central point of interest and debate (Rosen et al., 2018). In general research has found that clinical voice-hearers have higher levels of voice-related distress than non-clinical voice-hearers (Silver, Lewton & Lewis, 2023), however this is complicated by the fact that voice-related distress can be a criterion for diagnosis of a voice-related disorder (APA, 2013). Distress, therefore, variously operates in voice-hearing research as an independent variable, a dependent variable, and a target of therapeutic intervention.

Sometimes distress is measured using scales such as the PSYRATS (Haddock et al., 1981), which focuses on voice-related distress. At other times depression and anxiety serve as distress indicators (Baumeister et al., 2017). However, neither of these forms of measurement capture what it is that is distressing about the voice-hearing experience. While voices which are negative and perceived as “malevolent” are associated with voice-related distress (Birchwood & Chadwick, 1997) the experience of hearing voices itself can be also be experienced as distressing (Woods, 2017). Woods (2017) argues that shame—including the shame of voice-hearing itself—is one form of voice-related distress. Drawing on descriptions from early interventions in psychosis users, Woods articulates the experience of oneself as a

voice-hearer as that of “*a self-laid bare, an interiority intruded on by alien voices from which there is no escape and no respite*” (p. 253). In this form of the voice-hearing experience, the distress is tied to the voice-hearing itself rather than voice-content.

The notion of voice-related distress also raises questions about how the distress of experiencing voices is tied in with broader experiences of distress in participants’ lives. Recent work has looked at social pathways to hallucination, examining the role of experiences like shame and loneliness in the development of psychotic experiences (Heriot-Maitland, Wykes, & Peters, 2022). A recent study by Heriot-Maitland, Wykes, & Peters (2024) found evidence that shame, long-examined as an outcome of voice-hearing, could actually be involved in etiological pathways to hallucination. Evidence that broader experiences which are potentially distressing and disorienting, such as shame and loneliness, are connected to the development of clinical voice-hearing, complicates the task of disentangling the causes of voice-related distress.

The concept of distress in the voice-hearing context would benefit from further disambiguation. In particular, a holistic picture of the interaction between background states of distress, voice-related distress, and the specific aspects of the voice experience that are related to distress is required.

Part 2: Social and Historical Contexts

This thesis seeks to explore the experiences of voice-hearing in interaction with the wider contexts of participants' lives, as well as to bring various lines of voice-hearing research into direct conversation. It is therefore necessary to outline key background elements that have influenced this field and the voice-hearers who take part in such research. The following section will provide an overview of two key elements of the social and historical context of voice-hearing research and non-clinical voice-hearing participants: The Hearing Voices Movement, and Spiritualism.

1.6. The Hearing Voices Movement

The Birth of the Hearing Voices Movement

There has long been discussion of the idea that hallucinations can occur outside of the context of disorder. The early observations of psychosis-like qualities in family members of those with psychosis are one example of this (Kwapil & Barrantes-Vidal, 2015).

However, contemporary interest in “hallucinations” as separable from psychosis, and of “voices” as an experience in themselves is often tied to the birth of the Hearing Voices Movement. The Hearing Voices Movement began with a woman named Patsy Hage, and her psychiatrist Marius Romme (Woods, 2013). Hage was seeking treatment for distressing voices and suicidal ideation and in the process of this struggle and therapeutic relationship, she “successfully convinced her psychiatrist that her voices were real” to her (Romme & Escher, 1989 p.209). With the assistance of the journalist Sandra Escher, Hage and Romme managed to secure a spot on an evening talk show, *Sonja op Mondag*. They went onto to the show and spoke with host, Sonja Barend, about Hage's experiences and attempts to learn to cope with her voices. Crucially, they also invited those with similar experiences to get in touch: “*At the time, none of us were able to foresee the far-reaching consequences of this single broadcasting,*” Romme and Escher would later write (Escher & Romme, 2012, p. 386). Over 700 people got in touch.

Romme, Escher, and Hage held the first “Hearing Voices Congress” later that year, bringing voice-hearers and those with an interest in voice-hearing together for what would become a regular event. This also led to the formation of a network of voice-hearer led support and advocacy groups beginning in the Netherlands and the UK, and then spreading across the

globe (Escher & Romme, 2012). The Hearing Voices Movement and associated Hearing Voices Network (HVN) is based around the idea that voice-hearers should have a space to feel safe and be able to have their experiences accepted.

The HVN and Psychological Research

There are ways in which the fundamental assumptions of the HVN differ from frameworks used in voice-hearing research, particularly in regard to the clinical vs. non-clinical distinction. Romme and Escher do describe two different groups of voice-hearers which they call the “good coping” and “bad coping” groups, noting that the latter experienced their voices as more negative and aggressive, for instance (Romme & Escher, 1989). They conceptualize the distinctions between the two groups as fundamentally based in the ability to “cope”, with voices—defined by participants’ answers to the question “are you able to cope with the voices or not?” The underlying assumption that those who are unable to cope could learn from those who are able to cope with voices, suggesting that this group division is merely based on one’s approach to voices, rather than some underlying feature of the individual or their voice-hearing. The Hearing Voices Movement remains focused on ways of understanding, making meaning from, and learning to cope with voices, and does not utilize notions of clinical vs. non-clinical voice-hearing. Rather than being a feature of the individual, “pathology” or lack thereof is conceptualized as a lens through which to view the experience *“One hypothesis that might be generated from this congress is that the reduction of “hearing voices” to being viewed merely as a pathological phenomenon is not very fruitful in helping patients to deal with these experiences,”* (Romme & Escher, 1989), thus calling into question the idea of voices as disordered at all.

However, the Hearing Voices Movement has undeniably influenced voice-hearing research. The notion that voices can be “coped with”, is fundamental to the concept of non-clinical voice-hearing. Furthermore, a central change brought about by the Hearing Voices Movement was the notion that voices should be viewed as meaningful (Escher & Romme, 2012). Those involved with the movement developed the “The Maastricht Approach”, a framework which involves and accepting and working to make sense of voices (Corstens, Escher & Romme, 2009), and the notion that voices should be viewed as meaningful establishes the basis for relational approaches (e.g. Chin et al., 2009). Furthermore, it raised awareness of the possibility that voices are part of daily life for some people, which likely

contributed to psychological research interest in this area and set the stage for the seminal NCVH research subsequently carried out in the Netherlands. Romme himself conducted subsequent work comparing “patients” and “non-patients” who hear voices, arguably laying a template for clinical and non-clinical comparison and Van Os’s (2000) paper re-introducing a continuum model of psychosis draws on this work.

1.7 Voice-hearing and Spirituality

Overview

The idea that voices are meaningful, and that having a framework of meaning is beneficial is also tied into another crucial area which has been intertwined with voice-hearing research: religion and spirituality.

“And I said ‘God, I don’t know how you could call yourself a loving sovereign God and allow these people to suffer this way and just suck them right into hell’, which was what I assumed and I heard a voice say within me ‘so that’s what you think we’re doing?’ and I didn’t say yes or no I said ‘that’s what I’ve been taught’” (Pearson in Cobb, 2005)

This is an excerpt from an episode the radio show, *This American Life*. The episode, *Heretics*, told the story of the late Reverend Carlton Pearson. A former protégé of televangelist Oral Roberts, he fell from grace and was declared a heretic when he stopped believing in hell. In this excerpt he describes the moment that it all began—in a conversation with God.

A key context in which hearing voices is normalized is within religion and spirituality. It is unsurprising therefore that this has been a site of recruitment and interest for voice-hearing research. In the following section, I will outline various approaches to spiritual voice-hearing and the ways in which this relates specifically to non-clinical voice-hearing.

Voice-hearing in Christianity

One prominent model of the relationship between spirituality and voice-hearing comes from the anthropology of religion. This model was put forward by Tanya Luhrmann, whose work has looked at the interaction between cultural models of the mind and the propensity to have unusual sensory experiences including voices. Luhrmann posits a model in which a

combination of individual proclivity to unusual experience, a cultural view which allows for the possibility of communication with God or spirits, and particular forms of spiritual practice give rise to unusual sensory experience (Luhrmann, 2010). An individual's proclivity is based on the degree to which one has a psychological trait called absorption, a measure of the tendency to become absorbed in sensory experience (Tellegen & Atkinson, 1974). This trait was originally derived from measures of susceptibility to hypnosis (Tellegen & Atkinson, 1974), and scoring highly in absorption is seen to increase one's propensity for unusual experiences in Luhrmann's model. The second element involves a cultural model of the mind as "porous", or in which the barrier between mind and world is seen to be permeable. In such a model, thoughts can affect the individuals' environment and the environment can communicate directly into the mind, allowing for the possibility of hearing the voice of God or spirits in one's mind. Luhrmann bases this notion of a porousness on work by Charles Taylor (2007), which suggests that some cultures have a view of the mind as porous and others as "bounded." The third element of this model is a form of practice which involves cultivating vivid sensory experience (Luhrmann, 2023).

There is some difference in emphasis and parameters of the work on voice-hearing in the anthropology of religion and that within psychology, although there has also been significant collaboration. Luhrmann's model accounts for occasional experiences of what she describes as "sensory override" - what psychological research might view as hallucination. However, these experiences likely only take place a few times in an individual's life (Luhrmann, 2012). This would not qualify individuals to participate as non-clinical voice-hearers in most psychological voice-hearing research, which often requires at least monthly experiences of voice hearing (Alderson-Day et al., 2017; Baumeister et al., 2017).

Another key line of research on hearing voices in the context of Christianity came from Durham University's *Hearing the Voice*. Dein & Cook conducted qualitative interviews with eight congregants of an evangelical church, exploring their experiences of hearing the voice of God. They found that participants largely experienced God speaking through their own thoughts. Cook et al. (2022) also conducted a self-report based study of the phenomenology of voices in 58 individuals who heard spiritual voices, finding that about half of the participants described only hearing clearly auditory voices and the other half describing a mix of auditory and thought-like voices.

Spiritual voice-hearing in psychological research

Psychological voice-hearing research often recruits NCVHs via religious and spiritual networks (e.g. Powers et al., 2017; Gold et al., 2023). Although the networks vary, they are almost all associated to some degree with a movement called spiritualism and practice mediumship. Mediumship refers to the practice of receiving direct communication from spirits, which can be experienced in various sensory modalities. Mediums can receive communication in the form of visions known as “clairvoyance”, hearing the voices of spirits known as “clairaudience”, feeling the presence of spirits, known as “clairsentience”, along with a variety of other modalities. Clairaudience is of interest to voice-hearing research as a form of non-clinical voice-hearing, understood through the normalizing lens of a spiritual worldview which anticipates spirit communication. In organized spiritualism today, mediums lead services, often beginning with a discussion of Spiritualist “philosophy” and then moving into public readings (Davey, 2012). During such readings the medium “opens herself up” to communication with spirits who will “come through” with messages for congregants. Outside of Spiritualist churches, mediums often work with individual clients (Bartolini et al., 2013).

The practice of recruiting clairaudient mediums for voice-hearing research appears to have proceeded independently across a variety of voice-hearing research projects. Durham University’s *Hearing the Voice* looked at voice-hearing in Spiritualist voice-hearers, among other groups of both clinical and non-clinical voice-hearers (Powell & Moseley, 2021). In some cases, studies recruited NCVHs through Spiritualist networks but did not focus on the participants’ spiritualism (Alderson-Day et al., 2017), and in other cases spiritualism itself was the focus. In a study looking at voice-hearing in Spiritualists, for instance, Powell and Mosely (2021) found that spiritual belief was correlated with absorption. In other parts of the UK, Taylor & Murray (2012) and Roxburgh & Roe (2014) undertook qualitative studies of Spiritualists as non-clinical voice-hearers.

Other studies, while less explicit in their focus on mediums, have recruited largely through networks associated with spiritualism, including the Unusual Experiences (UNIQUE) study, based at King’s College London. This study aimed to look at voice-appraisal and framed participants as non-clinical voice-hearers rather than centring their religious context. In 2017, across the Atlantic, scholars at Yale University published “Psychics and the Psychosis Continuum”, a paper looking at clairaudient psychic mediums as non-clinical voice-hearers. Powers et al., differ from the UNIQUE study in that they centre participants’ spiritual

context, framing participants as mediums who are NCVHs, rather than recruiting NCVHs who happen to be mediums.

Non-clinical voice-hearing research has involved Spiritualist participants since its inception. Romme and Escher note, in their paper reporting on attendees of the first Hearing Voices Congress, that individuals who cope well often have spiritual frameworks for their voices (Romme & Escher, 1989). Indeed, one of the largest scale studies of voices and other unusual experiences in the general population was undertaken by those involved with the society for psychical research (SPR) in 1894 (Sidgwick et al., 1894). The SPR was founded by Spiritualists with the aim of scientifically investigating the claims the possibility of communicating with the dead.

Spirituality is often connected to appraisal models, with Peters et al. (2017) for instance considering spiritual interpretation a form of appraisal which can be contrasted with other interpretations of voice-hearing, such as the idea the voice-hearing is caused by illness or simply a product of one's brain. Mediumship frameworks are proposed to be frameworks which normalize voice-hearing and provide participants with strategies to manage voices. This has important implications for voice-hearing research as it raises the possibility that such strategies could be translated into therapeutic support for clinical voice-hearers.

1.8 Spiritualism

“Every person pretending or professing to tell fortunes, or using any subtle craft, means, or device, by palmistry or otherwise, to deceive and impose on any of his Majesty's subjects... shall be deemed a rogue and vagabond...and it shall be lawful for any justice of the peace to commit such offender to the house of correction.”

-Vagrancy Act 1824: An Act for the Punishment of idle and disorderly Persons, and Rogues and Vagabonds, in England

Because spiritualism is a crucial part of the voice-hearing context for many NCVHs, the following section will provide a short introduction to spiritualism. It will provide a brief overview of the history of spiritualism, its key theological concepts, and the landscape of contemporary spiritualism in the US and UK.

A brief history of Spiritualism

Spiritualism is a religious movement whose origins can be traced back to the mid-1800s, when two sisters, Kate and Margaret Fox claimed to be communicating with spirits at their home in upstate New York (Pimple, 1995). The Fox Sisters gathered a great deal of attention from the public and press which inspired a wave of interest in spirit communication, and a surge in the practice of holding seances (Pimple, 1995). The general interest in spirit communication, of which the Fox-Sister-sensation was a part, and the optimism about the capacity for scientific research to shed light on the spiritual, led to the founding of the Society for Psychical Research (SPR) in 1882 (Alvarado, 2002). The SPR aimed to investigate spirit phenomena using scientific methods (Moore, 1972).

The Spiritualist movement was widespread, without a central organizing body, and thus varied in its practices, beliefs, and affiliations (Ferguson, 2012). The precise boundaries of spiritualism are not clear as its practice overlapped with and drew on other religious movements. A movement known as theosophy –founded in 1875– shared with spiritualism its use of mediumship to communicate with spirits, but it drew more heavily on occultism and saw itself as connected with beliefs and practices from eastern religions such as Tibetan Buddhism (Ellwood & Wessinger, 1993). The 1890s saw the birth of centralized Spiritualist movements, including the Spiritualist’s National Union (SNU), which is active in the United Kingdom today (Roxburgh, 2010) .

A Spiritualist cosmology

The central element of Spiritualist belief and practice is the idea that the soul survives beyond death, and that spirits of the deceased can communicate through the living, often via a “medium” (Moore, 1972). Kathrin Trattner (2015) traces the basis of Spiritualist thought back to the Enlightenment, arguing that the foundations of spiritualism were laid by a shift in the ways in which the afterlife was conceptualized:

“The afterlife was henceforth increasingly defined as an ‘other world’ which was no longer distinguished into the strictly separated realms of heaven and hell, but rather marked a concealed occult realm.” (Trattner, 2015 p.107)

Furthermore, there was a sense that, as Trattner writes, “the border between these realms could be transcended.” This was influenced by advances in technology and science, such as electromagnetism, which demonstrated the possibility of understanding and utilizing invisible forces (Trattner, 2015). The discovery of electromagnetism, eventually leading to the discovery of radio waves in the 1880s, is argued to have led to a “radio model of consciousness,” (Enns, 2008) *“By conceiving of thoughts as a form of radiation, scientists began to describe consciousness as a wireless receiver and transmitter, and the soul was similarly described as material yet invisible vibrations. The development of radio thus inspired a new conception of the psychic apparatus that equated human personality with electricity, which effectively exploded the limits of the body and extended consciousness across space and time.”* (p.137)

A key aspect of the development of Spiritualist thought was that communication could take place not only across vast distances, but between the realms of the living and the dead, and that this communication might be made possible by the same electromagnetic waves that allowed for wireless technology. The possibility of communication with the spirit world and the belief that such communication is scientifically grounded remain part of spiritualism.

Today there are seven “principles” of spiritualism recognized by the Spiritualist’s National Union. A central one is the belief that the spirit lives on after death, or “The Continuous Existence of the Human Soul.” In discussing this principle, the SNU writes says: *“Matter and energy cannot be created or destroyed. This is an old scientific axiom which research continues to confirm. If we accept this, and there is no reason why we should not, we need to know what happens when the present form of energy reaches the end of its viability”* (The Spiritualist’s National Union, 2017). Other principles include: *“the fatherhood of God”, “the brotherhood of man”, “the Communion of Spirits and the Ministry of Angels”, “Personal Responsibility”, “Compensation and, Retribution Hereafter for all the Good and Evil Deeds done on Earth”, and “Eternal Progress Open to every Human Soul”* (SNU, 2017).

Spiritualism in the United Kingdom

Today there are approximately 315 Spiritualist churches in the UK (SNU, 2017), most of which are affiliated with the Spiritualist’s National Union. Services are run by a rotation of mediums, who generally lead services at a variety of different churches. Mediums are trained through accredited courses, many of which are run through a Spiritualist training institution,

the Arthur Findlay College, in Essex (SNU, 2017). Courses cover specific topics and skills such as “trance mediumship”, “animal communication”, and “clairvoyance”, among others.

However, it is of note that from its birth spiritualism has manifested in a variety of practices both within and outside of official institutions, and it is likely that this remains true today.

Therefore, this number may not accurately reflect the number of individuals in the UK who engage with spiritualism in some way. In my work interviewing mediums, those who were officially affiliated with Spiritualist churches often described mediumship practices very similar to those who did not affiliate with spiritualism, suggesting that many of those influenced by spiritualism would not officially be classified as or identify as Spiritualists.

It is also notable that there has been some suspicion and marginalization of Spiritualist practices. The 1824 Vagrancy Act, excerpted at the beginning of this section. included “pretending or professing to tell fortunes”, a clause which was used to prosecute some Spiritualist mediums (Collins, 1945). In 1951 the Fraudulent Mediums Act¹ overturned both this clause and an earlier act forbidding witchcraft (UK Parliament, 2024), and replaced them with a specific prohibition against practicing Spiritualist mediumship or similar activities with demonstrated intent to commit fraud for monetary gain. This served as a protection for the practice of mediumship in most contexts, although it has now been repealed (King’s Printer, 2008). This history could also contribute to underreporting of the number of Spiritualists in the UK.

Spiritualism in the United States

Although spiritualism was born in the US, arguably organized spiritualism has less of a presence there today than it does in the UK. Psychic News (Psychic News, 2024) lists approximately 215 US-based Spiritualist churches and centres—proportionally far fewer than in the UK which has 315, but a much smaller overall population (World Bank Group, 2024). With the lack of an organized Spiritualist presence, mediums in the US may draw upon the tenets of spiritualism while still not officially affiliating with the movement or describing themselves as Spiritualists. While spiritualism has always involved idiosyncratic practice and often draws from various occult and New Age traditions, this appears to be particularly

¹ This clause may have been designed to target Romani and Traveler populations (Lee, 1922) who have long practiced forms of fortune-telling and who have faced profound racism, as well as targeted policing and legislation which continues to this day (James, 2023).

pronounced in the US. The main official Spiritualist organization in the US today is the National Association of Spiritualist Churches (NASC), although the Spiritualist's National Union also has a US-based chapter. The NASC is run out of Lily Dale, New York, a Spiritualist residential community, which open its doors every summer, drawing visitors from around the world (Lilydale Assembly, 2024).

The reasons for the greater presence of organized spiritualism in the UK than the US are not clear, however it could be related the diversity of religious practice in the US, or the overturning of the vagrancy act in the UK in 1951. In the US some jurisdictions still have laws against “fortune telling”, and like in the UK, these laws appear to be used in targeted policing of Romani fortune-tellers and healers (Oprea, 2007).

Spiritualism and Science

Another key aspect of Spiritualist history and practice, which is not often discussed in voice-hearing research, is the relationship between Spiritualism and science. In subsuming Spiritualist belief under the broad category of “spiritual framework”, voice-hearing research overlooks the fact that spiritualism historically was connected to scientific pursuits. Spiritualism developed, as noted previously, in a time of great optimism about the possibility for science to learn about life after death (Trattner, 2015). At its advent, Spiritualism was seen by some as a scientific approach to religion, in contrast to the non-scientific approach of Christianity (Enns, 2008). This is an idea that remains part of spiritualism today. In their description of the history of spiritualism the NASC write:

“In the year of 1848, tiny raps manifesting through the mediumship of the Fox Sisters at Hydesville, New York, announced to the world an intelligence personified beyond the grave. An intelligence that was accepted as based on Natural Law and not miraculous or supernatural as heretofore had been accepted.” (NASC, 2016).

The idea that Spiritualist beliefs, particularly the “survival” of the soul and the ability of spirits to communicate through mediums can be tested scientifically is evident in the work of groups such as the Society for Psychical Research (Alvarado, 2002).

Due to the common practice of recruiting NCVHs through Spiritualist networks (e.g. Peters et al., 2017), further research is needed to explore the ways in which Spiritualist, history, beliefs, and practices impact voice-hearing.

1.9 The Present Research

The literature summarised above demonstrates that a body of research on non-clinical voice-hearing has developed over the past few decades across several key research sites. This work generated a variety of important findings about the nature of voice-hearing and the ways in which the experience differs between clinical and non-clinical populations. However, such work has largely understood voices through concepts based in clinical approaches. There is a need for research which takes the non-clinical voice-hearing experience as a starting point, examining in depth the ways in which NCVHs and their experiences interact with concepts such as voice-appraisal, distress, trauma, and standard ways of measuring and categorizing voice-phenomenology. There have been calls for further delineation of concepts including voice-related distress (Woods, 2017), and voice-appraisal (Woods & Wilkinson, 2017). Furthermore, there is a need to understand the ways in which crucial aspects of the contexts of non-clinical voice-hearers, such as the fact that many NCVHs are affiliated with spiritualism, influences the ways in which NCVHs both experiences and describe their voices.

Another overarching idea within current voice-hearing research, is the need to understand the ways in which various core lines of research interact with each other. For instance, the mixed results of studies exploring the role of voice-appraisal point to a need to capture a holistic picture of the interplay between voice-appraisal and voice-phenomenology.

Understanding the ways in which these aspects of voice-hearing play out in the context of non-clinical voice-hearers' lives is important both for capturing a more accurate understanding of the voice-hearing experience and because it is of crucial importance for modeling the voice-hearing continuum.

In a commentary on continuum models David (2010) argues that to capture a clearer picture of the voice-hearing continuum, research needs to use techniques that will reduce reporting bias and “embrace phenomenology.” This embrace of phenomenology, he argues will allow us to “micro-dissect” phenomena, capturing subtle aspects of the experience that may be more central to determining pathology than “old fashioned psychotic symptoms”. Similarly, Linscott & Van Os (2010) call for approaches which are not limited to the narrow conceptualizations of psychosis akin to those put forward in the DSM, in order to understand the potentially discontinuous subgroups of voice-hearers underlying the apparent continuum. Furthermore, although there is strong evidence for the existence of some form of continuum

between clinical and non-clinical voice-hearing (Baumeister et al., 2017), in the design of many studies on voice-hearing NCVHs and CVHs comprise two separate groups, rather than one group in which each voice-hearing individual might lie somewhere along a continuum. Further work is needed to explore the ways in which various forms of continuum may be seen within both within voice-hearers as a group without segmentation by clinical status, and within NCVH participant groups.

This project will address these gaps in the literature through a mixed-methods study of non-clinical voice-hearing, looking at the experiences of voice-hearers from across different NCVH research sites. Using qualitative research methods will allow this work to capture aspects of the voice-hearing experience which may fall into the cracks between the categories laid out by clinical scales.

Specifically, the project will use qualitative interviewing to look at the voice-hearing experience holistically and gain a broad picture of the ways in which voices shape and are shaped by other aspects of voice-hearers' lives. This will allow subtle aspects of the interactions between features of the experience, such as voice phenomenology, voice-appraisal, and participant demographics to come through. By conducting qualitative interviews across three key research sites, this work will capture subtle variation in recruitment and participant groups. Two quantitative survey-based studies will allow novel themes and research areas from qualitative studies to be tested in for generalizability.

Finally, this international, mixed methods, and interdisciplinary project will provide an overview of the state of non-clinical voice-hearing research by bringing together lines of work from four key sites spanning disciplines and countries. Collaboration across sites will clarify the differing assumptions and parameters built into different lines of NCVH work, in order to bring them even more deeply into dialogue with each other.

Chapter 2: Methods

2.1 Chapter Overview

The following chapter will provide an overview of this theses' theoretical and methodological approaches and the ways in which the research questions and research approaches of individual studies fit together as a whole. The overarching research question of this project was: how does voice-hearing interact with the broader contexts of voice-hearers' lives? To address this, this project used both qualitative and quantitative research methods. This chapter will begin with a discussion of participant groups, followed by an overview of methodological and analytic approaches taken by the six studies which comprise this work. It will then discuss the underlying epistemological position of this thesis and my personal positionality in relation to this research.

2.2 Participants

In all six studies reported in this thesis, participants were non-clinical voice-hearers. However, the recruitment criteria and target participant groups differed between qualitative and quantitative studies. The quantitative studies focused broadly on non-clinical voice-hearers, with inclusion and exclusion criteria consisting of regular voice-hearing, in the absence of a hallucination related disorder. Regular voice-hearing was defined as agreement with at least one of the following statements: 1. *I have been hearing voices that others can't hear (such as hallucinations or the voices of spirits) at least once per week for the past month or longer.* 2. *I have had a period in my life where I heard voices at least once per week for at least one month.* Other criteria included: (1) being over the age of 18, (2) not using mental health services in relation to their voice-hearing experiences, and not having a current psychiatric diagnosis related to these experiences, (3) not having a neurological condition, and (4) not having abused drugs or alcohol in the past 3 months.

Criteria also differed slightly between the two quantitative studies. The second study aimed to include voice-hearers who might have been considered "clinical" at one point in time but were "non-clinical" at the present time. Therefore, criteria were adjusted to allow for a past diagnosis of a hallucination related disorder. For this study the clinical-status-related inclusion criterion was the following: *"I have never been diagnosed with a voice-related*

disorder OR have been diagnosed with a voice-related disorder and haven't used mental health services for voices for the past five years or longer".

In the qualitative studies, the participant of interest moves from “the non-clinical voice-hearer” to the “the non-clinical voice-hearer of the psychological literature.” Participants in the three new qualitative studies specifically consisted of those who had previously participated in research as NCVHs (at either Durham, King’s College London, or Yale). This is because the novel qualitative interviews were designed specifically to contextualize information about NCVHs from previous studies and to look at the ways and to be able to capture site-specific patterns.

Inclusion and exclusion criteria for the quantitative studies were designed to be in line with NCVH criteria more broadly (e.g. Sommer et al., 2010; Alderson-Day et al., 2017), in order to be in conversation with the wider literature.

2.3 Chapter 3: Re-analysis of phenomenological data from Alderson-Day et al, 2017

The first study, reported in chapter 3, is a qualitative analysis of secondary data. This data was collected previously as part of an fMRI study of ambiguous speech processing in non-clinical voice-hearers (Alderson-Day et al., 2017). This study was conducted by my PhD supervisor, Ben Alderson-Day and collaborators. As part of this study, the authors conducted in depth interviews with participants about their experiences with voices. These interviews included detailed discussion of the phenomenology and context of participants experiences with voices. I conducted a thematic analysis of this data, which informed the design of my novel qualitative interview and guided the research questions of the first quantitative study, both of which are described below. 17 participants took part in this study and interviews were conducted at Durham University or at participants’ homes. Participants were interviewed using a set of items from the Psychotic Symptoms Rating Scale (Haddock, 1999) aimed at providing an overview of voice-phenomenology, voice-related emotions and how voices impacted participants lives (See Appendix A). This interview also included a set of items from the Positive and Negative Syndrome Scale (PANSS; Kay, Fiszbein, & Opler, 1987) to capture data on PANSS positive symptoms such as grandiosity and suspiciousness.

Responses to PANSS items, however, were not included in the qualitative analysis reported in chapter 3.

Chapter 3 is written in the form of an article and is currently under review at the Journal *Psychosis*.

2.4 Chapters 5-7: Interviews with NCVHS participants recruited through Durham, Yale, and Kings College London.

The interview schedule described above was based on clinical scales (Haddock et al., 1999; Kay, Fiszbein & Opler 1987) and therefore was not tailored to capture the non-clinical voice-hearing experience. I therefore needed to develop a new tool to address my research question—how do the wider contexts of participants’ lives interact with their voice-hearing experiences? Drawing on my analyses of the interviews described above, I designed a novel, semi-structured interview which aimed to capture aspects of the non-clinical voice-hearing experiences that might be overlooked by clinical measures.

This interview sought to explore in detail the ways in which participants’ voice-hearing experiences had interacted with their families, communities, and broader social worlds throughout their lives. It is difficult to recruit NCVH participants, leading to the frequent use of recruitment through spiritual networks or a combination of these networks and open calls. This can make disentangling the relationships between voice hearers’ lives and broader experiences difficult, and points to a need to conduct in depth analyses aimed at exploring the ways in which these interact. This interview addresses this need.

The interview, “*Voices in Context*”, begins with a basic set of questions about participants’ demographic and social backgrounds. It then moves into a set of questions about what their voices have been like over the past month. It then includes a set of questions about how voices interact with their social world in the present, for instance, “What do your friends and family think about the voices?” and “Do you know others who hear voices?” Each main question is followed by a set of prompting questions to be used if participants do not cover those areas without being prompted. (See table 2).

This interview was used to conduct three qualitative studies. Participants in these studies consisted of individuals who had previously participated in research as NCVHs at Durham, Yale, and King’s College London, with each university participant group comprising its own study. Participants were recruited based on previous participation as NCVHs, so that studies would offer insight into qualities and experiences particular to participant groups at different

universities. Although these studies were not explicitly comparative, interviewing previous participants from different research sites offered insights into subtle differences between different NCVH groups.

I piloted this interview with an individual who had previously taken part in research as a non-clinical voice-hearer at Durham as part of *Hearing the Voice* (Alderson-Day & Lima, 2017). In developing this interview I consulted with my supervisors, Professors Ben Alderson-Day and Angela Woods, as well as Professor Tanya Luhrmann, who was a collaborator on this project. This interview builds on work by *Hearing the Voice*, which included the development of a phenomenological interview (Alderson-Day et al., 2021).

Table 2 *Voices in Context Interview*

<p><u>Opening:</u> In this interview, I am going to ask you questions about your experiences with “voices”. Some people may use the word communication to describe these experiences, others may simply call them “voices”. These words can mean different things to different people. For some people these voices might involve sound, for others they may not. Others may describe these voices as telepathy, or loud thoughts, or clairaudience, or spirits. My aim is to understand what these experiences are like for you and in your words. So please feel free to use whatever language you are most comfortable with.</p>	
<p><u>Demographic information:</u></p> <p>Before we launch into talking about your experiences, I am going to ask a few questions about you</p> <p>To start, could you tell me your age____ gender____, ethnic background____,</p> <p>Do you work or study? What do you do/what do you study?</p> <p>Where did you grow up?</p> <p>Who did you live with growing up?</p> <p>What did your parents do for work?</p>	
<p><i>Main question</i></p>	<p><i>Prompting questions</i></p>
<p>Could you tell me a little bit about what your voices have been like over the past month?</p>	<ul style="list-style-type: none"> • <i>How often do they speak to you?</i> • <i>How many different voices are there?</i> • <i>When you heard voices over the past month, where did it sound like it was happening?</i>

	<ul style="list-style-type: none"> • <i>Do you hear them inside of your head or outside of your head? (Does it sound like it's happening with your ears?)</i> • <i>How are your voices similar to or different from voices you hear in the world e.g. my voice now?</i> • <i>Do they have a volume?</i> • <i>Do you have a sense of who they are?</i> • <i>How do the voices treat you? Are they mean, kind etc. How do you respond to them?</i> • <i>What sort of things do they say? Could you give me an example of something a voice said to you recently?</i>
<p>When did your experiences with voices first begin? What were those first experiences like?</p>	<ul style="list-style-type: none"> • <i>How did you react when you first started hearing voices?</i> • <i>Did you think it was strange to hear voices when they first began?</i> • <i>Where did you think the voices come from when you first started hearing them? (did you have an idea about who/what they were when they first arrived)</i> • <i>Have the voices changed since then?</i>
<p>Do you have other experiences of “communication” with nature, spirits, the world that aren’t necessarily voices? Would you be willing to tell me a little bit more about that?</p>	<ul style="list-style-type: none"> • <i>Have you ever encountered a ghost or spirit? (If no: do you think such things could exist?)</i> • <i>Have you ever felt that someone or something else (another person, animal, tree, etc.) could read your mind or that you could read theirs?</i>
<p>Did you tell anyone about your experiences?</p>	<ul style="list-style-type: none"> • <i>Who did you first talk to about these experiences?</i>

	<ul style="list-style-type: none"> • <i>How did they respond?</i>
<p><i>(if applicable)</i> I notice that you seem comfortable using the word “<i>voice/communication/spirit</i>” to describe your experiences. Have you always used this term? (if so) Do you remember when you first started using it?</p>	
How has hearing voices impacted your life?	
Do you know other people who have similar experiences?	
Do you know other people who have similar experiences?	
Did your parents have these experiences?	
<p>(If participant is a member of a Spiritualist church) Are your parents Spiritualists?</p>	<ul style="list-style-type: none"> • <i>Could you tell me a little bit about the people you know who have similar experiences?</i> • <i>Did you meet them before or after you started hearing voices?</i> • <i>Do you discuss your experiences with them?</i>
What do your friends and family think about your experiences with voices?	

<p>Do other people in your life, such as your (colleagues/classmates) know about your experiences with voices? (if so) What do they think of these experiences?</p>	
<p>Do you work with your communication experiences in a professional capacity? For instance, do you do readings for clients? Do you lead services in your church/spiritual community?</p>	
<p>What do you think that your colleagues/classmates think of these experiences if they knew about them?</p>	
<p>Do you engage in meditation or spiritual practice of any kind? (including yoga, mindfulness meditation)</p>	<ul style="list-style-type: none"> • <i>When and how did you begin this practice?</i> • <i>Did this impact your voice experiences? Did this practice impact your understanding of your voices?</i> • <i>Did your interaction with your voices change in any way around the time you began your practice?</i> • <i>Is your interaction/relationship with voices different now than it was before you began your practice?</i>
<p>Are the voices there even when they are not speaking? (if yes) Are they always there?</p>	<ul style="list-style-type: none"> • <i>Do the voices have access to your thoughts? To your senses? Can they see what you see etc?</i>

	<ul style="list-style-type: none"> • <i>Do you feel like the voices observe what you do?</i>
Is there anything that you find difficult or disruptive about hearing voices? If so, what?	
If you could get rid of your voices would you?	<ul style="list-style-type: none"> • <i>Why or why not?</i>
Are there positive ways in which voices impact your life? Explain	<ul style="list-style-type: none"> • <i>Do you feel proud in front of voices—do you ever want to impress them or make them happy?</i> • <i>Do you ever feel embarrassed in front of spirits/your voices?</i> • <i>Are there times when they keep you company, or prevent you from feeling lonely?*</i> • <i>How is being in the company of spirits/your voices similar do or different from being with other people?</i>
Is there anything else you would like me to know about your voice experiences? Anything that you feel is particularly important that we haven't touched on? That you would like academic researchers or others to know about voice-hearing?	

*Participants who were asked this question are noted in participant summaries in the results section, due to its potential overlap with results.

A Note About Interview-Items and Themes

The item “*Do you have other experiences of “communication” with nature, spirits, the world that aren’t necessarily voices?*” was included in the interview schedule approved by the ethics committee. However, in practice this item was not used, because it did not feel natural in the context of interviews with participants who were mediums. This is important to note, as this item overlaps with themes identified in analyses of interview transcripts—thus, if it had been included it could potentially compromise the findings.

The prompting question “*Are there times when they keep you company or prevent you from feeling lonely?*” also potentially overlaps with results of thematic analyses. For the sake of transparency, when quotes pertaining to voices providing company are used, information is provided about whether the participant was explicitly asked this question.

2.5 Analytic Approach: Thematic Analysis

The four qualitative studies were analysed using inductive, reflexive thematic analysis (Braun & Clarke, 2006, 2019). This is a flexible approach through which the researcher works with the data to generate broad themes. This particular version of thematic analysis is constructivist, viewing the subjectivity of the researcher as a “resource” rather than, in the words of Braun and Clarke, “*a potential threat to knowledge production*” (Braun & Clarke, 2019, p. 591). This is distinct from approaches to thematic analysis which employ techniques rooted in positivism such as a codebook, or inter-rater coding which aims for inter-rater reliability. Braun and Clarke conceptualize this reflexive thematic analysis as a process through which the researcher strives to tell a story and make an argument, rather than simply “capturing” or “describing” the data (Braun & Clarke, 2019).

Based on Braun & Clarke (2006), the following procedure was used. In analysing each set of interviews, I read through the transcripts to get a general sense of the data, noting down initial codes. I then read through them again and began to sort codes into tentative themes. This often involved physically moving around paper versions of excerpts to find patterns. I would periodically check back with the full transcripts to make sure that the themes were grounded in the data. I was not striving for objectivity, instead I sought to tell a story, and to make an argument about interviews. However, it was important to fundamentally ground the analysis

in the data. (The epistemological underpinnings of this approach will be expanded more fully later in this chapter). In the midst of the re-readings, I reflected on the data, and sought to immerse myself in it as deeply as possible, seeing beyond simply the “topics” of the interviews. I sought to truly be in dialogue with the interviews themselves.

I worked to avoid having a sense of what the themes would be before conducting the analysis. I would jot down notes after conducting the interviews and did reflect on the ideas and experiences that I had in the process of conducting these interviews. However, themes were determined based on the interview transcripts rather than these memories and notes.

I consulted with my supervisors on themes which I was uncertain about. In all analyses, I took a semantic approach meaning that I focused on identifying themes which were novel, rather than choosing broad themes which attempted to capture the entire data set. This is suitable for areas in which there has already been a volume of research, such as non-clinical voice-hearing. Themes were viewed as entering into a conversation with the wider body of literature on non-clinical voice-hearing.

2.6 Chapters 4 and 8: Online Quantitative Studies

Chapters 4 and 8 report on the results of two online quantitative studies. Both of these studies were survey-based, with participants filling out a battery of questionnaires. These surveys were designed to explore novel areas of interest based on the results of the qualitative studies.

Living in a world of voices

The first quantitative study, “Living in a world of voices,” focused on participants’ relationships with uncertainty based on themes from the first qualitative analysis. To explore the dynamics of uncertainty in NCVHs and learn in greater detail about what form of uncertainty might be of relevance, this study used several measures capturing participants relationships with different forms of uncertainty. The Freston Intolerance of Uncertainty Scale was used as a primary measure (Freston et al., 1994) to explore intolerance of uncertainty. The MSTAT-II (Mclain, 2009) was used to measure ambiguity tolerance and the need for closure scale (Webster & Kruglanski, 1994) was used to measure a cognitive bias

called need for closure (NFC). Both scales were used as secondary measures, in case the uncertainty detected in the qualitative analysis could be better captured by these related but distinct constructs.

As a basic measure of phenomenology and impact of voices, this study used the Auditory Vocal Hallucinations Rating Scale-short form (AVHRS-Q; Van de Willige et al., 2010). This was chosen because the online nature of the study required a short, self-report measure; a semi-structured interview such as the PSYRATS (Haddock, 1999) could not be administered online. The AVHRS-Q item, “*Please indicate on the scale (ranging from 1 to 10) how severely or how much you suffered from the voices in the past month*” was used to measure voice-related distress. Several Likert-style items were used to explore social response to voice-hearers early experiences with voice-hearing. This also built on findings from the first qualitative analysis, in which participants described parents and communities who normalized voice-hearing.

Daily Life with Voices

The second quantitative study, “Daily Life with Voices” looked at the ways in which different types of voices were experienced, based on ideas that came up in the analyses of the three qualitative studies which used the novel interview. It primarily focused on differences between participants’ experiences with spontaneous and non-spontaneous voices. Although there is evidence that NCVHs can control the onset and offset of their voices (Powers et al., 2017) no work to my knowledge has explored the possibility that spontaneous voices differ from those that participants choose to bring on. To look at differences between spontaneous and non-spontaneous voices, this study asked participants to fill out two different versions of the AVHRS-Q (Van de Willige, 2010)—one for which their answers reflected only spontaneous voices, and one for which their answers reflected only induced voices. This study also looked at the possibility of non-voice anomalous experiences in NCVHs, using the O-LIFE Short-form (Mason, Linney, & Claridge, 2005) and the Inventory of Psychotic-Like Anomalous Self-Experiences (IPASE) (Cicero et al., 2016). This was included in order to quantitatively explore unusual experience beyond voices in NCVHs, particularly those which are akin to “self-disturbances” seen in psychosis. Based on the qualitative finding that participants reported being more likely to hear voices while engaged in idle forms of activity (such as washing dishes), this study included questions about what sort of mental state

participants are typically in when they hear voices—these included “zoning out”, “trying to concentrate”, and “falling asleep/waking up”.

Ethical Approval

All of the studies outlined previously in this chapter received approval from Durham University’s Psychology Department Ethics Committee. The thematic analysis of the data reported in chapter 3 was not included in the original study’s protocol (also approved by Durham University’s Psychology Department Ethics Committee). However, participants in the original study consented to analysis of their data in subsequent studies.

2.7 Analytic Approach: Quantitative studies

Quantitative data was analysed using SPSS. Multiple linear regression was used to explore the impact on intolerance of uncertainty and related measures as well as trauma on voice-related distress.

In “Daily Life with Voices”, Wilcoxon signed rank tests were used to examine differing within-participant assessments of voice-related distress, control and frequency between spontaneous and non-spontaneous voices. This built on results of the qualitative analyses of chapters 5-7. Regression analysis was used to examine the relationship between the frequency of voices and other unusual experiences. Regression analyses were also used to look at the impact of the frequency with which participants heard voices different “states”—including “zoning out”, “trying to concentrate”, and “falling asleep or waking up”—on voice-related distress.

2.8 Epistemological position

All research is based in a particular epistemological stance, whether it is explicitly noted or not. Awareness of these epistemological foundations can help make researchers aware of the assumptions built into our designs and methods (Roots, 2007) The following section therefore will consist of a description of the epistemological stance underlying this thesis. It will discuss the two central epistemological stances underlying psychological research:

empiricism and social constructivism. It will then conclude that the position taken in this thesis is in line with “constructive realism”, as articulated by Cupchik (2001).

The two main epistemological views of the social world are empiricism and social constructivism. Empiricism holds that reality is objective and measurable (Raskin, 2002). Social constructivism views the world as socially constructed (Cupchik, 2001). Quantitative research is typically based in empiricism, while qualitative research is (generally) based on a constructivist view. The style of reflexive thematic analysis that I have used to analyse the qualitative data presented here is rooted in a constructivist approach. In other words, it does not seek reliability or replicability like quantitative research, which is based in empiricism. It is important to note that one can conduct thematic analysis in a way which is grounded in an empirical framework (seeking inter-rater reliability, for instance; Braun & Clarke, 2019). This thesis has not taken such an approach. Therefore, in general, I do not assume that the themes I have generated here would also be generated by a different interviewer.

The constructivism of this method and research design do not mean that I don't think participants' experiences are grounded in empirical reality. It is the epistemological stance of this work that their experiences are not simply the result of social construction and that they do have real, empirically grounded features. However, there is also a particular narrative that participants told on a particular day to a particular interviewer. That particular interviewer sat down on a particular day (*many* particular days) and actively worked with the data to generate a set of themes. It is this that grounds the qualitative interviews in a foundation of constructivism.

Essentially, I view this constructivism as methodological, rather than an inherent aspect of voice-hearing or the world more broadly. My approach is in line with that of Cupchik (2001) who argues that empiricism and constructivism are two different approaches to phenomena, rather than epistemological positions that fundamentally underlie a set of beliefs about all phenomena. This thesis is based on this approach, using qualitative and quantitative research methods to answer different questions about voice-hearing. The qualitative interviews are based in constructivism and the quantitative studies, which do seek to be reliable and replicable, are based in empiricism.

Qualitative research is used to offer novel questions, re-situate voice-hearing in context, and explore patterns and concepts that fall between the cracks of what is captured in quantitative data. It also offers the possibility of looking at this phenomenon outside of the ways it has

been conceptualized in clinical literature—to look at it on its own terms. This is particularly important for something like non-clinical voice-hearing in which we are essentially looking for an analogue of the clinical experience in a variety of non-clinical contexts. It is important to continue returning to the context of non-clinical voice-hearing to explore the contours of the analogy and find the places where it captures the NCVH experience and where it doesn't.

2.9 Reflexivity statement

In my qualitative analyses I attempt to let participants' own stories and the results of the data speak for themselves to the greatest extent possible, and to leave biases at the door. However, the process of generating qualitative themes in reflexive thematic analysis is necessarily a process in which the researcher comes into dialogue with the participants and then the interview transcripts. Who I am will impact the ways in which participants react to me and what they choose to tell me, and it will also interact with my analysis of the data.

It is therefore important to reflect on my positionality and the ways in which this may impact my approach to this research. Perhaps most fundamentally, I do not hear voices. I am therefore studying and thinking through experiences which I have not had. This influences my ability to have a felt understanding of the voice-hearing experiences which participants describe. At times I would find myself connecting their experiences to types of experience that I have had, like feeling anxious, or having unusual experiences in a hypnagogic state. This can be useful, but it can also be limiting. This can allow me to make connections between voice-hearing other experiences of consciousness, but it is important to recognize the limits and note the differences.

I have also worked in clinical settings with voice-hearers who had been diagnosed with schizophrenia and other hallucination-related conditions, including a clinic which provided support for adults struggling with cognitive, affective, psychotic symptoms. I have also worked in a "Soteria-house"—a residential support centre for those experiencing what the centre called 'extreme states', otherwise known as psychosis. This work has impacted me in various ways. In the context of my work at the clinic voice-hearing was viewed as a symptom of clinical experience. This also means I have spent time with people who have experienced voices as extremely distressing and who have been supported by clinical approaches. In my analysis I work to be aware of this potential bias towards seeing voices as "symptoms".

Soteria has a different approach to voices and has impacted me in different ways. Soteria conceptualizes psychosis as a temporary, “extreme state”, and does not view this as pathological, but rather an experience which can be worked through. Working at Soteria, which is modelled around the idea of “being with” individuals as they navigate extreme states strengthened my ability to listen to people’s stories and experiences in a non-judgmental, and compassionate way. It also the case that Soteria’s approach to psychosis and voice-hearing as fundamentally meaningful, and in some cases reducing the use of medication, does not resonate with everyone’s experiences of voice-hearing and psychosis. In my analysis and approach to this topic, I strive to be aware of these potential bias towards Soteria’s model. However, ultimately Soteria calls for individual autonomy in interpreting, and navigating one’s own experiences with voices, psychosis, or extreme states. This fundamental openness towards and awareness of the potential variety across individuals’ experiences with voices is in line with the approach I strive to take in this work.

Working with Soteria has also meant that I have spent time with individuals who oppose and have even been harmed by clinical approaches to voice-hearing. I have also been in contact with a Hearing Voices Group, connected with the Hearing Voices Movement. In this research I attempt to think about voice-hearing neither in line with, nor defined in opposition to disorder, but as a phenomenon of its own.

I am a white person who grew up in an overwhelmingly white part of the United States. Of the many profound privileges and sources of ignorance that come with this background, is a view steeped in western attitudes towards “psychics.” These attitudes are undeniably shaped by a long and pernicious history of racism towards Romani people. I try to reflect upon the ways in which I am influenced by the hundreds of years of western suspicion towards and abuse of these populations through enslavement, exclusion, and targeted legislation and policing (including laws targeting psychics), however I am, undoubtedly, shaped by this history in ways I am not aware of. I am also a cis-gender woman, and although not all of my participants were cis-gender women, many of them were. This will also have impacted upon both the ways in which participants speak with me and the ways in which I approach my analysis.

I do my best to remain open to participants’ accounts, and to let my understanding be shaped by their stories and the process of data analysis. And I strive to be committed to letting these stories overturn what I thought I knew, and to be aware of the ways in which my own

experiences and identity interact and dialogue with participants' stories and the field of voice-hearing. I think the most important thing is to always be fundamentally humble about one's ability to understand someone else's experiences, and to be open to hearing something you have never heard before.

Chapter 3: Distress is probably the wrong word’: Exploring uncertainty and ambivalence in non-clinical voice-hearing and the psychosis continuum

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Abstract

Background: Non-clinical voice-hearers (NCVHs) have been the subject of a growing body of psychological research, a primary aim of which is the development of new therapeutic techniques to support those who struggle with voice-hearing. However, relatively little research has examined non-clinical voice-hearing experiences beyond their relationship with clinical voice-hearing.

Methods: The present study consists of a qualitative re-analysis of 17 semi-structured interviews conducted as part of an NCVH neuroimaging study (Alderson-Day, Lima et al., 2017) which included items from the Psychotic Symptoms Rating Scale (PSYRATS) and Positive and Negative Syndrome Scale (PANSS). Results were generated using thematic analysis.

Results: Analysis of interview responses showed that participants often experience negative voice-content and negative emotion, but have frameworks which normalize a range of voice-hearing experiences. Participants also reported experiences which are not captured by standard clinical scales, as well as comfort with uncertainty and ambiguity surrounding voices.

Discussion: These results indicate that much of the experience of NCVHs may be missed by clinical measures and concepts, suggesting a need to approach them in ways that go beyond typical understandings of the psychosis continuum.

Keywords: voice-hearing, hallucinations, psychosis, distress, spirituality.

3.1 Introduction

Central to the idea of a psychosis continuum is the existence of voice-hearing in the absence of a need for clinical care (Johns et al., 2014). Comparative studies of voice-hearing in clinical and non-clinical populations suggest that non-clinical voice-hearers (NCVH) report experiences that are broadly similar to those seen in the context of illness, often with no significant differences in loudness, location, or frequency of voices being observed (Powers et al., 2017; Daalman et al., 2011). Such similarities render NCVHs a useful comparison

group for clinical voice-hearers (CVHs) and a body of research has sought to identify patterns of similarity and difference across clinical status. A central goal of such work is the development of therapeutic supports for those who struggle with voices. Two key areas of focus for such work are distress and appraisal.

Distress has emerged as a key factor which differentiates clinical and non-clinical voice-hearing, with a body of research having found that NCVHs experience little to no voice-related distress, or less voice-related distress than CVHs (Daalman et al., 2011; Baumeister et al., 2017, Hill et al., 2012). Daalman et al. (2011) for instance found that CVHs reported more overall distress than NCVHs and that emotional valence of voices was a major predictor of health status, reporting that the mean score for NCVHs on distress signalled “almost no discomfort, almost no disruption to daily life”. In research distress has often been measured as part of a wider assessment of hallucinations such as the Psychotic Symptoms Rating Scale (PSYRATS; Haddock et al., 1999), although some voice-hearing studies also include measures of anxiety and depression (Mawson, Cohen & Berry, 2010). On the PSYRATS, distress refers to an individual’s emotional response to voices and is distinguished from negative voice-content (Haddock et al., 1999).

However, although a great deal of evidence supports the idea that voices are less distressing for NCVHs, the comparative emphasis of many studies has allowed little detailed examination of more ambivalent and negative feelings in non-clinical voice-hearing. Moreover, distress will arguably determine help-seeking and clinical status (thus constituting an independent variable), limiting how much the presence of distress alone can serve as a dependent variable in studies looking at differences between clinical and non-clinical voice-hearing experiences. Given that distress plays such an important role in voice-hearing literature and is often seen as a central—even definitional—difference between clinical and non-clinical populations, there is a need for a more nuanced understanding of distress and the ways in which distress may be experienced by NCVHs.

A related concept is appraisal, which refers broadly to the ways in which experiences are interpreted and the meaning attributed to them (Peters et al., 2017). Appraisal has also been implicated in voice-related distress and been shown to differ across clinical and non-clinical populations (Mawson, Cohen, & Berry, 2010). Such a difference is significant because it suggests that helping clinical voice-hearers to alter their voice appraisals could reduce distress and need for care.

Research on appraisal is rooted in a cognitive model of psychosis, which posits that beliefs about voice-hearing, as distinct from the content of the voices, have a crucial impact on clinical outcomes (Peters et al., 2017). Appraisal has been used in the literature to describe beliefs ranging from those about voice-characteristics, e.g. “malevolence” (Andrew, Gray, & Snowden, 2008), to possibilities for voice-interaction e.g. “controllability”, to voice-source e.g. “supernatural vs. biological” (Peters et al., 2017). Such research seeks to identify individual appraisals or combinations of appraisals which give rise to distress, as well as those which differ across clinical status. Evidence suggests that distress is correlated with perceived abilities and characteristics of voices, such as voice-omnipotence (Hacker et al., 2008), and whether the voice can be controlled (Hill et al., 2012). Compelling evidence for the role of appraisal in clinical status is offered by Peters et al. (2017) who found that non-clinical voice hearers appraised experimentally-induced anomalous experiences differently from clinical voice-hearers, being less likely to find them threatening.

A principle aim of research on non-clinical voice-hearers, such as the work outlined above, is the development of new therapeutic interventions for clinical voice-hearers. This work, while important, tends to view non-clinical voice-hearers through the lens of illness, typically employing clinical research measures such as the PSYRATS (Haddock et al., 1999) and PANSS (Kay et al, 1987) which focus on concepts relevant to the treatment of clinical voice-hearers, such as clinical distress. Studies of non-clinical voice-hearing will often use such measures to establish the validity of their status (and therefore comparability to clinical groups) before going on to deploy cognitive and neuroimaging methods (Alderson-Day, Lima et al., 2017; Linden et al., 2011), but often only report summary scores rather than more detailed phenomenological descriptions of the underlying experiences. This kind of approach may overlook crucial points about non-clinical voice-hearing. For instance, voices which feel neither clearly internal nor external, will not be captured by a question requiring a binary assessment of voices as internal or external. With few exceptions the phenomenology of NCVH *per se* is rarely focused upon (c.f. Honig et al., 1998, Leudar et al., 1997).

The aim of the present study is to attempt a more nuanced account of the non-clinical voice-hearing experience, via a qualitative analysis of interview data gathered from a previous fMRI study with NCVH (Alderson-Day, Lima et al., 2017). The research included administration of the PSYRATS and PANSS interview schedules as part of a semi-structured interview on voice-hearing experiences. While symptom scores based on these interviews were reported at the time, the interviews gathered a range of in-depth descriptions of voice-

experiences which warranted further examination. The present study set out to do this through a thematic analysis of these interviews. Qualitative analysis of such data offers a unique opportunity not only to gain a nuanced account of the experiences of NCVHs, but to see how well these experiences are captured (or not) via commonly used interview methods.

3.2 Method

Participants

Participants consisted of 17 non-clinical voice-hearers recruited via word-of-mouth, an online article in the Guardian newspaper, and spiritual communities from across the United Kingdom (see Alderson-Day et al., 2017 for full description of recruitment). Five participants who were excluded from the original neuroimaging study – due to being unable to complete the fMRI procedure – were nevertheless included in this study because they had full interview data available. Participants were between 18 and 68 years old, with 12 female and 5 males. The majority (13/17) of participants were White-British. Based on screening procedures in other NCVH studies (Sommer et al., 2010), participants had to be over the age of 18, and had to hear voices as defined by endorsement of at least one of the following items from the Launay-Slade Hallucination Scale: (a) ‘In the past I have had the experience of hearing a person’s voice that other people could not hear’, (b) ‘have heard a voice on at least one occasion in the past month’, (c) ‘I have been troubled by hearing voices in my head’. Participants were excluded if they had any psychiatric diagnosis other than anxiety or depression in remission (Alderson-Day et al., 2017). Participants had a mean score of 4 on PANSS items relating to hallucination with $SD = 0.60$. Participants reported voice-frequency of constantly (2/17), every day (8/17), at least once a week (4/17), or once a month (2/17). One participant did not report voice-frequency but had heard a voice within the past week.

Procedure

In Alderson-Day et al. (2017), NCVH participants were given semi-structured interviews made up of PSYRATS (Haddock, 1999) and PANSS (Kay et al., 1987) items relating to their experiences of and beliefs about voices in the past week. Additionally, they were encouraged to offer general descriptions of their voices at the beginning of the interview to contextualize their experiences. The interviews were recorded and transcribed by a professional transcriber,

as part of the original study. The present thematic analysis of the data was not included in the original study's protocol, but participants consented to analysis of their data in subsequent studies. In the present study, they were analysed by the lead author (AES). Names and identifying information were removed during transcription.

Analysis

Reflexive thematic analysis (Braun & Clarke, 2022) was used to explore the main themes in the data. Reflexive thematic analysis is a flexible qualitative approach which aims to generate themes or, “central organizing concepts”. These are distinct from ‘topics’ (Braun & Clarke, 2019), and may be relevant to one or more specific areas of scientific interest such as distress and appraisal but are not based on pre-determined categories. The analysis was inductive and took a semantic approach, striving to offer a rich account of several key themes, rather than choosing themes which offered an overarching picture of the data set (Braun & Clarke, 2006). As there is already a small body of work offering qualitative analysis of non-clinical voice-hearing (e.g. Roxburgh & Roe, 2014; Taylor & Murray, 2012), we took this approach to provoke new lines of investigation, by highlighting novel patterns (Braun & Clarke, 2006). After the data had been transcribed, AES read the data several times noting observations and familiarizing herself with the interviews. These notes were then used to generate initial coding frames which were discussed with the other authors (AW, BAD, and AE). Transcripts were then re-read and the codes formulated into initial themes. These were reviewed in relation to the transcripts and discussed again as a team. A final round of theme revision then followed with each theme reviewed to ensure they accurately reflected the data.

Reflexivity statement

In reflexive thematic analysis themes are ultimately generated by the researcher through an active process. It is therefore important to reflect on positionality and the ways in which this may interact with the analysis. The lead author (AES) does not hear voices and is therefore fundamentally describing and speaking for a group which they are not a member of. They have also worked in clinical settings with voice-hearers who had been diagnosed with hallucination-related conditions. This means that they have thought about voice-hearing as a symptom of clinical experience and spent time with those who have been supported by

clinical approaches. This has also led them to spend time with individuals who oppose and have even been harmed by clinical approaches to voice-hearing. In this research they have attempted to think about voice-hearing neither in line with nor defined in opposition to disorder, but as a phenomenon of its own. However, it is undeniable that their clinical experiences have influenced them.

3.3 Results

Three superordinate themes were identified in the analysis: (1) “Beyond voices”, referring to voices which are not very voice-like and non-voice anomalous experiences, (2) “Distress is probably the wrong word”, which describes negative voice-experiences which are upsetting but not overwhelming and the normalization of negative content, and (3) “Holding uncertainty and ambiguity”, which describes participants’ ability to manage indeterminacy about the origin and nature of their experiences.

1. Beyond Voices

Many participants described experiences which were difficult to categorize both in terms of sensory modality, and in terms of such qualities as internality and externality. At times they could not pinpoint the sensory modality of an experience. Voices were experienced as “vibrations” or “electricity”, or “like pouring water into a glass.”

1a: I always felt something was responding to me: developing voices over time.

While some participants reported that their first voices came on suddenly as distinctly voice-like, many reported that their experiences had been preceded by unusual experiences which were not voices or that the voices had become clearer over time. Several participants described a sense of communication which had “always” been present, slowly developing into actual voices.

I always felt something was responding to me, whether it was a voice or not I couldn't really identify. (Harriet)

Yeah. So ... they been ... I've always been having this sense that I'm communicating with things. (Joan)

Others described voices as becoming clearer over time:

It was like quite incomprehensible voices in me, head, and then later on I sort of hacked them/sifted through them and distinguished a few. (Kyle)

these voices started to get stronger, as I sort of progressed in my thirties, even in my late twenties as well. (Patricia)

This slow and subtle onset, sometimes stretching back as far as participants could remember meant that many participants could not clearly identify their first experience of voice-hearing.

1b: Resisting categorization.

Participants often resisted defining their experiences as voices or expressed an inability to categorize them according to questions posed by the PSYRATS. At times, some even resisted calling them voices:

I can't differentiate whether I felt something or whether I heard something. (Harriet)

I wouldn't be able to limit to a specific sensory input, like-voices, it's just a general awareness, like getting ... like a witnessing. (Oscar)

Joan reported that she hadn't made a distinction between externality or internality or even conceptualized her experiences as voices until coming into contact with other voice-hearers.

I think when I was young I didn't make that much of a distinction obviously. And I didn't call it hearing voices, I don't think I started calling it hearing voices till I met the Hearing Voices Network. (Joan)

Overall, voice-phenomenology- even in terms of whether or not they were voices – was often difficult to articulate and did not fit clearly into categories laid out by the interview measures.

2. "Distress is probably the wrong word."

Distress and negative content were often described as present but not overwhelming. 10/17 participants described some form of negative voice-content, but this was generally attributed to a negative "entity" or the voice's personality, rather than the experience of voice-hearing itself.

2a: Normalization of negative experience

Participants who had spiritual frameworks for voices anticipated occasional negativity, due to the existence of negative spirits or energies.

If (the voices) do tell me off that's a bad spirit coming through... that's bad energy coming in, and I have had that experience as well and it's not nice, so. (Harriet)

Other participants attributed negative experiences to a normal range of human behaviour on the part of voices:

I don't think anyone's ever been like aggressive or violent or ... well of course I mean ... I've channelled people who swear a lot but it's like ... it's like God bless you to them, it's like they're not gonna be ... it wasn't directed at me, it was just these characters. (Ellie)

Along with normalizing voice-hearing, spiritual contexts gave some voice-hearers the power to cope with negative experiences Anna had a strong belief in God, who helped her cope with an unpleasant voice:

The closer and the more power that I received from God, the less he (voice) had. (Anna)

You get some people coming through who are very ... forthright! However, you want to put it... Who are very forthright... then again it's a case of you being in charge. (Mary)

There was also normalization of negative emotional experience itself. Anna explicitly rejected the word distress in describing her belief in the naturalness of a range of emotions:

Naturally when something is distressing, I allow myself to be somewhat ... not distressed, upset about something. So distress is probably the wrong word, I will rarely get distressed, I let myself be upset about things that are naturally upsetting, that's a normal human emotion, and to not do that would be ... you know, would mean that I was numb to life, and I'm not you know, I cry at things that are sad and I cry at ... you know I get emotional when I hear a beautiful piece of music. (Anna)

Belief systems which anticipated a range of voice-behaviour and, in some cases, gave participants power to take charge of voices, allowed participants to experience voice-related

unpleasantness and distress without being overwhelmed by it. This allowed them to feel upset by individual experiences with voices, without being distressed by voice-hearing itself.

2b. Distressing experiences surrounding voice-onset.

Participants who reported voice-hearing experiences which were particularly upsetting described these as having taken place many years prior to the interview, surrounding the onset of voice-hearing. These participants reported significantly less voice-distress in the present day:

When I first started to experience it ... because that's how it was for a long time, and I was frightened, I was like a frightened person ... and I ... he (the voice) was shouting at me and it was very, very scary. (Anna)

(I) started having critical voices and voices talking about suicide and ... ehm ... and that was ... that was partly as an accumulation of stress in my life. (Joan)

Joan links these early experiences with voices to “accumulated stress in her life” giving meaning to and normalizing the difficult period. Participants generally expressed an accepting attitude towards such early episodes of distressing voices:

I thought, right, well it has happened, I can't do anything about it, and in actual fact, as they said afterwards, it hasn't really spoilt your life, has it? You know you've still got your friends, you've still got your husband, your home, we haven't really destroyed your life. I said, no, seven months of it maybe but not all of it. And I thought, well you're going to have to let it go. (Daphne)

Participants described a variety of emotions relating to their voice-experiences, including unpleasant ones. However, frameworks and attitudes which normalized and accepted a range of emotion and voice-behaviour allowed them to cope with these experiences.

3. Holding uncertainty and ambiguity

3a. I can't tell you where they're coming from

While most participants had ideas about who or what the voices were—for example, spirits or parts of their own minds--many expressed some degree of uncertainty, not subscribing fully

to a particular explanatory model or expressing openness to other models. The participants with the most certainty about the cause of voices, were participants who believed that the voices were spirits of the dead. However, many participants, including those who had a spiritual outlook, expressed some openness about voice-origin.

I just feel they can interact in this dimension, whoever 'they' are, I don't know.
(Daphne)

Even some participants who did not express spiritual views and viewed voices as coming from their own minds occasionally expressed some uncertainty:

I have wondered in the past if I am picking up bits of other people's conversations somehow, but it didn't seem ... you know the mechanism by which that might happen didn't seem very likely, so I really don't know. (Beth)

I may talk about this voice as another person, it just simplifies you know dealing with it and, thinking about it like that, although I'm completely open to other interpretations. (Claire)

There was an awareness in participants that there could be multiple explanations for the voices. One participant explicitly described her belief framework as *'the framework I've got at the moment!'* (Joan)

3b. I don't believe in good and evil

Along with seeming comfortable with uncertainty about the origins of voices, many participants seemed to accept voices as playing a complex role in their life and not being purely good or bad. There were exceptions to this, with some participants viewing voices as primarily pleasant or unpleasant, but even then, participants rarely invoked terminology beyond "nasty" to describe unpleasant ones.

This acceptance of ambiguity was sometimes apparent in participants with spiritual outlooks:

I don't believe in concepts like good and evil... There are positive things and negative things, but... they're discourse, they're things people have made up, and I find that spiritual creatures don't fall into good and evil, just things that want things and things that don't want things. (Patricia)

It was also seen in participants who discussed voices as though they had human personalities:

He's maybe said a couple of things a couple of times about obviously me being quite ugly and he's been quite nasty about a couple of people in my family but that's about it...Aye, he's usually alright, as I said a few times he's been quite snarky but you know on a sort of weekly basis he's usually pretty docile. (Frances)

Participants' acceptance of uncertainty about the origins of their voices, as well as their willingness to approach the voices and the world more broadly from a position of ambiguity and complexity, was a core part of how they experienced the emotional character of their experiences.

3.4 Discussion

This research sought to gain a more nuanced picture of the ways in which key concepts in voice-hearing research - notably, distress and appraisal - operate in context for non-clinical voice-hearers. It highlighted the multifaceted nature of distress in NCVHs, with most participants reporting negative experiences with voices, but that these experiences were rarely overwhelming and often acceptable as a normal aspect of life. Furthermore, contextual factors such as strong sense of self and support systems interacted with the ways in which voices were appraised, perhaps making distressing experiences more manageable.

Highlighting the complicated role of appraisal in voice-hearing, NCVHs in this study described uncertainty about voice origin and comfort with the ambiguity of the experience. Along with pointing to the complexity of previously established categories, this analysis identified areas that warrant further investigation including, the frequent report of “a sense of communication” preceding the onset of more fully formed “voice” experiences, and other anomalous experiences which take place alongside voice-hearing.

Although not all participants reported distress or negative content, the fact that many did is of clinical relevance. These accounts are not consistent with the notion that non-clinical voice-hearing consists of mostly positive or neutral content (Daalman, van Zandvoort, et al., 2011). With distress having been identified as a variable which consistently differs across clinical and non-clinical populations (Baumeister et al., 2017)—even constituting a definitional difference in some cases—there is risk of painting inaccurate picture of the non-clinical

voice-hearing experience as one which is free of difficulty and negative emotion. The participants in this study frequently described negative experiences, but these experiences did not overwhelm them or envelope their lives. Furthermore, negative experiences were anticipated by participants and normalized, as either part of the landscape of spiritual experience (you run into ‘negative energy’) or that of human personality and mood (voices can be ‘a bit snarky’).

Clinically based understandings of the word “distress” itself may lead research to overlook or de-emphasize the range of negative or otherwise complicated emotions that are part of the voice-hearing experience. This word was explicitly rejected by participants who nevertheless described negative emotional experiences with voices. Participants often spoke of voices that did not fit neatly into the categories of “positive” or “negative,” or could be captured by a linear scale of related “distress”, instead offering descriptions that contained the complexity and multiplicity that comes with most human experience.

These descriptions also challenge conceptions of appraisal and belief framework as fixed and unambiguous. Participants often had a basic sense of their voices as either arising from their own minds or from spiritual sources, but notably, many participants expressed openness to both frameworks, often saying that they didn’t know for sure, or displaying an ability to hold both of these as possibilities. The notion that accepting uncertainty about voice origin may be beneficial has already been put forward by voice-hearers themselves: in a guide for navigating voice-hearing based on his own experiences and work with others, Dmitriy Gutkovich encourages voice-hearers to “label beliefs with ‘maybe’” (Gutkovich, 2020, p. 20).

In a study of agency in individuals with schizophrenia and psychosis (Jones et al., 2016), a participant reports that the pain of “in-betweenness -led her to want to be “unambiguously crazy.” Others in the same study report that an active process of interpretation and meaning-making, and a desire to make their experiences fit a particular model was involved in the development of psychosis. This stands in stark contrast to the ways in which participants in the present study seemed content to not fully understand their experiences often reporting that they ultimately “did not know,” what they were or expressing openness to multiple explanations. Participants also displayed a willingness to hold ambiguity about the nature of the voices, often reporting that the same voice could be variously kind, cruel, “snarky”, “docile”, and “alright.” Although some participants described voices, particularly spirits, as

“negative,” or “bad” many held more complicated views of voices and their intentions. This problematizes attempts to categorize non-clinical voice appraisals into such rigid categories as “benevolent,” and “malevolent” and raises the question of whether the firmness and complexity of one’s beliefs about voices may be as relevant to clinical status as the content of one’s beliefs.

Along with highlighting the role of uncertainty about voice origin, this work raised questions about how voices themselves are defined, and the broader context of voice-hearers’ phenomenological worlds. Participants described a range of anomalous experiences that fell outside of the bounds of “voice-hearing,” or hallucination in another modality, often preceding the onset of fully developed “voices.” Notably several participants described early experiences of “communication” which they did not consider voices, but connected with the later development of voices. This is in line with experiences described in *Psychosis Outside of the Box*, a project which has collected accounts of altered perceptual experiences which take place in the context of psychosis but are not captured by standard labels such as “voices” (Pagdon & Jones, 2020).

Of potential relevance to these descriptions is a model of schizophrenia which posits that “ipseity disturbance”, or a disturbance to one’s core self lies at the heart of the illness, accounting for all of the seemingly disparate symptom domains (Sass & Parnas, 2003). In this model, a progression of altered self-experience precedes the development of fully formed hallucination. Although it is premised on the idea of schizophrenia as a distinct object and is generally viewed as incompatible with continuum models of psychosis, aspects of ipseity disturbance model may be of relevance to NCVH research. Participants’ accounts of early “communication” and other nonvoice anomalous experiences suggest that non-clinical AVH may take place within a constellation of other altered experiences, perhaps bearing similarity to the way in which the ipseity disturbance model posits that those with schizophrenia experience “a profound, gestaltic transformation of the stream of consciousness,” which eventually results in hallucination (Raballo, 2016). In the ipseity disturbance model, this gestaltic transformation is conceptualized in terms of increasing psychological vulnerability and as a consciousness that is “disturbed”. What if, however, this idea of a transformation of consciousness were considered in a non-clinical context, as altered but not disturbed? A closer examination of non-hallucinatory anomalous experiences in NCVHs and the ways in which individuals respond to these experiences may be beneficial. In discussing an early sense of communication, several participants note that these had “always,” been present, thus

raising the question of whether some non-clinical voice-hearers have broader alterations to their experience of mind and the self, of which voice-hearing is just one part.

Limitations and directions for future research

This study has several limitations which must be considered when interpreting the results. First, our analysis involved using secondary data from pre-existing interviews which were structured to provide specific symptom ratings. This limited the extent to which the lead author could fully familiarise themselves with the data, and the opportunity to follow-up points of ambiguity and complexity. Nevertheless, even within such limits, it was possible to identify a range of complex themes in the data; we are currently working with a tailored phenomenological interview to gather more extensive data in NCVH groups. Second, the sample for the study was not ethnically heterogeneous, and like other NCVH research, included many spiritual voice-hearers, limiting its representativeness. Future research on NCVHs should strive to address this, as it is a frequent limitation in NCVH research and may reflect underlying issues in recruitment strategy. Finally, these interviews were conducted at one point in participants' lives and were not followed up later in time. Therefore, we do not know if any participants have, or will go on to develop a voice-related disorder; evidence from similar cohorts (e.g. Daalman et al., 2016) suggest only a minority of NCVH do so, but as many as 40% seek mental health support for other reasons. Our current research is building in such follow-ups to identify who, if any, have transitioned to psychosis.

3.5 Conclusion

This research sought to gain a nuanced picture of the non-clinical voice-hearing experience, finding that, in many ways, participants' descriptions complicated and resisted the concepts included in standard assessments of voice-hearing. Participants reported a mix of emotional experiences related to voices including negative experiences which were not well captured by the concept of distress as well as phenomenological experiences that defied categorization. Many were part of contexts and communities that normalized voice-hearing and these interacted with voice interpretation. Participants also conveyed a comfort with the uncertainty regarding the origin of their voices and ambiguity in regard to their nature. These results suggest a need to go beyond clinical measures and concepts and start asking new questions of voice-hearers of all clinical status. We suggest that, as researchers, tolerating some of the

ambiguity and complexity of this phenomena will open up new avenues of study and offer a deeper understanding of the voice-hearing experience.

Chapter 4: Intolerance of Uncertainty is Associated with Distress in Non-Clinical Voice-Hearers

Abstract

Research has identified differences in the ways in which clinical and non-clinical voice-hearers appraise their voices, finding that non-clinical voice-hearers are more likely to describe voices as spiritual, for instance, and clinical voice-hearers more likely to attribute them to their own minds. Such work often conceptualizes appraisal as a set of fixed beliefs, with little research having explored the possibility of differences in the ability to hold indeterminacy about the nature of voices. This study addressed this gap in the literature through an investigation of intolerance of uncertainty and related constructs in non-clinical voice-hearers. It also examined the impact of other key constructs in non-clinical voice-hearing literature, including trauma and absorption, on central aspects of the voice-hearing experience including frequency and voice-related distress. This study also introduced a novel area of interest—social response to voice-hearing, exploring the ways in which early experiences of fear, concern, and acceptance of voice-hearing from participants’ friends and family interacted with their present experiences of voice-hearing. The results showed that intolerance of uncertainty was a significant predictor of distress, while tolerance of ambiguity, trauma, and social response to voice-hearing were not. Increased need for closure was weakly predictive of decreased distress, with follow-up analyses finding that this was explained by the “need for order” dimension of this construct. These findings underscore the multifaceted nature of appraisal as a concept, which requires further delineation.

4.1 Introduction

As discussed in chapter 1, there is evidence that voice appraisal plays a role in voice-related distress, however it has also been criticised for lack of conceptual clarity (Woods & Wilkinson, 2017). Woods & Wilkinson point out that the concept of appraisal itself has several possible meanings. For instance, an appraisal could be a background belief held prior to hearing a voice which impacts its interpretation, or a belief about a voice formed after one has heard the voice. They argue that the concept of appraisal various facets of what it means to hold a belief about voices requires further delineation. One aspect of beliefs about voices, raised in the findings of chapter 3, is the degree of indeterminacy about the nature of voices that participants are able to tolerate. The qualitative study reported in chapter 3 found that participants held ambiguity and uncertainty about both the origins and personality characteristics of voices. The ability to hold uncertainty about the world more generally could impact the uncertainty and ambiguity participants hold in their beliefs about voices. This chapter will add a new aspect to the appraisal literature by investigating the degree to which participants are able to hold uncertainty and ambiguity broadly. The present study will build on the qualitative findings by using a quantitative approach to investigate the relationship between uncertainty and voice-related distress.

Ranging from assessments of voice-character (e.g. malevolence) to participants' perceived power of voices (voice-controllability), appraisal as a concept has been used to describe a variety of forms of belief about voices. Also subsumed under the concept of appraisal are beliefs about the origins of voices which are likely associated with overall voice frameworks such as whether voices are believed to be spiritual or biological in origin (Peters et al., 2017). Research on voice-appraisal has identified a set of differences in the beliefs that clinical and non-clinical voice-hearers hold about their voices, and there is evidence that voice-appraisal is related to voice-related distress and clinical status (Peters et al., 2017; Varese et al., 2016). Some of this research looks at beliefs about voice intention. For instance, voice-benevolence has been negatively associated with distress, and voice malevolence positively associated with distress (Varese et al., 2016). In a meta-analytic review paper of voice-appraisal literature Tsang et al. (2021) found that malevolence, benevolence, power/omnipotence, voice-intrusiveness, metaphysical beliefs, positive beliefs, and beliefs about loss of control all had moderate effects on voice-related distress and that voice-dominance had a large effect.

The evidence that voice-appraisal contributes to voice-related distress would suggest that cognitive behavioural therapy targeting maladaptive beliefs about voices could be effective in

lowering voice-related distress. Cognitive interventions, however, have been found to have inconsistent results. A systematic review and meta-analysis (ultimately including only two studies) looking at randomized control trials of CBT for psychosis compared to other therapies found CBT more effective, but not significantly so, for reducing hallucinations at trend level (Kennedy & Xyrichis, 2017). A review looking at CBT which specifically targeted either hallucinations or delusions found that such interventions, showed significant results and were more effective than general CBT for psychosis (Lincoln & Peters, 2019). There are also studies which have found evidence against the centrality of appraisal, with Rosen et al., (2018) arguing that the focus on appraisal has drawn attention from the importance of voice-phenomenology. As Rosen et al. point out, findings such as those by Daalman et al. (2011) that negative voice status could accurately predict clinical status in 88% of voice-hearers, point to the considering not overlooking phenomenology. Findings such as these, along with critiques about the theoretical underpinnings of appraisal suggest that, although appraisal clearly plays a role in distress, voice-hearing research needs to keep working towards more nuanced understandings of the concept and its role in voice-hearing.

One aspect of appraisal that little research has explored is the certainty with which one holds a belief, as distinct from the content of those beliefs. The findings from the qualitative analysis of interviews with NCVHs reported in chapter three suggest that there may be something distinct about how NCVHs hold beliefs about their voices. Specifically, it suggested that there may be a flexibility to their beliefs, and an ability to not need to commit to specific beliefs about voices. A key theme that emerged from the analysis was *Holding uncertainty and ambiguity*, which found that participants were comfortable with indeterminacy both about the origins of their voices and about the nature of their voices' personalities and intentions. For instance, some participants described their voices as perhaps having spiritual origins, but expressed a comfort with the idea that they couldn't be completely certain who or what the voices really were. Voices were also described as being complex in their behaviour and intentions, without being entirely "benevolent", or "malevolent", as they are often conceptualized in appraisal research. This raises the possibility that non-clinical voice-hearers differ from clinical voice-hearers not only in the content of their beliefs about voices, but in the rigidity with which they hold these beliefs, and even the ways in which they approached the world more broadly. For instance, participants expressed an ability to hold ambiguity about the world in general saying things like, "I don't believe in good and evil."

Because this idea is based on a qualitative finding, rather than measurement of a particular construct, further research is needed to know which, if any, quantitatively measurable constructs this is related to. The fact that participants expressed a comfort with uncertainty, points to a possible connection with a construct called Intolerance of Uncertainty (IU). IU captures an individual's tendency to avoid uncertainty and to desire predictability (Birrell et al., 2011). There is already some evidence for a role for IU in voice related-related distress. In a study of 252 individuals with psychosis by Bredemier et al. (2019), IU was found to be correlated with distress. IU was also negatively correlated with quality of life and positively correlated with delusions, but was not correlated with hallucinations (Bredemier et al, 2019). White and Gumley (2010) found IU to be correlated with loss of control and avoidance but not with symptom level in participants with psychosis. This suggests that IU is related to the ways in which an individual experiences hallucination rather than their predisposition to hallucination, further supporting the idea that IU could make the difference in terms of clinical status – that is, this raises the possibility that people who struggle with uncertainty are more likely to seek professional help for voices. If so, we would not expect to see high IU in NVCH groups, although it should be noted that IU is also seen in high-risk groups. For instance, in a study comparing 35 individuals at high risk of psychosis to 23 controls, IU was observed to be higher in the high-risk group (Broome et al., 2007).

Because it is not yet clear that the qualitative findings that participants held uncertainty is related specifically to IU, it is also important to consider other similar constructs. One measure which is related to IU and has also been linked to psychosis is Tolerance of Ambiguity (TA). This is a measure of an individual's tendency to ascribe threat to ambiguous situations (Grenier et al., 2005). TA and IU have both been subject to various different interpretations in the literature, and even used interchangeably. However, the central difference between them is the temporal focus of associated discomfort. IU looks at discomfort associated with uncertainty surrounding future events, and TA measures discomfort with ambiguity in the present (Grenier et al., 2005), although of course these forms of discomfort are certainly not mutually exclusive.

Another variable which is related to the way in which an individual responds to uncertainty and thus could be a candidate for the construct which the qualitative finding is gesturing at, is Need for Closure (NFC). NFC describes the degree to which an individual desires predictability, order, and structure and feels uncomfortable with ambiguity (Kruglanski & Webster, 1994). Some studies have found NFC to be elevated in individuals with psychosis

(Colbert, Peters & Garety, 2006). Need for closure was also associated with anxiety and depression in a population of individuals with psychosis (Freeman et al., 2006). However, a study of individuals with no history of mental illness found that NFC did not predict hallucinations (Allen et al., 2005).

The link between intolerance of uncertainty and psychosis, and the finding that intolerance of uncertainty has been linked to voice-related distress, but not hallucinations, suggest that IU and related constructs could differ across clinical and non-clinical voice hearing populations. Furthermore, the fact that non-clinical voice-hearers had an ability to hold uncertainty surrounding their beliefs about voices suggest that an individual's relationship to constructs like uncertainty and ambiguity could play an important role in their experiences with voices.

Research on appraisal has done some measurement of the degree of certainty with which participants hold beliefs. Ward et al. (2014), in measuring appraisals of experimentally induced anomalous experiences for instance, did measure participants' degree of conviction for each appraisal item. Peters et al., (2016) included items capturing "belief flexibility" in assessing voice appraisal as an addendum to an interview assessing cognitive and emotional impacts of voices. However, the results of these addendum items were not reported. The interview used to assess appraisal in this study was the Appraisals of Anomalous Experiences Interview-Inventory, a structured interview assessing voice experiences and appraisals (Brett et al., 2007). Appraisals of experimentally induced voices were also based on the AANEX (Peters et al., 2017). Participants' explanations for the causes of voices including "biological", "drug-related", "spiritual", "other people" "psychological", "no interpretation", "supernatural" were rated as either "present," "possibly present" or "not present" by interviewers. Interviewers also rated voice "valence", "threat", "externality", "agency", and "abnormality" on a scale of 1-5. Perceived controllability of voices was self-reported by participants on a scale of 1-5. It was also the case that these categories were not mutually exclusive, thus leaving room for participants to describe voice as having multiple characteristics. Although this format does leave room for the degree to which belief is held and for holding multiple beliefs, it still does not capture participants' degree of uncertainty or flexibility of belief. The present study will build on such appraisal research by directly capturing data about participants' relationship with uncertainty.

Another area bearing consideration in relation to appraisal is the question of where beliefs come from. The qualitative analyses reported in this thesis included several themes relating to

the fact that participants existed in social contexts where others held normalizing and positive beliefs about voices. In Chapter 3 participants reported normalizing social contexts more broadly. This is in line with Powers et al.'s (2017) finding that NCVHs (who were all psychic mediums) reported a more positive social response to their first experiences of voice-hearing than those with a schizophrenia-spectrum disorder who heard voices. This is also in line with work by Heriot-Maitland, Wykes & Peters (2024) finding that a combination of dissociation and shame predict psychotic-like experiences in a general population sample.

There is also evidence that variables unrelated to beliefs about voices are more important for clinical status and voice-related distress (Rosen et al., 2018) and it could be that other factors play much more important roles. Another key variable in voice-hearing research, as discussed in the literature review, is trauma, with a number of studies showing that both clinical and non-clinical voice-hearers report a level of trauma higher than that of the general population (Daalman et al., 2012). The connection between trauma and hallucination is hypothesised to be mediated by dissociation (Varese, Barkus & Bentall, 2012).

A number of questions remain about trauma's role in the development of hallucination including the way in which trauma impacts the aetiology and experience of voice-hearing in a non-clinical context. Although they report levels of trauma similar to those of CVHs, NCVHs are less likely to report symptoms of PTSD (Andrew, Gray & Snowden, 2008). Research has also found that current trauma symptoms predicted higher levels of perceived malevolence and omnipotence of voices and lower benevolence (ibid), pointing to the intertwining of trauma and appraisal. This also points to the possibility that symptoms related to trauma in the present are tied into the ways in which voices are experienced, including clinical status, while the history of trauma is related to whether or not one has hallucinations at all.

There are particular questions surrounding the role of trauma in NCVHs. Large scale general population studies such as those conducted by Daalman et al., (2012) have found no differences in trauma level between clinical and non-clinical voice-hearers, with both groups showing higher levels of trauma than controls. However, as Luhrmann et al. (2019) point out, the simple fact that there are individuals who hear voices and have no experience of trauma demonstrates that there is a pathway to hallucination that does not involve trauma. In a 2019 paper entitled "A Multiple Pathway approach to Trauma", Luhrmann et al., propose that there are several routes to voice-hearing some of which incorporate trauma and some of which do not. This paper brings in ethnographic data from research with Akomfo, or those who

practice a form of mediumship which involves entering a state in which spirits can speak through them (Ephirim-Donkor, 2008). Luhrmann et al. (2019) outline several patterns of experience in the Akomfo, with some involving trauma and other not involving trauma. They note that, in general, greater trauma was associated with more demanding and, overall, less positive voices (Luhrmann et al., 2019). In work with evangelical Christians in the US, Luhrmann's work emphasises the role of social context in voice-hearing, finding that in contexts in which the mind is viewed as "more porous" such as in communities in which it is normal to hear the voice of God or spirits speaking through one's own thoughts (2012). This proposes that there is a route to voice-hearing in religious contexts unrelated to trauma. In this model, a participant's level of a trait called absorption (Tellegen & Atkinson, 1974) predisposes them to unusual experiences, interacting with cultural context and spiritual practice to give rise to anomalous experiences such as voice-hearing (Luhrmann & Weisman, 2022).

This raises the possibility that at least for some NCVHs there is a trauma route to voice-hearing, while for others there is a route that follows Luhrmann's absorption model. This is also in line with work suggesting that, underlying the continuum model, are some NCVHs who are on a continuum of risk with CVHs and others who are on a continuum of experience, with the former at risk of developing psychosis and the latter not at risk (Johns et al., 2014). This research will also test this hypothesis, by exploring the relationship between trauma, absorption, and social response to voice-hearing.

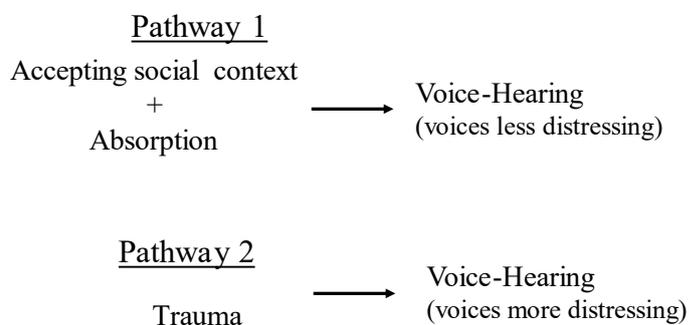
This study has two central aims:

(1) It will look at the relationship between uncertainty and related variables and voice-related distress. It is predicted that voice-related distress will be positively correlated with intolerance of uncertainty, tolerance of ambiguity and need for closure. Because the hypothesis that IU interacts with voice-related distress is based on qualitative findings, the precise construct at play is not yet known. It is hypothesized that the ability to hold complexity about voices seen in the qualitative findings of Chapter 3 reflect intolerance of uncertainty. However, tolerance of ambiguity and need for closure described below are also other candidate constructs.

(2) This study will contribute to the literature on other key variables in NCVH research including absorption and trauma, adding further information to the literature about their role

in voice-related distress and voice-frequency. It will conceptualize these two variables as part of two alternate paths to voice-hearing. Absorption, in this conceptualization, predisposes an individual to voice-hearing in social contexts which accept and encourage voice-hearing. An accepting social context and absorption interact to produce anomalous experiences such as voices. Trauma, in this conceptualization, is part of an alternate path to voice-hearing less likely to be associated with community and social acceptance, and more likely to be associated with distress. (Figure 1).

Figure 1 *Two Routes to Voice-Hearing*



It is therefore hypothesized that (i) absorption will be positively correlated with frequency of voice-hearing, but lower levels of voice-related distress and (ii) that higher levels of trauma will be associated with more negative social response to voice-hearing.

This is an online questionnaire-based study, and thus able to gather a larger participant sample. The use of a quantitative paradigm develops and supports the qualitative findings of the previous chapter

This study was preregistered with *AsPredicted*. The preregistration can be found here: <https://aspredicted.org/3tgk-sd7f.pdf>. The hypotheses described above were all preregistered, however the results section also included exploratory correlational analysis.

4.2 Methods

Participants

Participants consisted of 78 people (see Table 1) who (1) were over the age of 18, (2) were not using mental health services in relation to their voice-hearing experiences, and did not have a current psychiatric diagnosis related to these experiences, (3) did not have a neurological condition, (4) had not abused drugs or alcohol in the past 3 months, and (5) agreed with one of the following statements:

1. I have been hearing voices that others can't hear (such as hallucinations or the voices of spirits) at least once per week for the past month or longer.

2. I have had a period in my life where I heard voices at least once per week for at least one month.

Participants were recruited via lists of those who had participated in previous studies (including studies described in chapters 2-6). They were also reported via open calls posted on Facebook and Twitter, as well as specific posts in Facebook groups connected to mediumship and clairaudience. Flyers advertising the study were also distributed at a psychic fair.

There were 37 female participants and 44 male participants. 20 participants identified as Black, African, Caribbean or black African, 57 as white, and 4 as mixed or multiple ethnic groups. Although power analysis was not carried out, I aimed to recruit a sample allowing for basic regression analysis (VanVoorhis & Morgan, 2007) and which is comparable to other work in this area (e.g. Powell & Moseley, 2022). It is generally difficult to recruit non-clinical voice-hearing participant leading to smaller sample sizes.

Table 3 Participant Demographics Chapter 4

Variable	N	%
<hr/>		
Gender		
<i>Female</i>	37	44.6
<i>Male</i>	46	55.4
Ethnic background		
<i>Asian or Asian British</i>	1	1.2
<i>Black, African, Caribbean, or Black British</i>	20	24.1
<i>Mixed or multiple ethnics groups</i>	4	4.8
<i>White</i>	58	69.9
<hr/>		

Measures

Auditory Vocal Hallucinations Rating Scale Questionnaire (AVHRS-Q)

The AVHRS-Q short form (Van de Willige et al., 2010) is a 17-item version of the Auditory Vocal Hallucination Rating Scale (Jenner & Van de Willige, 2002). The measure captures basic phenomenological properties of voices such as frequency as well as well as impacts of voices such as voice-related distress. This measure was chosen as it offers a comprehensive overview of voice-hearing experiences that can be administered online due the fact that it is a self-report measure and can be completed relatively quickly. This measure asks participants to respond to statements such as “Do the voices seem to come from inside your head or from outside your head?” in a multiple-choice format. Two questions ask participants to respond on a scale of 1 to 10, including the item that is used to measure voice related distress in the present study. This item reads “*please indicate on the scale (ranging from 1 to 10) how severely or how much you suffered from the voices in the past month; ‘1’ means ‘not at all’ and ‘10’ means ‘extremely’.*” In a study of psychiatric patients this measure showed convergent validity with the interview version of the AVHRS, with correlation by item ranging from .44 to .82 with a median of .72. It also showed decent internal consistency with a Cronbach’s alpha score of .78.

Freeston Intolerance of Uncertainty scale (short form)

The short form of the Intolerance of Uncertainty scale (Carleton, Norton & Asmundson, 2007) is a 12-item version of the Freeston Intolerance of Uncertainty scale (IUS) (Freeston et al., 1994) which measures an individual's tendency to desire predictability and avoid situations that elicit uncertainty. (Birrell et al., 2011). Participants are asked to respond to 12 items which include statements such as "When I am uncertain I can't function very well", on a scale of 1 to 5. 1 is described as "*Not at all characteristic of me*", 2 is "*A little characteristic of me*" 3 is "*Somewhat characteristic of me*", 4 is "*Very characteristic of me*" and 5 is "*Entirely characteristic of me*".

This version of the scale was highly correlated with a longer version of the scale showing strong validity (Carleton, Norton & Asmundson, 2007). This was chosen as the primary outcome measure, because it most closely resembles the qualitative finding that participants were able to hold uncertainty and ambiguity about their voices.

Tolerance of Ambiguity Scale

The tolerance of ambiguity scale is a 16-item scale, which measures an individual's "tendency to perceive (i.e. interpret) ambiguous situations as sources of threat" (Budner, 1962). Participants are instructed to respond to statements such as "an expert who doesn't come up with a definite answer probably doesn't know too much". Participants rate each item on a scale of 1 (strongly disagree) to 7 (strongly agree), based on their views of the statement. This was included as a secondary measure to intolerance of uncertainty. This measure has shown moderate reliability. In a study of medical students, a Pearson's correlation of .64 was found between initial administration and 6-9 week follow-up. Internal reliability was moderate and constant with alpha scores of .64 and .63 (Sobal & DeForge, 1992).

Need for Closure short-form

The Need for Closure short form scale (Webster & Kruglanski, 1994) was included as another secondary measure, as it is related to IU. The measure is a 15-item version of the Need for Closure Scale (Roets & Hiel, 2011). The original construct was understood as being made up of five core "facets". These included preference for order, preference for predictability, decisiveness, discomfort with ambiguity, and closed-mindedness. (Webster &

Kruglanski, 1994). However, Roets & Hiel (2011) who developed the 15-item measure used in this study propose that because factor structure may be influenced by their placement in the larger scale, that this version may be viewed as measuring a single construct. In developing this scale, the authors examined correlations between the 15-item version of the scale and a set of variables that had been linked to need for closure such as agreeableness and right-wing authoritarianism. These correlations were nearly identical to the correlations between these variables and the original scale, suggesting strong validity. Another study based on responses of 412 participants from the general population found the items to have a Cronbach's alpha of .87 (Crowson, 2013). Using confirmatory factor analysis, the authors found that a one-dimensional model explained variation in items better than a five-dimensional model. This study demonstrates decent internal consistency and supports the idea that the 15-item version measures a unidimensional trait. To fill out this measure, participants are asked to respond to items such as "*I dislike questions which could be answered in many different ways*", on a scale of 1 (strongly disagree) to 6 (strongly agree).

The Tellegen Absorption Scale

The Tellegen Absorption scale is a 34-item measure which aims to capture an individual's tendency to become absorbed in their inner sensory world (Tellegen & Atkinson, 1974). This was chosen because it is the standard measure of absorption used in voice-hearing work, such as that of Luhrmann (2012) who proposed the role of absorption in voice-hearing. This scale asks participants to respond to the 34 items with either "yes" or "no" based on whether they apply to the participant. Items include statements such as "*I like to watch cloud shapes change in the sky*", and "*Sometimes I experience things as if they were doubly real*". A longitudinal study of 88 participants from the general population in California showed the TAS to have decent reliability and validity (Kremen & Block, 2002). This study looked at correlations between TAS items and scores on the California Adult Q-Set (CAQ), a measure of various cognitive, and social characteristics (Block & Block, 1980 in Kremen & Block, 2002). They found that TAS score was highly correlated with various scores on the CAQ (such as correlations of .42 for men (N=43) and .53 (N=45) for women on the "*Enjoys aesthetic impressions; aesthetically reactive*" at age 23) demonstrating validity. They also found that the scale showed high reliability in participants' scores at the age of 18 (coefficient score .87) and at the age of 23 (coefficient score .92).

Trauma History Screen

The Trauma History Screen (THS) (Carlson, 2011) is a 17-item measure which asks participants to report the number of times they have experienced various traumatic events. The questionnaire asks participants to give a “yes” or “no” answer to whether they have experienced events such as “A really bad car, boat, train, or airplane accident”. In an analysis of the use of this measure in five different samples including both clinical (such as hospitalized patients with traumatic injuries) and non-clinical populations (such as female university students), it showed strong test re-test reliability (Carlson, 2011). It also showed good convergent validity with external measures, such as military records in a sample of homeless veterans, and showed good reliability in a non-clinical, low trauma sample (210 female university students) with kappa values of .70 or higher. Convergent validity was tested through a comparison with self-reported symptoms of PTSD, which showed significant correlations with the THS (Carlson, 2011).

Social response to voice-hearing

This study also included three novel Likert-style items asking participants to think about the first time they told someone else about their voice-hearing and score that person’s response on a scale of 1 to 5 (1 = Strongly agree, 5 = Strongly disagree). Participants were asked to individually score the level of (1) Concern (2) Fear and (3) Acceptance the person showed in regard to their voice-hearing.

Procedure

Participants completed the study online in their own homes or another private location of their choice. The study was hosted on Qualtrics and took approximately 30-40 minutes to complete. Results were downloaded into Excel and empty cases were removed. Cases were also excluded if participants completed the study in less than 5 minutes, provided clearly nonsensical answers to open-ended questions or if responses were identical. For instance, if a series of responses came in around the same time all containing repetitive responses (e.g. five descriptions of voices consisting of the identical line “Listening to a favourite song on a sunny day”), or did not meet the inclusion criteria, they were excluded. Cases which did not meet criteria for removal but were suspicious due to having been completed in under ten minutes were flagged for follow-up analysis but left in the dataset. At one point the link was flooded with approximately 3000 responses which all arrived within several hours and appeared fraudulent as described above. All responses which appeared on that day were

removed from the data set. This study was publicly available online between November 2022 and August 2023. I posted links to the study on twitter and facebook, and emailed them to previous interview participants who had expressed interest in being notified about new studies on their consent forms.

Analysis

Data was transferred to SPSS for analysis. Prior to hypothesis testing, all variables were checked for normality using Shapiro-Wilkes tests. Results of hypothesised correlations are reported as Spearman's correlation, due to violation of normality assumptions in all cases. Variables used in linear regression were checked for homoskedasticity and collinearity. A multiple linear regression was performed to assess the degree to which Intolerance of Uncertainty, Need for Closure, Tolerance of Ambiguity, and Trauma predicted voice-related distress. The relationships between absorption and voice-frequency and between absorption and trauma were examined as correlations. All analyses were repeated on a smaller version of the data set (N = 43), with responses flagged as suspicious removed. A further regression analyses was performed on a data set excluding an additional four cases for which Cook's distance exceeded .093 (4/43).

4.3 Results

A total of 83 participants were included in the analysis after responses were removed due to spamming of the study as noted above. Participants were removed if they had completed the study in less than ten minutes or gave stereotyped descriptions of voice-hearing which were traceable to internet sources. To further guard against the use of fraudulent responses, all responses which came in after a particular point in time—at which thousands of fraudulent responses poured in at once—were removed from the data set. This resulted in the removal of approximately 3000 responses. Following this, responses were further checked for suspected fraudulence as described above leading to the removal of 120 responses. Of the 83 responses left, only 78 were complete enough to be used in the analysis. See Table 3 for demographic information.

Table 4 *Descriptive Statistics and Bivariate Correlations Chapter 4*

Variable	M	SD	1	2	3	4	5	6	7	8	9	10
1.Voice-related distress	4.0	2.8	1	.21	.13	.43**	-.07	-.18	-.21	-.13	-.03	-.20
2.Voice Frequency	1.4	1.1	.21	1	-.04	-.11	-.02	.08	.19	-.01	-.08	.11
3.Ambiguity tolerance	55.5	10.0	.13	-.04	1	.23*	.33	.11	.22	-.003	.07	-.09
4.Uncertainty	34.5	10.3	.43**	-.11	.26*	1	.48**	-.19	-.25*	-.006	.23	-.11
5.Need for Closure	60.1	10.8	-.07	-.02	.33**	.48**	1	-.004	-.14	-.13	.30**	.2
6.Social Concern	3.2	1.4	-.18	.01	.11	-.19	-.004	1	.40**	-.23*	-.02	.06
7.Social Fear	3.2	1.4	-.21	.19	-.22	-.25*	-.14	.40**	1	.17	-.04	-.004
8.Social Acceptance	3.4	1.4	-.13	-.01	-.003	-.01	-.13	-.23*	.17	1	-.01	-.05
9. Absorption	20.4	6.7	-.03	-.08	.07	.23*	.30****	-.02	-.04	-.006	1	.39**
10. Trauma	2.8	3.2	-.20	.11	-.09	-.11	.2	.06	-.004	-.05	.39**	1

Cases excluded listwise leading to an analysis of N=78 participants. Correlations reported as Spearman's R

**p < .05. **p < .01.*

Correlations and descriptive statistics are reported in Table 4.

The key findings were that higher intolerance of uncertainty was related to higher voice-related distress, but trauma was not. Higher trauma was, however, related to higher levels of absorption.

Hypothesis 1: Predicting voice-distress

Multiple linear regression analysis was run to assess the impact of intolerance of uncertainty, ambiguity tolerance, need for closure, and trauma on voice distress. The model significantly predicted distress as measured by the AVHRS-Q ($F = 8.057_{(4, 73)}$, $p < .001$, $adj. R^2 = 0.268$). (See Table 5). Intolerance of uncertainty and need for closure were significant, while ambiguity tolerance and trauma were not (see Table 5). IU was positively predictive of distress, while, unexpectedly, NFC was negatively predictive of distress.

Table 5 Regression Table Showing Impact on Voice-Related Distress

Variable	β	p	95% Confidence interval	
			LB	UB
Ambiguity tolerance	0.12	.273	-.03	.09
Intolerance of uncertainty	0.6	<.001	.10	.22
Need for Closure	-0.44	<.001	-.18	-.05
Trauma	-.97	-.18	.17	0.004

Notes: $N=78$
 $p < .001$, $adj. R^2 = 0.268$

A regression model based on a more conservative version of the data set ($N = 43$) with suspicious cases excluded maintained significance ($F(4, 38) = 6.503$, $p < .001$, $adj R^2 = 0.344$). Intolerance of uncertainty and need for closure remained significant, although the significance shifted further towards IU and away from need for closure (see Table 6). Trauma and ambiguity tolerance remained insignificant predictors of distress.

Table 6 Regression Showing Impact on Voice-Distress in Smaller Sample

Variable	β	p	95% Confidence Interval	
			LB	UB
Ambiguity tolerance	0.01	.93	-0.05	0.06
Intolerance of uncertainty	0.72	<.001	0.08	0.18
Need for Closure	-0.35	.04	-0.13	-0.004
Trauma	0.19	.13	-0.04	0.32

Notes: $N=43$

$p < .001$, $adj R^2 = 0.344$)

To confirm that significance was not based on unusual cases, a further regression was performed after exclusion of 4 cases for which Cook's distance $> .093$. The model was still significant ($F= 10.914$ (4, 35), $p < 0.001$, $adj. R^2 = 0.511$). Intolerance of uncertainty increased in significance and need for closure decreased, although maintained statistical significance (see Table 7).

Table 7 Regression Analysis Voice-Related Distress for Smallest Sample

Variable	β	p	95% Confidence interval	
			LB	UB
Ambiguity tolerance	0.09	.52	-0.03	0.06
Intolerance of uncertainty	0.89	< .001	0.10	0.20
Need for Closure	-0.35	.04	-0.12	-0.002
Trauma	0.18	.12	-.03	.26

Notes: $N=39$

$p < 0.001$, $adj. R^2 = 0.511$

A larger regression analysis aimed at providing an overall picture of the predictive power of all key variables on voice-related distress also found intolerance of uncertainty, need for closure and voice-frequency to be significant predictors of distress (see Table 8).

These results overall provide evidence that higher intolerance of uncertainty and lower need for closure predict voice-related distress.

Table 8 Regression Showing Impact of all Variables on Distress

Variable	β	p	95% Confidence interval	
			LB	UB
Ambiguity tolerance	.19	.08	-.01	.11
Intolerance of uncertainty	.59	<.001	.10	.22
Need for Closure	-.48	<.001	-.19	-.06
Others showed concern about VH	-.06	.57	-.55	.30
Others showed fear VH	-.14	.21	-.74	.17
Others showed acceptance of VH	-.17	.10	-.73	.07
Absorption	-.02	.85	-.09	.08
Trauma	-.01	.94	-.18	.17
Voice-frequency	.27	.006	.22	1.23

Notes: $N=78$

$p < 0.001$, adj. $R^2 = 0.35$

Follow-up analysis: exploring Need for Closure

To learn more about the unexpected negative correlation between NFC and voice-related distress, several exploratory tests were conducted. A correlational analysis (Table 9), showed that one item, “*I find that establishing a consistent routine enables me to enjoy life more*”, was significantly negatively correlated with voice-related distress. Two other items, “*I find that a well-ordered life with regular hours suits my temperament*” and “*I dislike unpredictable situations*,” were negatively correlated with voice-related distress at trend level, although was not significant. A repeat of the original regression, using a re-calculated version of NFC with these three items removed (items 3, 12, and 15) was performed. This resulted in a significant model ($F= 6.115 (4, 73)$, $p < 0.001$, adj. $R^2 = 0.210$). The recalculated version of NFC retained a significant negative correlation with voice-related distress (see Table 9).

Table 9 *Correlations between NFC Items and Voice-related Distress*

NFCS Item	Correlation with Distress	p
NFCS1 I don't like situations that are uncertain.	-.06	.31
NFCS2 I dislike questions which could be answered in many different ways.	.07	.27
NFCS3 I find that a well-ordered life with regular hours suits my temperament.	-.16	.07
NFCS4 I feel uncomfortable when I don't understand the reason why an event occurred in my life.	.03	.41
NFCS5 I feel irritated when one person disagrees with what everyone else in a group believes.	.15	.10
NFCS6 I don't like to go into a situation without knowing what I can expect from it.	-.15	.09
NFCS7 When I have made a decision, I feel relieved	-.12	.15
NFCS8 When I am confronted with a problem, I'm dying to reach a solution very quickly.	-.02	.48
NFCS9 I would quickly become impatient and irritated if I would not find a solution to a problem immediately.	-.10	.18
NFCS10 I don't like to be with people who are capable of unexpected actions.	-.09	.22
NFCS11 I dislike it when a person's statement could mean many different things	.02	.42
NFCS12 I find that establishing a consistent routine enables me to enjoy life more.	-.39	.00
NFCS13 I enjoy having a clear and structured mode of life.	.04	.37
NFCS14 I do not usually consult many different opinions before forming my own view	.01	.48
NFCS15 I dislike unpredictable situations.	-.19	.06

Table 10 Regression: TA, IUS, and NFC Impact on Distress

Variable	β	p	95% Confidence interval	
			LB	UB
Ambiguity tolerance	.09	.40	-.04	.09
Intolerance of uncertainty	.56	<.001	.09	.22
NFCS recalculated ^a	-.33	.01	-.19	-.03
Trauma	-.05	.65	-.22	.14

Notes: $N=78$

$R^2_{adj} = .210, p < .001$

^a = NFCS with items 3, 12, and 15 removed

Although the present 15-item version of the NFCS is based on a single factor, the original version of the NFCS had a five-factor structure. An exploratory regression analysis was run in which the current 15-item measure was broken down into five different factors, based on the factors that made up the original scale. The 15-item scale is made up of three items from each of the factors underlying the original scale.

A version of the original regression in which the NFCS was replaced with the five different factors was significant. $F= 5.157 (8, 69), R^2_{adj} = .302$. In this model, only two variables were significant. IU was still positively predictive of distress, and the NFC factor “need for order” was significantly negatively predictive of VH distress (see Table 11). Need for order was made up of the item 3 “*I find that a well-ordered life with regular hours suits my temperament*”, item 12 “*I find that establishing a consistent routine enables me to enjoy life more*”, and item 13 “*I enjoy having a clear and structured mode of life*”. The finding that this factor remained significant shows that it is a need for order that drove the unexpected relationship between NFC and distress, rather than an overall need for closure.

Table 11 Regression: Impact on Distress with NFC Subdivided by Underlying Factor

Variable	β	p	95% Confidence interval	
			LB	UB
Ambiguity tolerance	.10	.33	-.03	.09
Intolerance of uncertainty	.57	<.001	-.09	.22

Need for Order	-.37	.008	-.61	-.09
Need for Predictability	-.20	.14	-.47	.07
Decisiveness	-.01	.95	-.25	.24
Avoidance of ambiguity	-.06	.62	-.18	.29
Closed-mindedness	-.04	.74	-.20	.28
Trauma	.04	.69	-.14	.21

Note: N=78
 $R^2_{adj} = .302$

Hypothesis 2: Predicting voice frequency

A regression analysis assessing the predictive power of all key variables on voice-frequency was also performed. The hypothesized relationship between voice frequency and absorption was not found to be significant either in this regression analysis (Table 12) or in correlational analysis (Table 4). Post-hoc correlational analysis showed a statistically significant positive correlation between absorption and trauma ($r = .378, p < .001$) (Table 4). The only significant predictor of voice-frequency was voice-related distress (see Table 12).

Table 12 Regression Analysis of all Variables on Frequency

Variable	β	p	95% Confidence interval	
			LB	UB
Ambiguity tolerance	-.16	.20	-.04	.01
Intolerance of uncertainty	-.23	.21	-.06	.01
Need for closure	.17	.16	-.01	.05
Others showed concern about VH	-.05	.29	-.23	.16
Others showed fear VH	.28	.71	.01	.41
Others showed acceptance of VH	-.04	.04	-.21	.16
Absorption	-.09	.75	-.05	.02
Trauma	.11	.47	-.04	.11
Voice-related distress	.39	.006	.04	.25

Note: N=78
 $R^2_{adj} = 0.062, p < .143$

The hypothesised correlation between trauma and social response to voice-hearing was not found (see Table 4). Spearman's correlation analysis was used, due to violation of normality assumptions. Trauma was not significantly correlated with any of the three Likert-style items used to measure acceptance of voice hearing including acceptance of voice-hearing ($r = -.080$, $p = .483$), fear shown in response to voice hearing ($r = -.039$, $p = .734$), or concern ($r = .086$, $p = .449$) in response to voice-hearing.

4.4 Discussion

This study built on earlier qualitative findings and other existing voice-hearing literature through two central lines of investigation. Firstly, it examined the relationship between intolerance of uncertainty and related constructs (tolerance of ambiguity and need for closure) and voice-related distress. Secondly it investigated other key variables involved in voice-hearing research including absorption and trauma, conceptualizing them as each playing a role in a distinct aetiological pathway to voice-hearing.

The first line of investigation hypothesized that intolerance of uncertainty, tolerance of ambiguity, and need for closure would positively predict voice-related distress. The results found a significant relationship between IU and voice-related distress, but did not find that TA was predictive of, or correlated with, voice-related distress. This is in line with previous work, finding that IU is related to distress in those with psychosis (Bredemier et al, 2019). This finding suggests that an ability to cope with uncertainties, complexities and unpredictable aspects of voice-hearing helps reduce distress for NCVH participants, pointing to the possibility that therapeutic interventions targeting IU could reduce voice-related distress.

There is a need for further research on the relationship between these variables and distress in non-clinical voice-hearing populations, as this could add an important element to conceptualizations of voice-appraisal and associated interventions. Targeting participants' degree of certainty of belief would require a different treatment approach than targeting the content of beliefs. The content of belief is generally targeted by CBT whereas attempting to increase participants' ability to hold ambiguity and uncertainty could indicate a need for a different approach such as dialectical behavioural therapy (DBT). Some work has already

lent support for the effectiveness of DBT reducing distress in psychosis (Lawlor et al., 2022). Further research is needed to determine whether the ability to be comfortable with uncertainty specifically surrounding aspects of voices is related to distress, or whether IU as an overall trait is responsible for distress. Such an association could be mediated by anxiety or depression, which are also related to IU (Jensen et al., 2016), and are elevated in clinical voice-hearers (Peters et al., 2016).

There was a significant relationship between need for closure and distress, but this correlation was the reverse of that hypothesised, with higher NFC being correlated with lower voice-related distress. The degree to which this is meaningful is not clear, as this was only weakly significant, and significance decreased in more conservative versions of the data set. This finding could, however, indicate that NFC is protective against voice-related distress in some way. In the original 42-item need for closure scale, which the authors saw as being made up of five underlying facets, this item was part of a factor called “need for order” (Webster & Kruglanski, 1994). An exploratory follow-up regression analysis found that “need for order” specifically was significantly negatively predictive of voice-related distress. The other four facets, preference for predictability, decisiveness, discomfort with ambiguity, and closed-mindedness, had no significant predictive power for voice-related distress. Roets & Hiel (2011) propose that the 15-item version constitutes a single NFC factor, unlike the original version comprising five underlying factors. However, the fact that breaking the 15-item down into the original five factors found that “need for order” played a distinct role in voice-related distress, implies that this 5-factor structure is still relevant.

Furthermore, the finding that ‘need for order’ is associated with lower voice-related distress has important implications. It may be that taking care to order one’s life plays a protective role against distress. Need for order was made up of three items: “*I find that establishing a consistent routine enables me to enjoy life more*”, and “*I enjoy having a clear and structured mode of life*”. There has been some work suggesting that NFC and need for order specifically are associated with a lower likelihood of unusual experience. One study, for instance found that need for order and NFC overall were negatively associated with having mystical experiences in a study of 240 Hungarian participants recruited from the general population (Nagy et al., 2018). However, it may be the case that in those who do have unusual experiences, need for order is protective. Establishing a consistent routine for instance could

be associated with getting better sleep, which is associated with better outcomes in psychosis (Reeve, Sheaves, & Freeman, 2015). The notion of “need for order” is complex in that, arguably, the three items are actually measuring an individual’s knowledge of and commitment to establishing a structured routine, rather than the level of “need”. It could be the case that those who hear voices do have an elevated need for order, such as a consistent routine, and those who are conscious of this need, therefore, will experience less distress.

The fact that absorption was positively correlated with need for closure overall also raises interesting questions about the notion of “need” for closure. This finding could suggest that those who are higher in absorption actually do have a greater “need for closure,” because of having a more intense and unpredictable experiential landscape. It could also be the case that there is something about NFC that is actually intertwined with absorption. Although there has been little work looking at the intertwining of these two constructs, there have been studies linking NFC with tendencies towards conspiratorial thinking. Those high in NFC are more likely to endorse conspiratorial explanations in situations of high uncertainty (Marchlewska, Cichocka & Kossowska, 2018). Work on NFC and unusual beliefs tends to focus on conspiracy theory and right-wing politics with such work emphasizing the “closed-minded” aspect of NFC (e.g. Onraet et al., 2011). Yet the findings that NFC is correlated with absorption and negatively correlated with voice-related distress suggest that there is a need to explore more deeply the relationship between NFC and unusual experiences—both in terms of the “need for order” aspect of the construct as potentially representing a genuine “need” arising out of a more unpredictable inner landscape and in terms of the possibility that NFC is associated not just with conspiratorial thinking but traits such as absorption. Absorption may involve more unusual experiences of the mind and thus an accompanying awareness of a need for order could protect against distress.

The second aim of this study was to investigate the relationship between trauma, absorption, and social response to voice-hearing. In this study, trauma and absorption were viewed as two different paths to voice-hearing. Absorption was conceptualized as being part of an aetiology which included a spiritual context in which voice-hearing was encouraged and was generally more positive, and trauma associated with a more negative pattern of experience. Within this there were several hypotheses. It was hypothesized that higher levels of trauma would be associated with higher distress and less positive social responses to voice-hearing. It was also

hypothesized that higher absorption would be associated with greater frequency of voice-hearing but lower voice-related distress.

The findings did not support these hypotheses. In this NCVH sample, trauma was not found to be a significant predictor of voice-related distress, nor was it significantly associated with social response to voice-hearing. The fact that trauma was not related to distress is in line with previous work, finding that trauma is related to the development of voice-hearing but not ways of experiencing voices such as whether they are distressing or not. Daalman et al. (2012) found no relationship between particular forms of trauma and emotional valence of voices, or other voice characteristics, suggesting that trauma may increase the likelihood of voice onset rather than particular aspects of voices. This is in contrast to findings such as those of Luhrmann et al., (2019) who found that, in Akomfo, greater trauma was associated with more demanding and less positive voices (Luhrmann et al., 2019). Absorption was also not significantly associated with either voice-related distress or voice-frequency. This is in contrast to previous work finding that Spiritualists who report frequent voice-hearing show higher levels of absorption than those who report hearing voices less frequently (Powell & Moseley, 2021). Interestingly, absorption was associated with trauma, complicating the conceptualization of absorption and trauma as part of two distinct pathways to voice-hearing (Luhrmann et al., 2019).

Limitations

This study had several limitations. Firstly, the online nature of this study left it vulnerable to spamming, and at one stage the survey was flooded with thousands of clearly fraudulent responses. It was clear that they were completed automatically or randomly with completion times under five minutes and stereotyped descriptions of voice-hearing which were often identical to one another and some which were traceable to internet sources. This led to a need to pre-emptively close the study and remove the fraudulent responses. While I worked to remove all of the fraudulent responses, it is of course possible that I incorrectly removed real responses, or allowed fraudulent ones to remain in the data. Carrying out the analyses on more conservative versions of the data set, should protect the findings from influence by fraudulent responses. It is possible that this biased the data set towards those who were willing to provide more detailed responses about their voice-hearing.

A final limitation was the nature of the trauma measure. The focus on individual traumatic events may overlook more complex and continuous forms of trauma. Trauma measures also don't capture more subtle forms of difficult or disruptive experiences which may be related to the aetiology of voice-hearing (Moseley et al., 2022). Furthermore, non-clinical voice-hearing participants who may be wary about voices being viewed as pathological may be hesitant to report trauma. Future research, employing broader approaches to capturing trauma and other disruptive experiences is needed to understand their role in non-clinical voice-hearing.

A final limitation of this study was the small sample size, however it should be noted that such sample sizes are normal in difficult to recruit populations (Johns et al., 2014).

4.5 Conclusion

This study built on qualitative findings by quantitatively exploring areas in which there has been little prior research including the role of IU and social response in voice-related distress. It also contributed to the literature on trauma, finding no relationship between trauma and voice-related distress, supporting the notion that trauma's role in voice-hearing is related to the development of voices rather than the ways in which they are experienced. Further investigation is needed both to see if this result is replicable in large sample sizes and to learn more about how the interaction between IU and voice related distress plays out. Overall, these findings point to the need to consider, not only the contents of voice-appraisal, but how rigidly held beliefs about voices are.

Section Overview

The results of the previously described qualitative analysis of secondary data (in chapter 3) showed that aspects of participants' social worlds - such as the ways in which participants' family members responded to their voice-hearing - interacted with their level of distress and ability to normalize the experience. The previous chapter sought to further understand the influence of social context by using regression analysis to examine the relationship between early social response to voice-hearing and current voice-related distress. However, no relationship between these variables was found. Therefore, further work aimed at examining the relationship between voices and participants' social context is required. Furthermore, as discussed in the introduction, many NCVHs understand their voices in the context of spiritual frameworks (e.g. Peters et al., 2017). These frameworks and the social worlds that accompany them, such as being surrounded by others who share such frameworks, likely have a strong impact on the ways in which participants both experience and describe their voices. However, little is known about this beyond the fact that spiritual frameworks are associated with NCVHs.

To address the need to understand more about the ways in which context such as social world and religious framework interact with voice-hearing, I developed a semi-structured interview designed to explore the ways in which voices interact with other aspects of participants' lives both in the present and throughout their past. This interview, the *Voices in Context Interview*, walks through participants' histories with voice hearing, discussing their first memories of voices and the reactions of their families and communities. It also includes open-ended questions about the phenomenology of voices designed to allow participants to speak freely about what the experience feels like, beyond the standard categories laid out in measures such as the PSYRATS (Haddock et al., 1999) which emphasise binaries such as internality vs. externality.

My aim was to use this interview to contextualize the findings of previous non-clinical voice-hearing research. Furthermore, my aim was to understand the ways in which research site specific recruitment practices and participants might lead to variation in context which would interact with voice-hearing in various ways. Therefore, I interviewed people who had previously participated as NCVHs in studies at three key research sites: Durham, King's College London, and Yale. To interview participants who had been involved with research at

Durham and King's, I travelled around the UK. To interview Yale participants, I travelled to the US and spent one month living in New Haven, Connecticut. I worked with Dr. Albert Powers, whose lab has conducted work on psychic mediums as non-clinical voice-hearers (Powers et al., 2017) As part of the analysis, and to further increase my understanding of the field overall, I also spent time at Stanford and working with Professor Tanya Luhrmann, who has conducted extensive anthropological work on voice-hearing with a focus on voices in spiritual contexts. I also worked with Dr. Emmanuelle Peters, at King's College London, and interviewed participants who had previously been involved with her research on voice-appraisal (Peters et al., 2017).

The following section is made up of three chapters, each reporting on the results of thematic analyses of interviews conducted with NCVHs who had taken part in research at these three universities. Participant groups are based on research site, with one participant group and thematic analysis for each site. Although this is not a comparative analysis focusing in on one research site allows for an analysis which captures the experiences and contexts of specific sites, with the understanding that due to variation in emphasis and recruitment these contexts may differ.

Chapter 5: The Durham Participants: Unusual experiences beyond voices in non-clinical voice-hearers involved in research with *Hearing the Voice*.

Abstract

Non-clinical voice-hearers have a wide range of experiences of voices and broader life contexts in which these voices take place, and these may be relevant to the voice-hearing experience. In particular there may be distinctions between participants who hear voices in the context of spiritualism and those who do not. Durham University's *Hearing the Voice* Project recruited both those who were and those who were not Spiritualists as NCVHs, thus providing a mixed group in which potential differences in these experiences could emerge. In the present study, participants who had previously participated as NCVHs at Durham were recruited for qualitative interviews based on a newly developed interview schedule.

Thematic analysis of the interviews generated three themes: “(1) Boundaries of voices as not clearly delineated”, “(2) Voices in phenomenological context”, and “(3) Voices as private, yet relational”. This analysis pointed to the existence of subtle differences in the behaviours and perceptual qualities of voices themselves and the ways in which these interact with distress. It further suggested that phenomenological context (what a participant's perceptual and cognitive world feels like generally) as well as belief framework are an important part of how participants experience and respond to voices.

5.1 Introduction

The following chapter will report the results of a thematic analysis of interviews with those who had previously participated in research as NCVHs at Durham as part of *Hearing the Voice*. This analysis will address and complicate two central assumptions of non-clinical voice-hearing research: that non-clinical voice-hearers constitute a clear, uniform group, and the NCVHs hear voices in the absence of other unusual experiences. The chapter will begin with a discussion of these two assumptions and provide an overview of the participants represented in this study, before moving into the results of the study and a discussion of their implications.

NCVHs are generally conceptualized as experiencing voice-hearing as an isolated phenomenon, taking place in individuals whose experience of the world is otherwise the same as that of non-voice-hearers. Therefore, they are also seen to offer the possibility of studying

voice-hearing in the absence of confounding factors such as symptoms of psychotic disorders other than hallucinations and anti-psychotic medication (Alderson-Day, et al., 2017).

However, the findings of the qualitative analysis reported in the chapter 3 raise the possibility that this is not an accurate reflection of the NCVH experience, with NCVHs frequently describing non-voice unusual experiences.

In clinical populations, voice-hearing often takes places alongside other alterations of experience such as delusions or cognitive symptoms (Tandon et al., 2013). There has also been exploration of forms of altered cognition and perception that do not fall clearly within the bounds of hallucination, or other categories in psychosis. Pienkos et al. (2019) outline a set of experiential domains that have been shown to undergo alteration in psychosis, including self-presence, temporality, and perceptual organization, among others. Alterations in these domains, while difficult to describe and measure within the current diagnostic framework may play a central role in the development and experience of psychosis (Pienkos et al., 2019).

The ipseity disturbance model (described in the literature review in chapter 1) places these other unusual experiences at the heart of schizophrenia. The model posits a unified framework of the disorder in which voices are part of a progression of experiences set off by a disturbance to fundamental ways of experiencing the world (Sass & Parnas, 2003). The original model focused on alterations to the sense of minimal self, or the “implicit, first person quality of consciousness” (Sass et al., 2018, p. 479), disturbance to which causes diminishment to one’s basic experience of “immersion” in the world. According to the original ipseity disturbance model, a diminished sense of the minimal self (also known as “self-affection”) is accompanied by hyper-reflexivity or “*exaggerated self-consciousness in which a subject or agent experiences itself, or what would normally be inhabited as an aspect or feature of itself, as a kind of external object*” (Sass & Parnas, p. 428). In a recent update the emphasis of the model has shifted to hyper-reflexivity, with the authors arguing that unusual experiences are linked with this state rather than an absence of the sense of minimal self (Sass & Feyaerts, 2024). This model is derived from qualitative study and theoretical concepts based in the philosophical tradition of Phenomenology (Sass & Parnas, 2003).

There has been little work looking at the possibility that NCVHs have similar experiences. In a sample of NCVHs recruited through networks of psychic mediums, Powers et al. (2017) found elevated levels of magical ideation. Another study comparing 103 NCVH individuals

to 60 matched controls found elevated levels of positive formal thought disorder in participants with AVH (Sommer et al., 2010). However, there has not been extensive research looking at how these findings operate in the lives of NCVHs. For instance, psychic mediums may experience magical ideation very differently from those with no or different spiritual beliefs. The qualitative findings of secondary data reported in the chapter 3 found that NCVHs described experiences that did not fit clearly into the category of hallucination. This further supports the idea that alterations of perception and cognition, akin to those associated with psychosis, and the particular ways that these may impact NCVHs warrant further investigation. In general, there is a need to learn more about the ways in which NCVHs experience the world beyond their experiences with voice-hearing.

Another assumption that generally underlies NCVH research is the notion that NCVHs can be seen as constituting a clear and unified group. Inherently defined through absence -they are those who hear voices but *don't* have a disorder (Woods & Wilkinson, 2017) - it is not clear that all NCVHs would hear voices in the same way, or have followed the same aetiological pathway to voice-hearing. One particularly obvious form of difference within NCVHs is that some are recruited through spiritual networks, and others are not. Some are recruited specifically as psychic mediums (e.g. Powers et al. 2017) while others are recruited through open calls (e.g. Sommer et al., 2010). Often recruitment for NCVH studies is done through both spiritual networks and open calls (Peters et al., 2016), leading to participant groups which are potentially very diverse in terms of experience. But in studies that recruit via multiple routes, spiritual and non-spiritual NCVHs are viewed as part of the same population. Furthermore, review papers and other work which looks across NCVH studies often don't distinguish between potentially very divergent NCVH populations.

Quantitative research which is not specifically looking for subgroups would not be well set up to identify patterns of difference within non-clinical voice-hearing groups, and many qualitative studies examine participants who are all recruited from a specific population such as psychic mediums (e.g. Roxburgh & Roe, 2014). There is, therefore, a need for qualitative research in mixed groups of NCVHs, including both those who were recruited through spiritual networks and those who were recruited in other ways.

The study described in this chapter sets out to explore this diversity of experiences through the use of qualitative interviews with those who had previously taken part in research as NCVHs as part of Durham University's *Hearing the Voice*. *Hearing the Voice* was the largest

interdisciplinary study of voice-hearing conducted to date, and many different studies took place in the course of this project. In the present study participants consisted of those who had previously taken part in an fMRI study of ambiguous speech processing conducted by Alderson-Day et al., (2017), for which the qualitative data analysed in the chapter 3 was collected. The group included both those recruited through “spiritual organizations” and those recruited through open calls, such as advertisements placed in newspapers, social media, and word of mouth. A phone-screener was used to ensure that voices had a “hearing quality” to them that was distinct from thoughts, and that other inclusion and exclusion criteria which involved regular voice-hearing without meeting criteria for a hallucination-related disorder (full description in methods section) were met. Because this study involved recruitment through both spiritual networks and such a broad range of sources designed to access voice-hearers in the general public, the participant group is well suited to illustrate the diversity of experience within non-clinical voice-hearers. Furthermore, qualitative research is ideally suited to explore the aspects of the voice-hearing experience that may not be captured by quantitative approaches. Open ended questions offer the opportunity for participants to describe experiences which are difficult to categorize such as subtle alterations of cognition and perception.

5.2 Method

Participants

The sample consisted of six people who had previously participated in research conducted at Durham University as non-clinical voice hearers (Table 13). Five participants were female, and one was male. All six participants were white. The central inclusion criterion was previous participation as a non-clinical voice-hearer in a study conducted by Alderson-Day et al. (2017). To participate in the 2017 study, participants had to be 18 years of age or older, have never received a diagnosis of a psychiatric diagnosis relating to voice-hearing and endorse one of three items on the Launay-Slade Hallucination scale (Launay & Slade, 1981): ‘In the past I have had the experience of hearing a person’s voice that other people could not hear’, ‘I have heard a voice on at least one occasion in the past month’, or ‘I have been troubled by hearing voices in my head’. All participants still met these criteria at the time of the present study, with the exception of one who had not heard voices for over a year at the time of his interview.

Table 13 Participant Demographics for Durham Interviews

Participant	Age	Gender	Ethnicity	Other
Cathy	56	Female	White	Cathy is a Spiritualist medium affiliated with the Spiritualist Church.
Emma	64	Female	White	She is not a medium and her voices are mostly experienced as random sentences, which are not directed at her.
Jill	50	Female	White	She describes herself as “spiritual” but is not a medium. She describes a wide range of voices and experiences in other modalities, including those of the deceased.
Julie	41	Female	White	Julie does not practice mediumship. She has a variety of experiences with voices.
Kirsten	57	Female	White	Kirsten is a 57-year-old white woman and is not a medium. She hears one voice which has a continuous identity.
Tim	26	Male	White	At the time of the interview, Tim had not heard voices for a few months. He hears several voices which each have distinct identities.

Procedure

Two interviews were conducted over zoom and in person. For in-person interviews I travelled to meet participants at their homes or another location of their choice in locations throughout the UK. Conducting the interviews outside of the bounds of the university, in a space chosen by the participant, supported this study’s aim of going beyond the scope and categories of clinical research. I as a researcher would travel to their world, rather than the participant travelling to the world of research.

Participants would receive the information sheet (a copy of which was also provided in advance). They would then be given time to go through both the information sheet and consent form in detail and ask any questions they might have. After participants provided written consent to participate, we would begin the interview. The interview followed the newly developed *Voices in Context* interview schedule described in the methods chapter.

Interviews were recorded and transcribed, with any identifying information removed in transcription.

The interviews were analysed and themes constructed using reflexive thematic analysis as conceptualized by Braun & Clarke (2006, 2019). This involved generating initial codes which were subsequently organized into themes in line with the procedure described in the methods section of Chapter 3.

5.3 Results

The analysis of the interview transcripts generated three superordinate themes each of which were divided into two subordinate themes:

(1) *Boundaries of voices as not clearly delineated*, with subordinate themes of 1a. “It doesn’t stand out”: voices as not always distinct and 1b. “When they read stuff, they hear it in their head as well”: Voice as experienced and understood through their connection with other “boundary experiences”.

(2) *Voices as not in a vacuum: background states of consciousness and the world from which voices emerge*, with subordinate themes of 2a. “When I’m in bed or when I’m on a train”: States in which voices are heard and 2b. “A sedimentary layer at the bottom of my mind”: the worlds of voices.

(3) *Voices as constituting an inner, relational world* with subordinate themes of 3a. Voices as a solitary yet relational experience and 3b. “I don’t know how people manage without one!”: the unique possibilities of the voice-relationship.

1. Boundaries of voices that aren’t clearly delineated.

The boundaries of voices—where voices began and ended—was not always clearly defined for participants. Voices were spoken about as not having clear starting points, blending into the background, or being mixed in with ordinary experiences, in which the sense of agency over one’s thoughts may be subtly altered, such as reading or writing. These blurry boundaries helped participants to integrate voices into their phenomenological worlds.

1a. “It doesn’t stand out”: Voices as not always distinct.

Voices were described as not always standing out clearly from the rest of experience. Their level of distinctness often varied over time. Several participants reported being unable to pinpoint a first experience of voice-hearing either due to the gradual formation of voices over time, or having had voices as long as they could remember.

It sort of started forming in my twenties (Kirsten).

I don't have a sort of 'it started when this happened, or it started at that age'. So as all the memories I have as far back as being a toddler, I have those experiences of being ... having invisible friends, conversations, of hearing things that people around me were saying but I could see that they were not talking. (Julie)

Rather than arriving clearly as voices, they became clearer over time for Julie and Kirsten, emerging out of a “sensing” of a lot of things. Emma, likewise, could not pin down the first time she had heard voices.

I had these sorts of voices in my head my whole life, as long as I could remember. (Emma).

Only one participant described a clear first experience with voices. This experience was described as startling and disorienting:

you know that way where you're almost paralysed because you don't know what to do or who to call or where to go to... Part of me was even like to call an ambulance, like I'm ... what's happening to me, like I just didn't know. Ehm ... I just felt like someone was just playing a big joke on me and I was just standing there just on this path to school, just paralysed in fear, because I thought I was going ... like I was going mental, I was going crazy, something is happening to me. (Tim)

For Tim, the voices had arrived suddenly, and distinctly stood out as voices. Unlike other participants, he had experienced the onset of voices as a rupture to the phenomenological flow of his world. Tim's experience of distinct, sudden voices underscores the absence of this experience in other participants, none of whom described being initially startled by voices.

Most participants reported some incidents, or periods of particularly distinct voices. However, with the exception of Tim, these were not their first experiences.

You know so this experience ...of a lot of communication happening and ... and sensing a lot of things. So not a lot of filters. And then it just changed over time, and some things became clearer and new voices came along, sort of at different points, and some changed and some disappeared and some voices ... two voices became one voice and ... sort of ... yeah, it's just different points where things have changed.
(Julie)

Having experienced subtle voices prior to more distinct experiences of voices seemed to allow for a phenomenological integration of more distinct voices. Voices that were louder or stood out more distinctly from participants' wider landscape of consciousness were less startling because of previous experiences of subtler voices. This phenomenological integration allowed for the *lack* of rupture caused by voices even in participants without clear belief frameworks to accommodate voices.

Along with a sense of the blurry boundaries of voices in the narrative arc of participants' lives, there was often a blurriness to individual experiences of voice-hearing. Voices could blend into the background, fail to stand out, be more or less "obvious", or blur with self-talk:

If I'm ehm ... if I'm less ... intense, then the ... his [voice's] presence is more obvious
(Kirsten)

These days... it's not that it's integrated within my sort of general eh ... experience, but it's more that ... eh I ... it doesn't stand out, if that makes sense (Julie).

You see this is where I've going through myself, am I ... is it me talking to me or is it them talking to me, if that makes sense? (Jill)

The boundaries of voices—where voices began and ended—and the question of what constituted a voice at all—were not always definitive.

1b. “When they read stuff, they hear it in their head as well”: Voice as experienced and understood through their connection with other “boundary experiences”.

Another factor that allowed participants to integrate voices into their worlds was a tendency to link them to other forms of cognitive and perceptual experience. Voices were often described as blending in with experiences which are ordinary, but in which boundaries of self and agency are blurred, such as dreams, imagination, reading, and writing. Experiences in which it is normal to feel that, in a sense, another person’s voice mixes in with one’s own stream of consciousness, or where one’s own voice starts to take on the identify of different characters. These connections allowed participants to both perceptually and narratively normalize voices.

When asked about how she had understood voices as a child, Emma - who had heard voices as long as she could remember- said she had connected them with dreams: *I think I just sort of bracketed them in with dreams (Emma).*

Julie and Cathy both connected hearing voices to childhood experiences along the lines of having imaginary friends:

I called it invisible friends for a long time ... also just sort of like talking about fairy tale characters almost. Like some of them had really strong, almost dream-like fairy tale characters. (Julie)

When I’ve looked back, I’ve kind of realised as a child I had them, but I didn’t know what ... what was going on. As a child, I ... I was very ... I was very ill as a child, and ehm ... I spent a lot of time on my own, ehm and I had like lots of like ehm ... play friends that obviously nobody could see. (Cathy)

The connections between voices and other experiences seemed to be both explanatory and perceptual. At times these connections were drawn to normalize voices to themselves and others:

Sometimes I feel where did that come from? Was that in my head?! Oh my God! You know! But that can happen any time when you're writing, sometimes you come up with ideas that shock ... you know you shock yourself with. (Emma)

This connection-making could also come from others:

My mum was like, but surely most people when they read stuff, they hear it in their head as well. And I was like, well probably people have different auditory, you know, people learn in different ways, and people have different sensory you know capacities and maybe some people hear it, some people don't....my mum is very auditory! In all sorts of ways! And she just ... I don't think she can ... I don't think she necessarily has characters the way I do, eh, but she definitely is a very auditory person, and hears her own thoughts and hears, you know ... and like you know she reads something, she hears it. (Julie)

At other times, the relationship between voices and other experiences seemed to be based in perceptual similarity—as though voices lay on a phenomenological spectrum with experiences like imagination:

I remember realising that other people didn't have all these beings and ... experiences that were sort of half ... half imagination and half real like, yeah, dreaming ... dream-like kind of things. Because I thought that everybody did. (Julie)

Julie describes the perceptual similarity between dreaming and hearing voices as preventing her from realizing that voice-hearing was unusual. Along with ordinary cognitive processes, participants tied voices into culturally legible “boundary” or “unusual” experiences of invisible beings:

You know I made a ... I made an agreement as a child, you know my mum told me ... ghost stories and things and I sort of made a pact, it was like, fine, you can be ghosts, I don't care, if you don't bother me, I shan't bother you. (Kirsten)

I just felt there was something there with me all the time. Didn't know what it was, whether it was God, I'd been brought up as a Catholic girl but always felt there was

just somebody just talking to me and playing with me. I had imaginary friends, so it must have been from that as well, just my little friends, angel friends were with me then and just ... yeah, having a bit of fun with me. (Jill)

Voices were also connected to other anomalous experiences which were normal in the contexts of participants' phenomenological and familial contexts. For instance, in describing hearing voices, Jill links the voices to her father's experience of reading people's energy from drawing of trees:

He [Jill's father] can actually read trees. So people would draw a tree and he could tell their personality from the tree. And I always wanted to be like him, I aspired to be as great as that, you know, to detect people's energy just from you know drawing a tree. When I was a teenager, when I was fourteen, fifteen, ehm it was just one day, I always remember it, my mum brought home this birthday card, and ... or Christmas card sorry, and it had ... when I opened it up, there was just like this explosion of colour and energy just hit me in the face. And it was just all these signatures from all your colleagues in the card....And it was just odd, I don't know where this energy came from. But it was ... again, it came from outside of me and they [voices] just said, 'just go with it, just sense it, feel it, smell it, sense it, go with it. Jill

Experiencing voices as connected to ordinary "boundary experiences", such as imagination, seemed to help participants integrate voices into their worlds both phenomenologically and narratively. The fact that voices felt similar to these other experiences seemed to prevent participants from experiencing voices as a rupture, or a cause of concern.

2. Daydream states and spirit worlds: Voice and voice-hearer in phenomenological context

In participants' accounts, voices were rarely experienced as an isolated perception, unconnected to their broader phenomenological background. They often occurred in states of consciousness, which seemed to have a "dreamy" or daydream-like quality to them. This interacted with the ways in which voices were experienced and impacted their lives. Along with this sense that voice-hearing was not an isolated moment, but rather intertwined with

dreamy states of consciousness, voices themselves were also intertwined with a sense of wider “background.” They were described as emerging out of, or being accompanied by another world, which could collide with or “seep into” participants’ own worlds.

2a. “When I’m in bed or when I’m on a train”: Hearing voices in “dreamy” states.

Voices were more likely to be experienced during idle activities, which didn’t involve concentration, and which would be conducive to daydreaming. Participants reported hearing voices most frequently:

If I’m just like relaxing, if I’m like sunbathing or something (Emma).

When I’m in bed, or when I’m on a train (Kirsten).

“When you’re doing mundane stuff, and it’s always when you’re doing mundane stuff, like a voice’ll maybe just come in and I’ll kind of maybe communicate with them...like if you’re washing dishes....I like ... sometimes when you go into that daydream state, like some things will come in at that point, or I’ll tell you when else it happens is in ... you know in the morning when you’re like half awake and half asleep and you’re just in that middle ... you’re trying to get yourself sorted out. (Cathy)

if I go for a walks. (Julie)

Voices were less likely to appear in other states:

Coffee tends to interfere because coffee focuses me outwards. (Kirsten)

The fact that voices appeared during idle activities, played a role in the overall impact of voices on people’s lives. When asked if they were disruptive, Emma invoked the fact they only came along in certain states:

not really, because, as I say, if I’m concentrating, they tend not to be audible. (Emma)

Tim, on the other hand, did experience voices when trying to concentrate: *“I used to always try and study and it would just be in my brain all the time, like my own voice. That used to infuriate me.”* The fact that Tim, unlike others, did hear voices in states of concentration also shaped his experiences of the voices, noting that the timing infuriated him. For Tim voices were experienced as generally disruptive. *“Even if I only had you know [VOICE NAME] saying nice positive things...I still would have got rid of them just because they’re a disruptive influence. (Tim)*

Participants often spoke of hearing spontaneous voices in idle states. However, they also intentionally sought contact with voices, often through contexts or practices that evoked these states. Cathy, a Spiritualist participant, described intentionally tuning into her voices for her work as medium:

So what I do is through the day I will sit quietly like this, I might have a bit of meditation music on, and I will just say to the spirit world, right, I’m just going to sit with you for fifteen minutes. And at that point I just sit quietly, I think about my breathing, empty my mind and allow the spirit world to work. (Cathy)

A participant who was not a medium described a similar process of tuning in:

one place where it really comes along is if I’m walking alone in nature, that’s something that really facilitates my ability just to shift into different states of mind, yeah. It’s very sort of sensory, tuning into your sense, tuning into...I don’t know, kind of ... because I’m often talk ... often in some sort of dialogue or relationship, there’s still an element of words and talking, but there is also sort of trying to move away from the analysing a rational mind, so not getting too caught up in understanding what’s going on. (Julie)

Voice-hearing seemed to be an experience that participants would gradually move towards through entering a dreamy state.

2b. ‘A sedimentary layer at the bottom of my mind’: the worlds from which voices arise.

Whether participants were intentionally reaching out to voices, or voices spontaneously spoke to them, there was often a sense of voices existing in another realm--or being part of another world—which could move closer to or further from their worlds.

This world could come closer when they allowed it to:

It's like a kind of a layer like ehm, you know almost like a sedimentary layer at the bottom of my mind. And it comes up when I'm not shutting it out. (Emma)

At times participants reached out to or cultivated these worlds:

The more communicating you do with the spirit world, the easier it becomes. (Cathy)

At other times the world seemed to drift into participants' worlds:

There would just be this other universe that would kind of seep into mine, and that's where they were coming from. (Tim)

The felt sense of place that voices come from could be a way of describing the background states of consciousness or emotion that accompany voices. Yet if they are, they are states that do not feel like they come from or belong to the voice-hearer. Instead, they seem to come with or belong to the voices. Even when the world feels like it comes from within, there is a sense of distance and otherness, a “layer at the bottom of the mind”. Emma and Tim ascribe a sense of agency—or at least a kind of momentum—to this world. It will rise up or seep in on its own. These worlds could be read as feelings or states, like the dreamy states described previously, yet they do not *feel* like the self.

Along with a perceptual sense of another place, the notion of worlds that voices came from was also expressed in the context of belief frameworks. Cathy, a Spiritualist medium, spoke of communicating not just with individual spirits, but with the “spirit world”, in line with Spiritualist theology:

When we go to the spirit world, it's just our bodies that disappear, our soul and our spirit lives on. (Cathy)

Although, for Tim, this “other world” appeared to be very much felt, Tim also linked this other world with a more intentional effort to make sense of his experience with voices:

I was like ... just trying to find a reason for them [voices]. So I would draw up like almost this other universe that they were from and although it's not like a universe with places like we've got or like bands or like worlds, I would always have this vague sense of they were from like a spiritual kind of realm, ehm ... and that they were bringing in these hallucinationsIt was quite hard to explain because it was always ... like my thinking on it was always really abstract ... ehm ... and I just kind

of knew ... like I can't really explain the feeling but when I would see something, I would just go, right OK that's ... that's a [voice name] thing or that's a [voice name] thing, and this is where they're coming from and this is like ... Like for example, I always feel like [voice name] came from quite a dark place and [voice name] came from quite a light place. (Tim)

For Tim, the sense of an “other universe” that voices came from involved both an intentional explanatory element and a felt sense arising out of “really abstract” thinking. He both sensed another universe and used the idea of another universe as a “reason” for voices. This combination of feeling and reasoning gestures at the blurred boundaries of the “worlds from which voices emerge” and the background state of the voice-hearer.

Whether through belief framework, phenomenology, or a combination of the two, participants' descriptions evoked a sense of voice-hearing as not simply a matter of a voice from nowhere breaking into an otherwise ordinary perceptual moment. Instead, it was as though voice-hearing arose when participants' worlds and the worlds of voices met.

3. Voices as constituting an inner, relational landscape.

Voices were a private and often solitary experience yet were experienced as relational. This relationship with an inner other was experienced as beneficial and was greatly valued by participants.

3a. Voices as a solitary yet relational experience

Across the variety of experiences participants had with their voices, a common theme was a sense that, fundamentally, it was an experience that they were navigating on their own.

Participants' family members had generally been supportive, or in some cases even had similar experiences, but participants hadn't extensively discussed their voices with family members or others:

“You don't go around telling people” (Kirsten).

This lack of conversation was sometimes due to the knowledge that voices were associated with schizophrenia, or generally stigmatized:

I never really told anyone.... when I was maybe fifteen, ehm, I started going out with a guy like on-line and eh, I remember telling him and he was like, oh it's a bit weird but as long as you're not crazy, and I was like, I'm OK, so ... yeah. But it's something that you just kind of keep to yourself. (Tim)

I told my husband about it, and he just took it in his stride, he's a musician, I mean what can I say?! But ehm ... and I told my friend that's the mental health nurse, so she was the one that said, mm, no, I wouldn't go around talking about that too much! I know you're not schizophrenic, but other people might have doubts, you know! (Emma)

Even Cathy, who led services as a Spiritualist medium and thus had a community-oriented relationship with voice-hearing spoke of stigma connected with spiritualism.

I went up to Scotland to take my mum to a hospital appointment, there must have been ten religions on there, but spiritualism wasn't one of them. And I actually said ... I asked the question, I said, why is spiritualism not on there? And the receptionist said to me, you're one of them. And I thought... I thought, I cannot wait to find out what one of them is! And I went, really?! Now bearing in mind she had a queue and she went, you [spoken with aggression] ... this is how she spoke to me, she went, you speak to dead people. I went, so how can they be dead if I'm speaking to them? And do you know what she went? She went, next! Like I was in a shop! (Cathy)

However, the solitary nature of the experience was not simply due to a fear of stigma—there was also a sense that there was something private about voices, because they were simply personal, or participants couldn't quite find the right community with which to share them:

And it is about standing on your own feet and kind of being ... it's a ... what you learn to be is true to yourself and ... and one of the things that [name] said to me, which is very true, she said, the path you're going down is going to be a very lonely path, and it is actually. (Cathy)

I was seeking that love, I was seeking help, and I just wanted that unconditional love, I just wanted to find out you know what ... what is it the angels are giving to me, what are they trying to show me? What are they trying to tell me there? And why can I not find that love on this earth? And I was trying to find it through different religions or different beliefs and like Catholicism through Buddhism. Ehm, I even joined ehm the Buddhists as well! So I mean ... yeah, I found I ... I found a little bit of love in everything, in almost every religion. (Jill)

Jill describes searching for the right place and struggling to find it:

I tried one Spiritualist church and it just wasn't me, you know, I just felt it was too performist sort of thing, so I just go off and do me own thing. (Jill)

There was also a sense of voices as simply private:

[I] still don't talk about it with many people...it's very intimate... you know it's a bit like ... it's a little bit like talking about personal things with other people. (Kirsten)

For Kirsten, there was a sense that the privacy of the experiences was not about isolation, but rather intimacy—an experience shared between the Kirsten and her voice. Similarly, as a child, Cathy had had an out of body experience while undergoing heart surgery, in which she encountered her grandmother in spirit:

I didn't feel like I could talk to anybody...and do you know what the weird thing was actually it kind of felt like a private thing between me and my nan...even though she wasn't in the physical, it was like a nice private thing between me and my nana that I didn't want to share. (Cathy)

Voice-hearing, while it may have been solitary for participants in one sense, was definitionally not solitary in another sense. Voices were others to whom one could owe relational commitments:

it's a two-way thing, I have to honour it as well. It honours me ... With my loyalty and my ... yeah. It's a proper friendship. (Kirsten)

Voice-hearing involved the experience of an “other”, and the relationship with this other often involved a degree of affection, or fondness. In some cases this other was a loved who had died and with whom participants maintained a relationship:

I sometimes feel like it's people who have passed on, people who were close to me, my dad especially is my ... was my earth angel and now is my angel in heaven. I know that he's there, he does talk, and he has spoken to me, when I do talk to him. Even my dog, ehm, who I loved, cherished all my life, she died in 1990. Again, she talks to me but she's got a very high pitched sweet little female voice. (Jill)

She[(mentor in spirit)] loved to teach, loved to teach, so when I'm teaching, very often I'll just ... when I'm about to stand up and do something, and then I'll stop and my students will go, oh here she goes! Because ... and I'm like, right, we were going to do such and such, but she'll come through and she'll just go, Cathy, do so and so. And I'm like, oh alright then, OK! (Cathy)

In other cases, voices were spiritual figures, or some unidentified “other” with whom participants shared an intimacy and a familiarity:

beautiful ... I sort of call them sort of angelic voices were just telling me that you've got to think of yourself'. (Jill)

I have a ... I just have my own kind of personal relationship to this. What it is, in terms of you know reality, I've no idea. But we appear to have been doing it for a very long time, so I'm not going to argue with it. (Kirsten)

Kirsten described her relationship with her voices as forming over time:

Just talking, just chatting ... around and just developing relationships, like everything else you know... just letting it emerge.

At times, the voice-hearing almost offered the possibility of having a relational experience of self through the voices:

it becomes a bit of a mixture of an internal dialogue I have with myself and just that ... you know sometimes the things I think or self-talk I do is just as much to them as it is to myself. (Julie)

This notion of the other blending with the self, was also seen in descriptions of losing touch with one's voices as being intertwined with periods of difficulty and having lost touch with what one really wanted:

I think because of the trauma that I went through when I left school, because of the deaths, problems, I just didn't hear it then. I didn't sense, sort of feel it. (Jill)

3b. 'I don't know how people manage without one!': the unique possibilities of the voice-relationship.

This experience of voices as inner, yet relational, constituted a unique form of relationship which most participants experienced as beneficial and valued. Voices allowed participants to deal with times when they were alone²:

Yes, I do ... yeah. You see again, I think this is why I've always been able to walk around on my own, I've always been a loner because I've felt that presence around me all the time. (Jill)

I was very ill as a child, and ehm ... I spent a lot of time on my own, ehm and I had like lots of like ehm ... play friends that obviously nobody could see. But I never felt on my own. (Cathy)

They constituted a sense of company, an inner world that participants always had with them:

² None of the participants quoted in 3b were explicitly asked the prompting question “ “Do voices ever keep you company”

This literally is my meditation. If anything it's a sort of ... it's a portable, internal world that comes with me. (Kirsten)

Kirsten's description also evokes the notion of this relationality as a sense of place, linking back to the notion of voices being accompanied by a sense of a "world". These inner relationships generally did not detract from external relationships or the external world, although Tim noted that voices had gone along with a detachment from the external world for him. With the exception of Tim, participants felt voices supported rather than detracted from their experience of other interpersonal relationships.

Cathy described the importance of spiritualism in the difficult and poignant process of supporting a friend through her cancer diagnosis and process of dying:

we went into the doctors one day, went to the hospital and [doctor] said, I am stopping your treatment, I can't do anything else for you. And she said to me when we go home you'll have to tell me what's going to happen to me when I die. And because I'd ... gotten into this spiritualism ... because I'd gotten into spiritualism, I understood what was going on, I understood the process and ... it was ... it was just ... it was heart-breaking but beautiful experience. (Cathy)

For Cathy, spiritualism provided the knowledge and ability to offer reassurance and normalization of death:

she just said to me, she said, 'today's my day'. And I went, 'yeah, it is sweetheart, but it's going to be fine'. (Cathy)

Voices were understood as core parts of how participants experienced the world, resources for creativity, and sources of confidence:

And I ... and I tried at various points to explain to them that if ... if I stopped hearing voices, it was like taking away you know a massive part of me and my life experience and my experience of myself and how I engaged with the world. (Julie)

they feel like a useful resource for creativity in the way that dreams can be (Emma)

the angels are saying 'just do what you've got to do' And it's a very gentle, beautiful, just lovely voice, you know it's like melted chocolate. (Jill)

If anything, it's been a very stabilising, steady, consistent relationship. I don't know how people manage without one. (Kirsten)

Although voices were relational and, in some respects, bore similarity to relationships with others in the world, the particular experience of the voice relationship as a relationship with an “inner other” also had important differences from other forms of relationship.

Accordingly, voice relationships could also offer unique benefits to participants:

I'm sort of at a place where I sort of feel like, well it would be really nice to move towards more like not just accepting, coping, living with or understanding it, but actually seeing it as a precious part of human experience. Even though it's only some of us that experience this, it doesn't make it less valuable. Ehm ... and yeah, so there's something about ... finding the learning potential and the creative potential and you know the life enhancing aspects of the experience which I'm really passionate about. (Julie)

5.4 Discussion

This study examined the ways in which voices interact with participants' broader experiences of their inner sensory worlds. This participant group, originally recruited through Durham's *Hearing the Voice* project, was notable for including a mix of Spiritualist and non-Spiritualist voice-hearers, and the wide range of voice experiences represented highlight both the commonalities and vast divergences of those that fall into the complex category of “non-clinical voice-hearer.”

The results of this study have several crucial implications. Firstly, the finding that participants are often able to “phenomenologically contextualise” their voices adds an element to the ways in which participants interpret their voices, which has not previously

come up in voice-appraisal research. Appraisal, which as noted previously has been criticised for being insufficiently defined (Woods & Wilkinson, 2017) generally looks at participants' descriptive assessments of voice characteristics such as "omnipotence" or the overall frameworks used to understand voices e.g. "spiritual" (Peters et al., 2017). However, the findings of this study point to the existence of a subtler, almost pre-reflective, phenomenological aspect of appraisal. By experiencing voices as linked to or lying on a continuum with liminal, but ordinary experiences—such as imagination and dreaming—participants generally did not experience voices as a rupture of their perceptual worlds. The fact that voices often came on gradually or had been present as long as participants could remember further facilitated this experience of voices as "normal", and as no cause for alarm.

This suggests that voice appraisal has both belief-based and "phenomenological" components. Appraisal is generally conceptualized as purely belief-based. In fact, it is defined as looking at the beliefs one holds about voices, perhaps summarized by the title of Peters et al.'s, (2012) paper "*It's not what you hear, it's the way you think about it: appraisals as determinants of affect and behaviour in voice hearers*". These beliefs are conceptualized within a cognitive framework, as operating separately from phenomenological experience. Two people could hear the same voice and hold two different beliefs about it. This idea is exemplified and supported by experimental work by Peters et al. (2017) in which clinical and non-clinical voice-hearers assessed the same experimentally induced anomalous experiences differently, with CVHs assessing them as more "threatening". However, the findings of this study point to a different interplay of belief and phenomenology in which one's experiences of voices will be influenced both by higher level beliefs about voices e.g. "they are spirits" and the ways in which voices fit into their perceptual worlds on a phenomenological level. For instance, Tim had no belief framework to accommodate the experience of voices as anything other than a sign of illness—unlike Jill, whose familial and religious context allowed for voices. However, Tim also had no *phenomenological* context for his voices when they first arrived. They were unlike anything he had experienced before, arriving out of nowhere in a way that was startling and disorienting. Although several other participants also lacked clear belief frameworks to explain voices, the fact that their voices came on gradually and seemed linked to forms of experience that participants were used to—such as imagination—meant that they were never experienced as a rupture. Voices were not just *believed* to be normal through a normalising narrative (e.g. voices are spirits), but they also *felt* normal.

This finding also underscores the lack of conceptual clarity surrounding notions of appraisal and belief. As Woods & Wilkinson (2017) point out, appraisal could be viewed as an assessment of a voice made after it is heard but could also be conceptualized as a background worldview through which voices are interpreted. However, there is also a lack of clarity in appraisal literature about the boundaries of belief as a concept. Although the felt sense of a voice as normal differs from higher order beliefs such as “voices are spirits” a pre-reflective sense of whether or not an experience is normal, could also be seen as form of belief. Furthermore, participants’ accounts blurred the experiential boundaries of thought and perception. For instance, Tim describes an experience of both sensing another universe and reasoning that that there must be one. His account seems to gesture at an experience which is a mix of thought and perception—a process like reasoning, but that feels *different* and which he gestures at through the description “really abstract.”

This underscores a need for continued examination of subtle phenomenological variation in non-clinical voices, both in terms of the process of voice onset, and how clearly voices stand out from the rest of voice-hearers’ experience. Although there is strong evidence in support of the role of appraisal in the voice-hearing experience, this study suggests that we should not lose sight of the relevance of features of voices themselves, particularly subtle variation that may not be captured by quantitative scales. One striking feature of participants’ accounts was that they mostly heard voices when engaged in idle activities or when intentionally seeking voice-contact. The one participant whose voices spoke when he was attempting to concentrate, found them more bothersome than other participants did. Here, a feature of the voices themselves—*when* they speak—likely impacts perceived disruptiveness of voices. However, a scale capturing frequency and content of voices, but not *timing* of voices, such as the auditory vocal hallucinations rating scale (Van de Willige et al., 2010) could miss this difference, and inadvertently imply that the difference lies in the participants’ appraisal of voices rather than a feature of the voices themselves.

The sense that voices seemed to accompany or rise out of “worlds” of their own also has potential implications for appraisal. This sense of voices coming from other universes or worlds suggests phenomenological aspects of experience that are not fully captured by traditional conceptualizations of voices. Although there has been little research on this in NCVHs, previous work has looked at alterations to structures of experience such as

perceptual integration or sense of self, as important aspects of psychosis (Pienkos et al., 2019). Interventions targeting voice appraisals, such as cognitive behavioural therapy for psychosis, target beliefs about voices themselves, encouraging participants to rethink their assessments of voices' power or intent, for instance (Kingdon & Mander, 2015). However, participants' descriptions raise the notion that the voice itself is not the only *phenomenological/perceptual object* at play. It may be that the accompanying sense of a "world" or a "universe" and the ambience/feeling associated with this world could itself be a therapeutic target. If a voice, for instance, is accompanied by a sense of ominousness, traditional cognitive approaches would attempt to alter the appraisal of the voice as ominous. However, this sense of "ominousness" itself could be explored as a "perceptual object," and understood as a phenomenological aspect of the hallucination itself, rather than based on a belief about the voice. In cognitive approaches to research and therapy, there should be consideration of the possibility that aspects of voice-hearers' experiences may sound like beliefs, but actually be descriptions of perceptual alteration for which they lack the language.

This sense of another world could also suggest changes akin to the experience of delusional atmosphere seen in psychosis (Sass & Ratcliffe, 2017). Jaspers first named the pervasive "atmosphere" suggesting it is the form of belief itself rather than belief content which characterizes delusion (Jaspers, 1963, in Ratcliffe, 2013). This sense of a world articulated by participants in this study is reminiscent of the notion of "delusional atmosphere", in which "The environment is somehow different—not to a gross degree—perception is unaltered in itself but there is some change which envelops everything with a subtle, pervasive and strangely uncertain light," (Jaspers 1963 p.98) This strange atmosphere is evoked in participants' sense of other worlds. This sense of somewhere else that moves into participants' worlds could be an attempt to describe a feeling that their own worlds have become different.

These subtle, difficult to articulate aspects of experience show that it is crucial to consider the interplay between participants' responses to voices and the ways in which the voices themselves behave. Subtheme 2a which found that voices often appeared in "dreamy states" also underscores the need to consider this interplay. A voice which never speaks when the voice-hearer is trying to concentrate is inherently less disruptive than a voice who does speak when the voice-hearer wants to concentrate. The latter creates a need for a level of voice-

control that the former does not. It is crucial to account for this distinction in quantitative work.

For instance, one key finding which has emerged from research with mediums is that they have greater control over their voices, reporting the ability to both start and stop their voices at will (Powers et al., 2017). One way in which this control may come about is through learning to set boundaries with voices. (Roxburgh & Roe, 2014), and it has been noted that this boundary setting is in line with techniques used by other voice-hearers (Swyer & Powers, 2020). It has also long been discussed as an important technique by the hearing voices movement and individual voice-hearers (Romme et al., 1992). However, measures which ask about the level of voice-control but not the need for voice-control, for instance, could paint a misleading picture. Voices which never need to be stopped, because they do not appear at disruptive moments would require less control than those that appear when one is doing work. The behaviour of the voice (voice-phenomenology) interacts with the voice hearers' responses to and beliefs about voices. Furthermore, in interactions which are non-combative and more similar to conversation, concepts of control may not apply at all. Gallagher argues that in conceptualizing the dynamics at play in a conversation, or a spontaneous interaction that one becomes caught up in, the notion of "being out of control" may not apply (Gallagher, 2020). Instead, it is more helpful, in such cases, to consider frameworks of joint action, in which parties are engaged in something like a joint process of decision-making. It may be helpful to apply such frameworks to NCVH interactions with voices.

Theme 3 – "voices as an inner, relational landscape" –further supports this notion, suggesting that the interaction between voice and voice-hearer could productively be conceptualized as relational. This theme is in line with research that approaches voice-hearing as a relational experience, such as work by Birchwood et al., (2004) finding that ways of relating to voices reflect patterns of relating to other people in voice-hearers' lives. However, such approaches are generally based in an appraisal framework in which the relationality is entirely made up of the ways in which voice-hearers view and respond to voices. A truly relational approach would conceptualize voice and voice-hearer as a dyad. Doing so would require an approach which integrates aspects of both the phenomenology of the voice and the voice-hearer's beliefs about and responses to the voice, rather than siloing appraisal and phenomenology.

Furthermore, such research generally focuses on the ways in which distressing voices may reflect unhealthy patterns of interpersonal relating, involving social power and rank (Birchwood et al., 2004). Work by Hayward et al. (2014), has sought to go beyond this by examining other dimensions of voice-relationships and exploring the ways in which they are influenced by broader relational patterns in participants' lives such as attachment style (e.g. Berry et al., 2012). Work conducted as part of *Hearing the Voice* also went beyond simple frameworks of power in exploring the ways in which voices are personified. In their study of users of Early Intervention in Psychosis services Alderson-Day et al. (2021), also looked at voices as offering the possibility of relational complexity including companionship.

The results of the present study are in line with this work, finding that relationships with voices go beyond dimensions such as power and can involve qualities such as a sense of affection and emotional intimacy. Although there has been some exploration of the role of love in voice-hearing (McCarthy-Jones & Davidson, 2012) this has focused on the ways in which voice-hearing is connected to a lack of love. This research suggests a need for exploration of love and other positive relational emotions as present in the voice-hearing relationship. A sense of love and affection, whether for friends and family who had passed, for the self, or for a not clearly identified but relational other ran through many participants' accounts of their experiences. Understanding these aspects of voice relationships will allow for a fuller picture of the experience.

However, the findings of this study also show that aspects of the voice-hearing relationship can be distinct from other relationships. For instance, the company of voices helped participants get through times when they were otherwise alone, gave them strength, and served as a way for them to check in with and listen to themselves. Voices did not replace other relationships or isolate participants; instead, they offered a unique form of relating which enriched participants' worlds.

Overall, these findings show the importance of considering the background states against which voice-hearing takes place. These background states have implications both for understanding the phenomenology of voice hearing and for the neurocognitive underpinnings of hallucination. The fact that participants reported alterations to experience beyond voices, including background changes in cognition and other anomalous experiences, supports the possibility of a non-clinical analogue of ipseity disturbance, raised in chapter 3. This model,

born out of phenomenological psychiatry, is generally posited to be an account specific to schizophrenia (Sass & Parnas, 2003). However, the results of this study provide a case for investigating the possibility that voice hearing in NCVHs arises out of, or is intertwined with, broader alterations in experience akin to ipseity disturbance. In general, non-clinical voice-hearing is approached as a discrete object, which takes place against a background of otherwise ordinary experience. However, participant's accounts, in which voices arrive gradually, intertwine with dreams and imagination, are wrapped up in vivid multisensorial experiences of handwriting, and other universes seeping in or lurking below—paint a different picture.

Examining the broader experiential context in which voice-hearing takes place is not only important for capturing a fuller picture of the phenomenology of voice-hearing, but also has potential implications for the neural basis of the experience. The fact that voices often arise during idle activities could tie into a line of research exploring the connection between hallucination and the “default mode network” (DMN) (Alderson-Day, McCarthy-Jones & Fernyhough, 2015). The default mode network is a set of brain regions which are active when an individual is awake but at rest (Raichle et al., 2001). These regions show reduced activity during tasks involving attention (Smallwood et al., 2021). DMN changes have also been linked to meditation (Brewer et al., 2011). Some studies have found evidence of DMN abnormalities in schizophrenia (Öngür et al., 2010) and that DMN instability is connected hallucination (Jardri et al., 2013). Jardri et al. (2013) found an association between hallucination severity and DMN instability in adolescents diagnosed with Brief Psychotic Disorder.

The fact that participants in this study seem to have a predisposition for unusual experiences in states of mind-wandering and daydreaming further implicates DMN. It also brings up the question, however, of why only some people hear voices in such states. This raises the possibility that absorption, high levels of which are associated with unusual experiences (Luhmann & Weissman, 2022; Moseley & Powell, 2021), may play a role. Absorption is a trait (Tellegen & Atkinson, 1974), which measures the ways in which individuals experience particular states. In a 1985 study Pekala, Wenger, & Levine explored differences in the ways in which participants experienced three conditions, including having their eyes open (ordinary waking consciousness condition), having their eyes closed (day-dreaming condition), and meditating. They found that those high in absorption reported more vivid

inner imagery in all three conditions. They conclude “*The trait of absorption not only predicts who might be a better hypnotic subject, but also who is experiencing greater alterations in awareness, attention, imagery, and so forth, and whose organization of phenomenological structures is significantly different during ordinary, waking consciousness*” (Pekala, Wenger & Levine, 1985, p 131). It could be that an interaction between absorption level and default mode network states give rise to voices in some NCVH participants. Further research on DMN activity in NCVHs, as well as the ways in which variation in absorption level interact with the DMN, is needed to explore this possibility.

5.5 Conclusion

This study demonstrates the importance of ongoing qualitative investigation of the experiences of voice-hearers to contextualize and guide quantitative studies. Through investigating a participant group made up of those with a variety of experiences, the ways in which experiences vary within NCVH voice-hearer groups was made very apparent. Examining the experiences of a wide variety of non-clinical voice-hearers it demonstrated the importance of subtle phenomenological variation, and aspects of the experience that may be missed by current quantitative scales. It suggests that along with appraisal, qualities and behaviours of voices themselves should still be viewed as a crucial aspect of the experience. Finally, it suggests that there is need for further exploration of positive relational aspects of voice-hearing, and other ways in which voices may be valued by those who hear them.

Chapter 6: Reality is like this living breathing tapestry: Contextualizing the psychic-medium as non-clinical voice-hearer in Yale participants.

Abstract

Many non-clinical voice-hearing studies have recruited mediums as participants. Mediums have a specific set of beliefs and practices surrounding voices, and there is a need to understand in greater detail the ways in which these impact mediums' descriptions and experiences of voices. The present study addresses this through qualitative interviews with psychic mediums who have participated in research as non-clinical voice-hearers, using the Voices in Context interview schedule. Participants consisted of nine mediums who had previously participated in research at Yale in studies which recruited "clairaudient psychics" as non-clinical voice-hearers. Reflexive thematic analysis of these interviews generated four main themes: (1) *"I don't get it as concrete now, it's more in my own mind": Variation in forms of spirit communication*³, (2) *"I know it doesn't belong to me": navigating life with inner others*, (3) *"They had just stepped in and protected me": voices in times of distress*, and (4) *"We see it too": Voices and family*. These findings point to a need to attend to the variety of voice-experiences that individual voice-hearers can have. They also underscore the importance of considering the practices and vocabulary of mediumship in NCVH research design.

6.1 Introduction

As discussed in the opening chapter, the difficulty in recruiting NCVH participants has led to the widespread practice of recruiting through networks of Spiritualists and psychic mediums. Some studies, such as the work conducted by *Durham's Hearing the Voice*, which participants in the previous qualitative analyses were involved with, includes both spiritual and non-spiritual voice-hearers, leading to participant groups with diverse experiences and frameworks for understanding voices. Other studies, however, specifically focus on mediums as NCVHs. The present chapter looks at the experiences of those who are part of such a participant group, having been recruited specifically as "clairaudient psychics". Participants

³ Or *"The baffling but persistent refusal of spirit-beings to show any interest in the PSYRATS"*.

interviewed in the present chapter originally participated as NCVHs in work carried out at Yale (Powers et al., 2017, Mourgues et al., 2022).

As noted previously, mediumship describes the practice of communicating with spirits of the dead, or other non-physical beings (Spiritualist's National Union, 2021). Although many mediums draw on the teachings and language of Spiritualism, many do not officially endorse or affiliate with this movement. This is particularly true in the United States, where organized spiritualism is less widespread. Participants are described in Powers et al.'s work as "Psychic Mediums,"⁴ originally introduced in a paper entitled *Psychics and the Psychosis Continuum* (Powers et al., 2017).

Because so many of those that make up the non-clinical voice-hearing populations of the psychological literature are part of such spiritual communities or experience their voices in the context of spiritual beliefs, there is a need to understand the ways in which these specific contexts interact with the voice-hearing experience. Some work, including that of Powers et al. (2017), does engage in part with the interaction between mediumship frameworks and voice-hearing. Powers et al. (2017), for instance, discuss the particular form of spirituality engaged in by their participants, suggesting that, in contrast to formal religion, the "metaphysical" framework used by psychics may be more flexible than religion and better able to accommodate their specific experiences. They furthermore frame the recruitment of psychics as allowing a focus on the notion that voices can be a rich addition to life rather than simply a symptom to be coped with, thus engaging with the crucial fact that for mediums voices are an enriching, meaningful experience (Powers et al., 2017).

A few other studies have also recruited mediums as NCVHs and explicitly engaged with the mediumship frameworks. Roxburgh and Roe (2014), for instance, used interpretive phenomenological analysis (IPA) to explore the experiences of ten UK-based Spiritualist mediums. This work found that mediumship provided a normalizing framework for voice-hearing either through having grown up in Spiritualist families in which it was normalized from the beginning or through finding such frameworks as adults. It also discussed the importance of participants' relationships with spirit (Roxburgh & Roe, 2014). Taylor and

⁴ The term "psychic" in this context or "psychic mediums" is another way to refer to mediums. These terms appear to be used for mediums more frequently in a US context. However, technically the words "psychic" or "psychic abilities" refer to something which is distinct from mediumship. Mediumship refers to communicating with spirits, whereas "psychic" abilities involve receiving information via other means. Psychic abilities could involve knowing what someone else thinks or feels or knowing about events that will take place in the future. This distinction is used in spiritualism.

Murray (2012) conducted a similar study with six clairaudient mediums. The authors also used IPA to identify central themes. These themes surrounded the ways in which mediumship frameworks helped participants normalize and learn to cope with voices. They discuss the ways in which specific strategies allow participants to learn to control voices, arguing that such findings hold potential to be translated into therapeutic supports for those who struggle with distressing voices (Taylor & Murray, 2012). These findings are in line with those of Powers et al., (2017) who found that mediums report an ability to control the onset and offset of their voices and that this ability was developed over time. Powers has built on this finding subsequently through a large project focusing on voluntary control over voices in clairaudient mediums. This project, Control Over Perceptual Experiences Project (COPE) aims to develop more nuanced measures of control and capture large volumes of data aimed at understanding this control in detail (Mourgues et al., 2022). A central aim of this work is to develop ways of supporting clinical voice-hearers, or those who struggle with distressing voices to develop similar forms of control.

The relationship between spiritual frameworks and voice-hearing has also been explored in anthropological work, such as that of Tanya Luhrmann discussed in Chapter 1. Luhrmann's model, in which anomalous experiences such as voices arise through a combination of individual proclivity, spiritual practice, and specific cultural models of the mind posits that voice-hearing is a result of spiritual belief and practice (Luhrmann, 2021). Luhrmann proposes that a combination of proclivity, specific forms of spiritual practice, and a belief that the boundary between the mind and the world is "porous" give rise to anomalous experiences such as hearing voices. If proclivity is largely captured by the idea of absorption (as discussed previously), the spiritual practices involved in Luhrmann's model include those that cultivate vivid inner sensory experience such as meditation, and visualization (Luhrmann, 2022). The third element of this model, "porosity" is based on work by Taylor (2007) which proposes that different cultures have fundamentally different views of how firmly the mind is separated from the world. Taylor suggests that some cultures have a more bounded view of the mind in which this boundary is firm, and others have a porous view, in which there is more movement between mind and world (Taylor 2007; Luhrmann, 2012). For instance, an individual's thoughts could directly influence the world, and spirits or energies could speak through a participant's own mind (Luhrmann, 2022).

This stands in contrast to models which suggest that spiritual frameworks normalize and provide ways of coping with voices which would have been present regardless of spiritual

practice. Work such as that by Powers et al. (2017) and Taylor and Murray (2014) does not explicitly claim that their participants' voices would have been present regardless of their spiritual framework. Theoretically voices could arise due to a spiritual practice and framework and then also be normalized and managed with the aid of these frameworks. However, the possibility that these normalizing frameworks and coping strategies could be translated to clinical voice-hearers whose voices are present in the absence of spiritual practice implies that they would be effective for voices which were present prior to or separate from spiritual belief and practices. Findings from Roxburgh & Roe's qualitative study explicitly suggest that this is the case, with several of their participants describing initial fear and confusion at the experience of voices, which were later normalized through the adoption of a mediumship framework (Roxburgh & Roe, 2014).

Models of appraisal imply a retroactive application of such frameworks with voices existing as perceptual experiences which are then interpreted in a particular way e.g. as 'spiritual' or 'biological' (Peters et al., 2017). Although the nature of the relationship between spirituality and voice-hearing is not always explicitly stated in individual studies, different understandings of the relationship arguably inform the research questions and ways of interpreting such studies. There are several possible ways this relationship could operate and each of these has their own set of implications for the interpretation and wider application of research findings. I argue that there are three possible ways in which this relationship could operate:

- i. A spiritual framework leads to normalization and coping strategies such that voice-hearers who might otherwise have been clinical are non-clinical. This model is implicitly endorsed by appraisal frameworks, in which a given phenomenological experience of voice-hearing could be interpreted as either spiritual or as a sign of mental illness. Interpretation of voices as spiritual along with a set of practices taught by spiritual frameworks leads voices to be manageable and not distressing. Work which attempts to develop therapeutic supports for voice-hearing based on spiritual practices, would likely endorse some degree of this model. This model could have several variations, and these variations mirror some of the ways in which appraisal as a concept could have several variations. One possibility is that spiritual and non-spiritual voice-hearers hear voices that are essentially phenomenologically identical but they are interpreted in different ways. In this model a person could suddenly begin to hear voices and find them distressing and then encounter a spiritual framework

which allows her to view the same experiences as less distressing. This model and the appraisal framework underpin cognitive behavioral approaches to voice-hearing, which target and seek to change participants' beliefs about voices (Kingdon & Mander, 2015).

A slight variation on this is the idea that spiritual voice-hearers have spiritual frameworks at the time that they begin to hear voices, and thus their voices are fundamentally shaped by these frameworks from the beginning, such that they are very different from those who do not have spiritual frameworks particularly in the cases of those who grew up with spiritual frameworks and have heard voices since childhood. This mirrors the complexity of defining appraisal itself, as argued by Woods & Wilkinson (2017) who point out that appraisal could be seen as a pre-existing worldview through which voices are interpreted. Such voice-hearers may well have heard voices if they had not had spiritual frameworks but would have experienced them as more distressing or have become clinical voice-hearers.

ii. Spiritual beliefs and practices lead to non-clinical voice-hearing in some individuals who otherwise would not hear voices. This model is implied by Luhrmann's absorption hypothesis. This implies the possibility that the voices heard by spiritual and non-spiritual voices could be fundamentally different and at least raises the possibility that therapeutic supports derived from the practices and experiences of spiritual voice-hearers could not be applied to non-spiritual voice-hearers. However, as stated above this is not necessarily the case. In principle, having come to hear voices through spiritual practice would not exclude the possibility that they would need to be controlled and managed through various coping strategies which could be translated to non-spiritual voice-hearers. However, an important point of note in such a scenario are the ways in which spiritual vocabulary might influence ways of describing voices, potentially complicating the ability to capture the ways in which they relate to non-spiritual voices. If this model were to hold for all Spiritualist voice-hearers, it would require that all participants had had Spiritualist frameworks for voice-hearing prior to the onset of their voice-hearing experiences. Research finding that some Spiritualist participants report beginning to hear voices prior to encountering the framework of mediumship offer some evidence against this model, or at least its ubiquity in spiritual NCVH groups. In a study of clairaudient Spiritualists, Powell and Mosely (2021), for instance, found that 44.8% reported

having had clairaudient experiences prior to encountering spiritualism. This study also found higher levels of absorption in Spiritualists than the general population, however, lending support for idea that the absorption model accounts for the presence of voice-hearing in some NCVHs (Powell & Moseley, 2021).

iii. Some spiritual voice-hearers fit into category i. and some fit into category ii. In this, case studies with participant groups made up of mediums could be lumping together individuals with very different patterns of experience some of whom are similar to non-spiritual voice-hearers and some of whom are not.

Which of these models holds has important implications for the ability to compare spiritual participants to non-spiritual and CVH participant groups, and the ability to develop treatments based on NCVH findings. Although there has been research which has begun to explore the overlaps and interactions between the beliefs and practices of mediums and their voice-hearing experiences, further qualitative work is needed. In particular, little research so far has examined the ways in which participants' voice-hearing experiences, spiritual beliefs, and wider cultural contexts evolve and interact throughout their lives. Work which attempts to capture an overview of the ways in which beliefs and experiences have interacted and changed over participants' lives is particularly relevant to understanding the suitability of the absorption model vs. the appraisal model, in which the timeline of voices and acquisition of spiritual frameworks are of central importance. Qualitative research is particularly well suited to such work, because narratives and vocabulary associated with mediumship could impact the ways in which mediums respond to quantitative questionnaires. The present chapter will address the need to understand interactions between mediumship frameworks and voice-hearing over time through analysis of qualitative interviews with non-clinical voice-hearers who are mediums.

Like in the previous chapter, this research is based on the use of the semi-structured *Voices in Context Interview*. However, this work builds on the previous chapter and adds additional information through interviewing a very different participant group: psychic mediums who participated in research at Yale. Unlike the Durham participants described in the previous chapter, the research team at Yale had recruited participants who identified as "clairaudient" mediums. As a reminder, clairaudience is a form of mediumship which involves hearing the voices of the dead. The fact that participants were clairaudient psychics was central to the logic of the research, in that these studies conceptualize clairaudience as a culturally

sanctioned form of voice-hearing. Powers and colleagues suggest that examining the experience of clairaudient psychics offers the chance to move beyond that which is “impaired” in help seeking groups and to focus on “protective factors” (Powers et al., 2017)

The study compared those with a psychotic disorder who did not hear voices (P+H-), those with a psychotic disorder who do hear voices (P+H+), clairaudient psychics (P-H+), and non-voice-hearing controls without a psychotic disorder (P-H-) on various dimensions. They used semi structured phenomenological interviews and a battery of self-report questionnaires to compare groups in terms of psychological characteristics and experiences with voices.

They found that acoustic characteristics of voices were broadly similar across P+H+ and P-H+ groups, with groups reporting experiences voices that “sounded like external speech” although they note that psychics were more likely than P+H+ participants to report thought-like voices. Voices were slightly more frequent in P+H+ than P-H+ groups with the former also reporting more negative voice-content and voice-related distress. They also found that psychics reported more positive social reception to first sharing their voice-hearing experiences than voice-hearers with a psychotic disorder. A central finding, as noted above, was that psychics reported the ability to control the onset and offset of their voices, which led to the development of the COPE research (Mourgues et al., 2022). Overall, this research emphasises the similarity between sensory features of voices across CVH and NCVH participants reporting “very few differences in low-level acoustics, content, or frequency” in experiences (Powers et al., 2017, p. 90).

The aim of the present study was to examine in detail the broader context of the voice-hearing experience for clairaudient psychics and the ways in which it shapes their experiences and descriptions of voices. It explored in detail both the phenomenological aspects of the voice-hearing experience and the ways in which voice-hearing interacts with wider social context. As voice-hearing is not only accepted but perhaps encouraged in spiritual communities, the early reception of participants’ voice-hearing by their social worlds required detailed investigation. The use of qualitative interviewing allowed for a detailed look at the timeline of the ways in which psychic frameworks and voices are intertwined.

6.2 Methods

Participants

Participants consisted of nine individuals who had heard voices on at least two occasions over the past month and were not diagnosed with a hallucination-related disorder. Eight of the participants had previously participated in research conducted at Yale, either as part of a study on voice-hearing in psychic mediums (Powers et al., 2017) or as part of an ongoing research program called The Yale COPE (control over perceptual experiences) Project, which aims to explore the ability to control the onset and offset of voices (Mourgues et al., 2022). One participant had been recruited to the COPE study, but subsequently excluded for being older than 65. This participant was included in the present study. A tenth participant was interviewed but excluded from analysis due to not having been recruited for or participated in any research at Yale. Eight participants were female, and one was male, with eight identifying as white and one as black. Only one participant out of the nine interviewees included in the analysis was officially affiliated with Spiritualism, being a member of the Spiritualist’s National Union. Others ran psychic shops, taught classes, and gave mediumship readings for private clients. All participants considered themselves mediums.

Table 14 Participant Demographics for Durham Interviews

Participant	Age	Gender	Ethnicity	Overview
Abby				Abby provides private psychic/medium readings and teaches others to develop intuition.
Brooke	45	Female	White	Brooke provides mediumship readings to individuals.
Dave	33	Male	White	Dave is a professional medium/psychic and provides readings for individual clients.
Elu	34	Female	Black	Elu is a psychic-medium and has a variety of experiences with voices. She has a profession unrelated to mediumship.
Fleur	36	Female	Mixed-race (Asian, White, Unknown)	Fleur practices mediumship, but works full-time in an unrelated profession.
Grace	58	Female	White	Grace runs a witch-shop and provides readings for individual clients.

Hannah	38	Female	White	Hannah runs a healing business
Isabel	57	Female	White	Isabel teaches and practices reiki various forms of mediumship. She is retired from an unrelated profession.
Jeanne	71	Female	White	Jeanne is Spiritualist medium and runs a Spiritualist teaching centre.

Procedure

Participants were interviewed using the *Voices in Context* interview schedule in line with the procedure outlined previously. To do this, I travelled to New Haven, Connecticut and spent a month based at the Powers lab. This was required to gain access to contact information which was stored physically in the lab as well as to conduct in-person interviews. However, because participants were located all over the United States, a number of interviews were conducted over zoom. Seven of the interviews were conducted over zoom and two were conducted in person. Immersing myself in the culture and workings of the lab further helped me understand the context of the studies for which the participants were recruited and the ways in which the spiritual landscape differed from those of UK Spiritualists.

Data Analysis

Interviews were analysed using inductive thematic analysis in line with the procedure used in qualitative analyses previously reported in this thesis.

6.3 Results

Analysis of the data generated four superordinate themes, each of which were divided into two subordinate themes: (1) *“I don’t get it as concrete now, it’s more in my own mind”*: *Variation in forms of spirit communication*⁵, (2) *“I know it doesn’t belong to me”*: *navigating life with inner others*, (3) *“They had just stepped in and protected me”*: *voices in times of distress*, and (4) *“We see it too”*: *Voices and family*.

⁵ Or *“The baffling but persistent refusal of spirit-beings to show any interest in the PSYRATs”*

1. “I don’t get it as concrete now, it’s more in my own mind”: variation in forms of spirit communication

In discussing their communication with spirits, participants described experiences which varied widely in terms of phenomenological properties such as loudness, distinctness from their own inner voices, and sensory modality. In their accounts, auditory experiences did not seem to hold salience, and were instead one part of a tapestry of other unusual perceptual experiences, and a world in which the potential for communication from external agents was everywhere.

1a. ‘The atmosphere would be charged with something’: a variety of unusual experiences.

Many participants described anomalous perceptual experiences other than voices. Sometimes these fit clearly into other sensory modalities such as visual or tactile experience:

I got out of the shower and I was like in the mirror fixing my hair, I’ll never forget it, I saw this like disembodied hand, it was like translucent, holding a handkerchief, and it just kind of like floated like down the mirror. (Dave)

And I did see, literally see like the head of a bison on a body walking on hind legs on my driveway and it made eye contact with me, I made eye contact with it, and it says, I respect your protections you’ve put around. (Isabel)

I really don’t like the sensations of being embodied or of being ... just touched, I’m like ah you know ... that’s like ... unless it’s like my guide or something..it’s different to get a hug from someone like who loves you (laughs) than someone who like ... you know and sometimes it will feel like, oh I can feel something rubbing my back . (Brooke)

I’ve been shoved, I’ve been ehm ... yelled at! (Hannah)

Others involved alterations of thought and perception that did not fit clearly into a particular sensory modality:

I would just feel now I know what was like spirit around me, like I would just feel ...like the atmosphere would be like charged with something when I was a kid and ... it would just happen on certain days and on those days like if I sat alone long enough in a room, I would like feel like I could kind of feel people talking but like I wasn’t really hearing people talking, it was like from the other side, I believe. (Dave)

Notably, there was great variation in the phenomenological properties of voices within individual participants. Participants would often describe having had a few experiences with voices which were more distinctly “auditory”, as well as many experiences which were closer to thoughts:

they kind of come through like as thoughts, but when there's like emergencies or those kinds that like stop me in my tracks, they come from the outside, usually I could like ... like if it was happening, I could point to them, you know what I mean? (Elu)

there's two ways that I hear and sometimes it's audible, like if ... like hearing sound, like you know an embodied human talking to me in the room, and then sometimes I'm hearing it internally, ehm in my own mind. (Hannah)

Several participants described periods of time or individual incidents in their lives with more distinct, auditory and other unusual perceptual experiences, but reported that these experiences had stopped or become infrequent in the present.

only once in a blue moon do I ever hear something very loud...But mostly it's all pretty soft and gentle, at this juncture in time. (Brooke)

I don't get it as concrete now, it's more in my own mind. (Dave)

For some, these periods or incidents of more distinctly anomalous experience played a role in their developmental trajectory as mediums.

Yeah, it was really powerful and so from that point on ... I think that probably also jump started my attempts to speak to angels when I was little. (Fleur)

Experiences like the one described by Fleur seemed to serve as anchor-points or catalyst in participants' understandings of themselves as psychic-mediums, and developmental trajectory as mediums.

1b. 'Reality is like this living breathing, woven tapestry': recognizing communication everywhere.

Participants' experience with voices did not just consist of a set of discrete experiences, but rather a fundamental orientation towards both their inner and outer worlds as sites of potential

meaning and communication. Participants had often learned to detect the voices of spirits within their own thoughts:

I started like actually studying voice hearing, and then paid more attention, I started to realise there's many different voices, there's ... like sometimes I can pick up on other people's thoughts. Because if you think about it, people are just spirits too! So ... it makes sense. Ehm, but I didn't even realise that was happening until I started training, and then the person I was training with told ... was like showing me how to test it out...And like whose thought that is! Like when I'm ... when the thought just enters my head for no reason! (Elu)

Or through physiological experience:

You know sometimes when we're talking about people in spirit and all that--and there are several that are listening to us right now--and when you hear it and something is the truth, sometimes they'll impress you with goosebumps. (Jeanne)

Participants generally described having some clearly auditory perceptual experiences as discussed in 1a. and various more subtle experiences which involved detecting communication in ordinary cognitive and perceptual processes:

If there's an emergency, it gets much louder. Ehm, because they kind of come through like as thoughts, but when there's like emergencies or those kinds that like stop me in my tracks, they come from the outside. (Elu)

My guides are ... usually their volume is pretty consistent when they're trying to get my attention in a big way. But like ghosts or something like that, that are kind of lost, human spirits that are trying to get my attention, they're usually pretty loud. They will intentionally kind of be jarring to a person that they know that can hear them. (Hannah)

Participants generally did not distinguish between the sorts of voices which “came through as thoughts”, and those which were “louder” and more external, viewing them all as part of the same phenomenon. Elu “sometimes wonder[ed] if those are just like totally different energies,” but generally these voices were not meaningfully different for participants. In discussing other aspects of voices such as emotional valence, it was not clear, unless explicitly asked about, which kind of voice was being discussed.

Participants had learned to take their perceptual experiences more seriously over time leading to a wider range of what was considered a voice, or communication from spirits “*I think in the past I would be more apt to like ... oh no, it’s my imagination.*” (Grace). When asked about auditory properties there was occasionally a sense of justification for a lack of external sound: “*it’s easier for them to communicate through clairsentience*” (Jeanne). However, in general, voices which “came through as thoughts” and those which were “louder” and more external, were described as part of the same phenomenon.

Along with participants’ inner worlds being sites of potential communication, events in the world around them were also understood as communicative acts:

I was like, please give me some guidance, to my spiritual team, they know who they are! And please give me a confirmation of ehm what I’m supposed to do with my school decision. And then today I got ehm some food at this vegan restaurant down the street and ehm they put a little fortune cookie in the bag, and I opened it up and it was like something about ... the decision for something. (Fleur)

They can talk to me through the radio....With messages or songs, I’ll hear a song that will remind me of something, like my wedding song or ...something, it’s like, oh yeah the anniversary’s coming up, it’s not a song I listen to much anymore, but it’s like it will pop up every once in a huge while! (Isabel)

For participants, hearing voices was one part of the experience of a reality that, as Fleur described it “*is like this living, breathing woven tapestry.*” Although they reported discrete moments of clear auditory communication, these were woven through a background experience of the world as fundamentally communicative. Distinct auditory experiences were just one way in which spirits communicated.

2. “I know it doesn’t belong to me”: navigating life with inner others.

Running through participants’ narratives of their lives with voices were stories of what it means to live with inner others. They navigated a reality in which the voices of spirits spoke within them, for better or for worse and, through recognizing and managing this reality, were able to more firmly understand and demarcate the boundaries of self.

2a. “Your own energy will not cut you down or make you feel bad”: recognizing and drawing boundaries with negative voices.

Participants often described voices which initially sounded like their own voice, and which said negative things. Learning to recognize these voices allowed participants to draw boundaries between self and other. These voices were distinct from other forms of voice-hearing in that, they did not initially feel other—instead participants had to learn to recognize them as other:

They would try to make it seem like it was in my internal monologue. (Hannah)

These voices and other beings were described as difficult to recognize, sometimes intentionally masquerading as participants’ own thoughts, making it difficult to know what was the self and what was another entity:

So then if an entity were to maybe try to even like pull you further into that space, you wouldn’t necessarily even right away realize like, oh there’s this energy that’s also doing this. (Fleur)

And a lot of times ... communication can come through, and it can come through in your own voice, and that can be a very frustrating and confusing, because it’s hard to differentiate what’s you and what’s not when it sounds like it’s your own voice talking in your head. (Abby)

These voices were often recognized through their negativity towards participants:

(the beings) will be in my head, like ehm ... like trying to make me feel bad ... it can be like I’m going for a while until I realise that it’s happening, and then as soon as I realize what it is, I can get them out of my energy field. (Hannah)

your own energy will not cut you down or make you feel bad. (Abby)

The notion of boundary setting was tied in with the act of recognition that thoughts and ideas from others were invading one’s own thoughts. Once this was recognized participants could mentally move the other out of their space. Abby describes doing this through mental images:

You can derive meaning from an image and an image can portray something, like a movie, right? And I think that in order to touch what’s going on in the spirit world, you have to speak in the language that is not limited by words...there’s an image that

says, you know “heavenly experience”, and there’s an image that says, “get the fuck out of my house!” (Abby)

But he’s way more open than me, I create a container, like I close up shop and I open shop. (Brooke).

The notion that spirits could speak within them was tied in with the idea that other people’s thoughts and feelings could feel like their own. And the possibility of drawing boundaries with spirits was tied in with learning to differentiate oneself from other (non-spirit) people: Abby describes learning to work with clients who are distressed without experiencing their distress herself:

I think that before, I was just so open, that when I would experience things that were negative, I would just become it. OK, like it would sort of ... become it, it would, So if I was around somebody that was sad, I was sad, if I was around somebody that was anxious, so I’d be anxious. If I was around somebody that was grieving, I was grieving. (Abby)

The notion of “not becoming it” suggests that learning to assert boundaries involves a claiming of the self—an assertion of agency over that self.

Like I think the core thing that people, if they’re going to start to see themselves differently is they need to be able to recognise their own voice, like their own thoughts. So to speak ... their own thoughts ... above and beyond anything else. Because once you get that layer down, which can be very difficult ... you start to function a lot more, because you know what you’re thinking and what you want and what’s important to you. And then you can sort of sift through like, yeah, I don’t know what I’m hearing there but I know it doesn’t belong to me. (Brooke)

Sorting through what “belongs to you” and what doesn’t was central to learning to manage a world in which the boundary between the mind and world was permeable—in which the voices of others could speak through one’s own mind.

2b. “I’m able to get a lot of information that really helps me in my life”: Recognizing and working with voices as a source of validation.

Along with being able to keep negative voices out, participants were able to listen to and draw support from positive energies. Furthermore, the knowledge that they had psychic abilities offered validation for their experiences, supporting them to trust their own intuitions and perceptions.

Voices sometimes served as sources of support, simply through offering words of encouragement:

[They say] ‘you’re doing great!’ Like things like that!... So I get that a lot from my guides, you know just very encouraging type of messages. And ... or like ehm I ... like a spirit will come to me with information I need ehm ... in my life, like often you know ehm I rely very heavily on my guide team and the spirit world because ... so we have a very symbiotic relationship I would say, where I will ehm constantly be putting questions out, like should I do this or should I do this? And I’ll get guidance and like feel into my own feelings on it and so ... I get a lot of like messages of, OK this might be the right path for you, you know, that you might want to take a look at this.

(Hannah)

Some voices, usually participants’ “guides” (a benevolent team of spirits who are there to support an individual throughout their life), would also support participants by giving them information they needed. Hannah describes having guides who help her make decisions, as do Jeanne and Isabel in the following passages. They would support participants to achieve things they might not have achieved otherwise:

I don’t have a lot of school ... formal schooling, like you ... but spirit directed me to create a course ... so that we could elevate the level of education in the Spiritualist community as a whole. And so here I am with no schooling, creating this residency programme that ... and it’s just now coming to fruition, it’s been two years in the making, but ehm spirit gave me everything I needed to know to put it together, the business plan, the finding the right people to put the curriculum together, because that was a little bit outside of my scope of knowledge. (Jeanne)

I would say clairaudience has helped me become more outgoing. I was voted most shy at my high school class. Yes, never spoke a word! It’s given me confidence of

what to say. If I go onto a space and it's like, OK angels, help me know what to say to help this person. (Isabel)

Participants spoke of spirits as helping them achieve things beyond their perceived abilities and becoming more confident. In Isabel's case, just the knowledge that spirits would accompany her into a social context was a form of support. The knowledge that one could receive information from trusted, knowledgeable beings seemed to allow participants to trust ideas that they may not have trusted if they perceived those these ideas as coming from themselves:

One time I was going to go hitchhiking, because I was lost, ... And these guys were like, 'hey do you need a ride?' And they had this like flat-bed truck with like all these guns in the back and they were like clearly like these hillbilly types. So I was like, 'hey can I trust them?' And the voice was like, 'yeah, they're fine'. I was like, 'OK, cool'. So I get in the truck. They're totally fine, they take me where I need to go-- they like blessed me and everything, and I was like, 'OK cool, thanks guys!' (Elu)

Along with the voices offering support and validation for participants' intuitions, the knowledge *that* they had psychic abilities was itself a source of validation. In particular, it seemed to allow participants who were sensitive to view this sensitivity as a source of information. Abby describes having had a childhood in which, due to an emotionally volatile parent, she had need to be very attuned to the emotionally states of others. She described an experience in which, in her early twenties, following the cessation of antidepressants, she was flooded with experiences which she reminded her of her of being a child. These experiences seem to be a flood of sensation perception and emotion. It is a "voice sort of in and out of my space" who initially tells her to stop taking her antidepressants (a decision which she says she had been moving towards anyway). Other aspects of the experience seem to be emotions. However, this time she leans into and explores these experiences. Going to mediumship training helps her not only learn to manage them but understand them as a source of power rather than vulnerability.

"Everything came back, everything from my childhood... Seeing, hearing, experiencing, feeling ... everything. And I think it was just shocking because ... at first I went into that space of being that scared kid again because I didn't know what was going on, and ... I just

kind of felt myself being guided towards getting more information about what's going on, right, I'm not crazy, maybe I'm ... psychic. So ehm I found a school that taught how to develop that...those gifts. And ehm I started going and just really dove into educating myself and learning how to manage energy and hear clearly what was coming through and what to do with that communication... how to move it out, ehm ... you know how to manage my own energy field, how to ... kind of find my own space in the world, right, because I think that when you're somebody who is perceptive, you're very energetically open, and when you learn how to manage this stuff, you learn how to kind of build a barrier, so that you can allow certain things in and it doesn't have to be the whole world at once. (Abby)

Abby describes psychic mediumship training as not only teaching her to manage and hone the communication she is experiencing, but also as supporting an understanding of herself as “psychic” rather than “crazy”. Her way of being in the world is validated. For Abby this perception of herself as psychic is not just about hearing voices, but also incorporates her perceived “empathy” and “sensitivity”:

I would also describe my abilities, if you could call them that, as being an empath, or being somebody who feels other people's energy. (Abby)

At another point she expresses the sense that some people might be dismissive of her sensitivity:

Like if I were to explain it to somebody else, they'd be like, wow, are you PMS-ing?! so ...but when you know other highly sensitive people, they're like, 'yes I've had that same experience' (Abby)

Although it is not directly expressed, it is notable that there is a gendered layer to this imagined dismissal of sensitivity: Abby's example of “are you pms-ing?” gestures at the ways in which sensitivity is associated with women. Seeing themselves as perceiving the energies of others and the voices of spirits allows participants to view their perceptions as real and not simply based in sensitivity.

Overall, these accounts show that navigating life with voices was the navigation of life with others. Holding a worldview in which both spirits and the “energies” of other people could speak or be felt within them, participants were able to set boundaries with these spirits and

energies. This worldview also supported them to trust themselves, through validating their perceptual experiences and intuitions.

3. ‘They had just stepped in and protected me’: Voices in times of distress.

Voices were often associated with distressing experiences. However, rather than causing distress, voices and spiritual presences stepped in to protect participants in desperate moments, shield them from pain, and provide comfort. Furthermore, a spiritual worldview itself seemed to support participants to cope with distressing aspects of life.

3a. The presence of spirits in times of distress.

Voices had often first appeared or appeared in particularly perceptually salient ways in moments of distress. Elu had been sexually assaulted by a man at university and reported having heard “very loud” voices who tried to warn her of danger. Although she had heard voices as a child, the voices are described as being particularly distinct in that moment:

That was the first time I ever really heard them that loud, so I wasn't used to it, and so I was just like ... it was very overwhelming...And then once I was alone with him [the perpetrator], they told me not to try him because he's very dangerous...so it was like 'don't go with him, don't go with him', and then once I got there they were like 'OK, just do what he says, just do what he says', and I was like, oh man, this is horrible! But since they knew ... they were right all along, I was afraid to try to fight him because they were like saying like 'don't do it, he's too crazy'. (Elu)

Although hearing voices is described as having been overwhelming, Elu did not describe the incident with any sense of negativity towards them. This sense of voices being a positive, but overwhelming force is echoed in other accounts of voices arriving in particularly salient ways in moments of distress, such as in Fleur's description of her first voice-hearing experience, which took place in childhood after she had been bitten by a dog:

I was really, really sad and I was crying alone in the dark in my room and I was just ... tears were pouring and my heart was so broken and ... then I got really strongly suddenly this overwhelming sense that was like ... it spoke to me in my given name, that my mom gave to me, ehm, said you know 'I love you Fleur, and I was like (gasps)

and it like shocked me, it was so strong that I was like jolted completely out of the sadness and the fear that I was feeling. (Fleur)

Powerful experiences surrounding moments of distress didn't always take the form of voices and could instead take the form of a sensed presence, or the feeling that someone is present without a corresponding physical presence. These experiences were particularly associated with comfort and safety for participants. After the traumatic experiences described above Elu is joined by a presence:

It felt like ... whoever was like sitting at the edge of my bed just trying to comfort me...And they didn't say anything but I could ... it's like I could almost see them. It was like a shadow sitting on my bed something. But like a really warm, happy shadow. Like a ... like almost like a mother figure, like everything's going to be OK. (Elu)

For Jeanne this spiritual intervention takes the form of "Spirit" as something like a wave, washing over her at a moment in childhood when her father is in a rage:

And he exploded and ... because he was prone to rages, and he went into a rage and he said, that's it, I've had it, we're getting a divorce, and you, and he pointed at me, and said, and you're the reason why. And spirit washed over me like a ... like a blanket, and I got this tremendous feeling of peace that they had stepped in and just protected me from any of that going ... from me taking it within, just washed over me like a beautif ... it's just like if somebody jumped in front of you and a train was coming. (Jeanne)

Like the descriptions of being overwhelmed, Jeanne's notion of spirit washing over evokes a sense of all-encompassing emotion.

The voices and spirits that participants experienced in moments of distress were described as having stood in stark contrast to the rest of the situation. There was often a sense of spirits having stepped in to intervene through warning, rescue, and comfort, and sometimes just company when participants are alone in their distress. Grace traced her first experience of "communicating with the other side" to the sudden death of her sister when Grace was ten years old.

I remember after my mother got the call that my sister was dying and she's like, you have to stay here by myself! And she went to the hospital! ...I remember ehm like ...

just like not knowing what to do, like freaking out, but I remember a voice in the house telling me eh ... it felt like a ... I reference it to the Morrigan who is a Celtic goddess but almost like an angel also, she was ... she like came in and just started talking to me and it kept me from like losing my mind, so ... But that was the first time ehm that I started like communicating with something on the other side. (Grace)

Like Grace and Jeanne, Brooke describes the presence of spirits which offered support through distress in childhood.

I had a pretty severely traumatic childhood, so I think it happened because ... during moments of trauma as well, yeah...Because there's a lot of non-mental memory, but there was a lot of experiences of going off with the imaginary friend...So I feel like there was ... that was her kind of ... there was a connection and a gift and a safety. (Brooke)

In Brooke's case there is no distinct voice-hearing experience which protects against this distress but rather the companionship of an "imaginary friend" (who, Brooke later speculates, was connected to the spirit world). This friend offers escape from the trauma of her childhood.

3b. A spiritual worldview as protective

Intertwined with perceptual experiences of being protected, supported, and comforted by spirits who arrived in desperate moments was a worldview which was protective. Knowledge of the spirit world offered an overall sense of not being alone as well as a model of the universe that offered comfort and support in the face of mortality. Participants reported that they were not afraid of loss, or experienced loss as less distressing. When discussing the death of her father Jeanne asserted "*There's no grief there.*"

For Grace, it was not only the perceptual experience of a voice that supported her through her sister's death (as described in 2a), but the belief in life after death that came with a spiritual worldview. This worldview helped her cope with this loss and its impact later in her life.

With my sister passing away and then eh having ... I grew up, because of her with a intense fear of loved ones around me dying...Which is probably why I went mys ... went into therapy, then I got married at a very young age, I was twenty, so I've been married almost forty years, thirty nine years. But my husband is sixteen years older than me, so he's seventy-five, and he was permanently disabled in Vietnam, so I was just like, oh my God he's going to die any minute! So for years, I really struggled with you know, he's going to die, he's going to ... now I know he's never going to ... (laughs) he's going to be around to drive me crazy forever, but that's OK! (Grace)

The notion that a spiritual worldview allowed participants to accept and manage the permeable boundaries of the self as discussed in theme 2, was also connected to coping with difficult experience.

So if I was around somebody that was sad, I was sad, if I was around somebody that was anxious, so I'd be anxious. If I was around somebody that was grieving, I was grieving. And I think that you know when you grow up in a household where you have to kind of adapt and change yourself in order to not be you know in the firing ... area, with a parent who just is you know not nice ehm, you'll do anything to kind of fly under their radar or to chameleon, right? And so I think that my ability to chameleon in my household and the way that I needed to adapt that in order to kind of make it, ehm, translated to what I was taking on in the world and how open I was, because I needed to be open and reading that energy all the time and scanning to figure out what's safe. And if I could just be invisible or be the same as what was out in the world or in my house, then I could be OK. (Abby)

Abby connects her openness and sensitivity—her tendency to feel the emotions of others—to a difficult childhood in which she needed to be attuned to the emotions of others to keep herself safe. A spiritual worldview later helps her accept and manage this sensitivity to the emotions of others.

4. “We see it too”: voices and family

A theme running through many of the interviews was the intertwinement of voices and familial relationships. Participants spoke of learning about voices from parents as well as talking about voices with their children. Voices offered ways of connecting with family members both through shared experience, and through the possibility of maintaining relationships with family members who had passed.

4a. Co-constructing narratives of the self as psychic-medium.

Participants' early experiences with voices and understandings of themselves as voice-hearers were both impacted by and impacted upon familial relationships. Family members were often described as not only accepting voice-hearing, but having voice-hearing experiences themselves, and influencing early experiences through teaching and meaning making.

Early demonstrations of connections to the spirit world, were recognized by parents, and become family lore:

My mom always likes to tell the story that like I was three and she was holding me and she had a ... a person that was kind of like a spiritual teacher for her" ... "I kept looking up at the window and she kept ... she said, what are you looking at, you know, because I was clearly like very fixated on it, and I told her like that's Dr [NAME] is right there, and that was his name, like I had no knowing of his name. I was three, you know, and so that kind of like blew her away. (Hannah)

Dave describes an experience in which his psychic ability is recognized by his mother after he has a premonition:

When my mom picked me up, she was like, you knew something was going to happen today, didn't you? (Dave).

Family members also had perceptual experiences of spirits which allowed them to normalize participants' experiences:

They were like, yeah, whatever it's normal, like we see it too! (Dave)

These family members helped to shape participants' experiences of voices through advice and teaching. Elu's father who also heard voices was able to help her when she found herself troubled by voices as a child:

He was just like, oh it's fine, just read the Bible, the Bible says if you don't like them, tell them to go away, it's totally cool, like you have total free will, like don't even

worry about it. So I told them to go away and they went away and then I was happy!
(Elu)

Similarly participants describe passing knowledge onto their children:

I remember sitting on her bed and telling her [Isabel's daughter], OK, this is how you put a beautiful ball, a protection, a white ball protection around you to protect you and tell your angels to protect you and she's like, no mom, great, great, great grandmother's telling me it's got to be dark blue-- I need dark blue! I'm like, oh I felt she was here, didn't know you knew she was here! (Isabel)

Illustrating the entanglement of family and knowledge of the spirit world, Isabel describes teaching her daughter to call in angels for protection—a technique she had learned from her own mother as a child. In the midst of Isabel's conversation with her daughter, the spirit of a great-great grandmother speaks to the daughter, tweaking Isabel's advice. Isabel senses the presence of the same spirit. The moment gestures simultaneously at the intergenerational movement of knowledge, the familial co-construction of spiritual experience, and the ways in which voice-hearing offers connection to family beyond death.

Along with explicit discussion of spiritual experience in families, growing up watching parents go through their own experiences of voices served as both inspiration and warning to participants:

I thought they were just going to like appear to me because my mom ... my mom had experiences when she was little, where she saw angels up in the sky singing when she was very little she had that vision experience...And so I would sit in the closet and I would like try calling out to them and talking to them. (Fleur)

While Fleur attempts to emulate her mother as a child, Elu strives to avoid becoming like her father who “went crazier and crazier.”

And so I try to like maintain a healthy balance between the two [spirit world and physical world] because I don't want to be like completely shut off like my dad, like just seemed like super lonely to just have no one... he couldn't like ... just like maintain a normal job and a normal conversation! (Elu)

The interaction of Elu's experiences and those of her father offer a particularly complex picture of family and voice-hearing. He serves, as warning, advice-giver, and even, at one

point, a cause of voices. As a child Elu and her mother move and the father doesn't join until later. The house is "nice and empty", as she puts it, until her father arrives seemingly bringing the voices with him:

When he came, they all came, and so it was like, oh they're with him!... And so I felt like it was probably because he was always trying to like talk to them, invest in them, so they were like around him, which is fine but like it was kind of annoying to me at the time!...it would be like if your parents were just like always having a party! (Elu)

Belief, narrative, and perhaps genetic predisposition are difficult to disentangle in this example, and the ways in which these factors interact varies greatly across participants. Grace's early experiences of spiritual communication, which began in the wake of her sister's death also take place in the context of other family members having experiences which they attribute to spirits:

Right after she passed away we started hearing knocks on the door, the doorbell would start ringing ...but it was all considered like normal, my grandmother had ghosts in her house that she talked about all the time. (Grace)

Grace's description speaks to a collective experience of spirits. A family, in the wake of a tragic loss, interpret their experiences together.

4b. 'She's still with me': Connecting to family through voices.

Along with voice-hearing being interpreted and shaped through familial narratives, the experience itself offered a site for connection with family members. This sometimes happened in the form of collectively exploring the experience:

My little one will be talking to spirits you know that (laughs) ... like I'll catch her like kind of talking to spirits. Ehm my oldest was vocal about it, like she's had some really weird experiences (laughing) I'll just say! And ehm ... so ... she was born when I had my abilities turned down...So we've ... we've kind of learned together how to manage them a little bit. (Hannah)

Relationships with voices themselves, could be relationships with family members who had passed away, and were seen as having moved into the spirit world. This possibility of connection beyond death was intertwined with experiences of loss and grief. Participants were reassured and comforted by hearing the voice or seeing the spirit of a loved one who had died. Dave describes being startled and then comforted by a vision of his grandmother after her death:

I never cried over my grandmother again because I was like, alright well she's somewhere like that. (Dave)

Jeanne was comforted and supported in her grief when she was visited by her mother's spirit:

So my mother passed away eh back in 2015... it's fine, she's fine, eh ... and so am I. ...And I was due to go to a meeting...And I'm sitting there, and I'm going how am I supposed to do this, because I was close to my mother, how am I supposed to do this? And my mother stepped in and ... just like she walked through the door, 'hi, here I am!' You know like we had just seen one another an hour ago, it was that casual...And I said, hi mom, it's good to hear from you, you know, are you doing OK? Oh I'm fine, everything is fine. I said, is there anything you want me to tell dad?And she said, 'yes', she said, 'tell him he's going to be there for a while longer'. And I said OK. And when ... when that communication was over, it was very short, when that communication was over, all the grief, all the sadness, everything was ... gone. (Jeanne)

Crucially, hearing the voices of loved ones after their death offered the possibility for relationships to continue beyond death:

You know my ... my grandmother was the number one lady in my life, and she passed away when I was twenty-five. And them ... (pause) we were extremely close but because of the relationship that we've been able to maintain and have ... while she's in spirit, I can imagine us ... I couldn't have never imagined that we would have been able to be any closer than we were when she was on this side, but we are. (Jeanne)

She's [sister] still with me, I mean I use her when I do my readings, when I use my pendulum, she speaks to me and ehm ... she's always with me, which is nice. (Grace)

My grandma who passed, I speak with her very regularly. (Hannah)

Running through participants' accounts was a sense of voice-hearing as inextricably bound up with familial relationships—the love participants felt for family members, the fear and pain of loss, and the desire for connection with family that does not go away, even after their deaths.

6.4 Discussion

This research explored the voice-hearing experiences and wider contexts of psychic mediums who had taken part in research at Yale, identifying four central themes. Overall analysis emphasised that voice-hearing experiences are part of a constellation of other experiences of communication with spirits and that there is great phenomenological variation in the ways that spirits are heard even within an individual participant.

The first theme highlighted the fact that participants experienced spirit communication in a variety of ways, with some experiences being very distinctly auditory and others ranging from signs to experiences that were phenomenologically similar to intrusive thoughts. The second theme explored the ways in which hearing voices for participants involved living with “inner others” and learning to navigate this experience involved learning navigating life with these inner others. The third theme, also tied into the relational nature of voices, finding that voices could serve as support and protection in times of distress. The fourth theme examined the intertwinement of voices and familial relationships throughout participants' lives. These themes have various methodological and theoretical implications for our understanding of voice-hearing. Being based on a sample made up specifically of psychic mediums, these themes are able to focus in on aspects of the voice-hearing experience distinctly relevant to this population, which may be missed in broader participant groups.

The fact that experiences of spirit communication varied so widely, as captured by the first theme, points to a simple but fundamental aspect of the use of mediums in voice-hearing research: clairaudience is not simply a different word for voice-hearing. Although there are overlaps, the boundaries of the two concepts are not identical, with clairaudience and spirit communication including experiences that may not be captured with the category of voice-hearing as understood by psychological research. Although such research focuses on the recruitment of clairaudient mediums, clairaudience may not be the only way in which they communicate with spirits, and the sensory modality may be of less interest to mediums than voice-hearing researchers. Furthermore, clairaudience itself varies greatly. Participants'

understandings of what constitutes voices or communication may not be based on the same ontological frameworks as those of researchers. Their definition of clairaudience may span a variety of experiences, some of which are more phenomenologically similar to those traditionally thought of as voice-hearing than others. From a voice-hearing research perspective, there is, of course, great interest in auditory aspects of experience, whereas for many mediums, there may be nothing especially important about the auditory. A message delivered through a song on the radio may be just as much a voice or a communication from a spirit as a more classic experience of hearing a voice.

Research suggests that voice-hearing experiences can be quite varied in the ways in which they are experienced (Jones & Luhrmann, 2016). This is not to suggest that participants have misunderstood their own experiences, or to define voice-hearing in a narrow way which excludes the experiences of many voice-hearers (Pienkos et al., 2019). However, when doing quantitative research which may serve as the basis for understanding and developing therapeutic supports for those who struggle with voice-hearing (Swyer & Powers, 2020), it is important to be clear about which sorts of voice experiences are associated with which qualities in non-clinical voice hearers. For instance, if participants' only negative voices are those which sound like their own voices and are later recognized as having external sources—an experience which may be more phenomenologically similar to intrusive thoughts—this could have important implications for the way in which we map these experiences onto those of clinical voice-hearers, or even other NVCHs who experience distressing voices. This suggests that when doing research on voice-hearing it is important to look at which voice properties co-occur within individual participants, rather than simply asking about features of participants' voices generally. It may be for instance that voices which one can turn on are phenomenologically different from those that one can turn off, which would have important implications for the study of control over voice-hearing (Powers et al., 2017), or that some of the mediums who make up NCVH populations only experience negative voices that are similar to intrusive thoughts. Taking into account which voice-properties co-occur would help to avoid misleading conclusions.

The second theme, exploring the ways in which mediums learn to navigate life with “inner others” is important for understanding this population both in terms of how they experience voices and in ways that go beyond voice-hearing research. The fact that participants spoke about learning to “manage” voices is in line with previous research finding that mediumship training helps participants learn to manage and set boundaries with voices (Roxburgh & Roe,

2014), and that mediums report the ability to control their voices (Powers et al., 2017). However, the theme of “inner others” also adds important context to the idea of boundary setting in mediums. The idea that mediums can set boundaries with their voices, thus preventing them from being disruptive is of interest for its potential to be translated to therapeutic supports for clinical voice hearing. The hope is that individuals whose voices are disruptive learn the boundary setting techniques of psychic mediums (Swyer & Powers, 2020). The present findings certainly do not eliminate this possibility, however, they do complicate it, in that the voices with whom participants set boundaries in this study were often more phenomenologically similar to intrusive thoughts than voices. Of course, voices both within clinical and non-clinical contexts can be thought-like, and lack auditory qualities (Jones & Luhrmann, 2016). However, it is notable that participants often identified such experiences as voices of spirits retroactively, through a process of reasoning such as the recognition that your “your own energy won’t cut you down”. The fact that such experiences are voices at times seemed to more closely resemble the notion of “discernment” as conceptualized by Luhrmann (Luhrmann et al., 2023), in which individuals learn to recognize the voice of God in their own thoughts. If the voices with whom mediums are setting boundaries are experienced as more phenomenologically similar to intrusive thoughts, it is highly relevant to efforts to translate their techniques into other contexts, as it is unclear whether the same techniques would work for voices more broadly.

This theme also elucidates aspects of the mediumship experience that go beyond voice-hearing. It has been suggested that mediumship frameworks normalize voice-hearing (Powers, 2017, Roxburgh & Roe, 2014). However, these findings also suggest that they normalize emotional experiences like “sensitivity”, and a general attunement to others. Along with allowing participants to contextualize and be comfortable with the idea of their voice-hearing, they allowed participants to feel comfortable with the idea of their “sensitivity”. A mediumship framework allowed participants to fully own and claim this sensitivity—not as a weakness but as a power—and through that to manage that sensitivity and assert a sense of self.

The third theme - which found that voices often stepped in in times of distress - is in line with research suggesting that there is a connection between trauma and voice-hearing (e.g. Longden, Madill, & Waterman, 2012). It is well established that trauma levels are elevated in both clinical and non-clinical voice-hearers (Daalman et al., 2012). This study found that distressing and traumatic experiences were frequently discussed by participants and often

linked with early incidents of voice hearing. However, unlike research which links experiences of trauma to distressing voices (Peach et al., 2021), this analysis suggests that voice-hearing was experienced as a form of spiritual intervention in moments of distress, with voices offering comfort and protection. It may be the case that such experiences indicate the presence of an alternate link between trauma and non-clinical voice hearing, in which early experiences of spiritual rescue are linked with a later period of spiritual searching during which time individuals cultivate voice hearing through spiritual practice. Such experiences may be phenomenologically different from the voice-hearing experiences of CVHs (or NCVHs whose voice-hearing followed a different etiological pathway) yet appear as part of the same group and report similarly high levels of trauma. In other words, the link between elevated trauma and non-clinical voice hearing may be present for two different, not necessarily interlinked reasons. In some cases, voices may be directly related to experiences of trauma reflecting voices of perpetrators, for instance (Hardy, 2005), or representing other aspects of traumatic experience such as a wounded version of the self (Longden, Wadill, & Waterman, 2012). In the latter case, a moment of trauma or distress leading to an experience of spiritual rescue offers proof of the benevolence of the spiritual world.

It could also be the case that participants do not want to report trauma and thus only discuss it in certain contexts. In a qualitative context, willingness to bring up trauma could vary enormously across different studies and be impacted by subtle differences such as how participants relate to a particular interviewer. It is also well-documented that discussing trauma itself can be distressing (Alessi & Kahn, 2023) and thus participants may only bring it up when they feel comfortable with an interviewer.

This finding, while in line with some previous research showing elevated trauma in NCVHs, stands in contrast to other research on psychic mediums which did not find a link with trauma (Luhmann et al., 2019; Powers et al., 2017). This could be the case for various reasons. First of all, as discussed in chapter 4, some quantitative measures of trauma may be insufficient. The focus on discrete incidents such as “really bad car, boat, train, or airplane accident” (Carlson, 2011) fails to account for more complex, ongoing experiences of trauma. Furthermore, the difficult experiences described by participants were not necessarily constitutive of clinical trauma. No participants reported childhood sexual abuse (although some referred to traumatic childhoods without specifying what the trauma consisted of). It may be that bereavement or difficult experiences which don’t fully qualify as trauma are part of the etiology of voice-hearing in psychics in a way that is different from that of

interpersonal trauma in clinical voice-hearers and non-clinical voice-hearers who are not psychics.

Psychic mediums, in particular, may be reluctant to mention trauma in the context of a psychological study. For this population, voice-hearing experiences are meaningful, central to their spiritual beliefs and worldviews, and in some cases represent relationships with deceased loved ones. Therefore, they are likely motivated (very legitimately) to portray voices as unrelated to any form of pathology. Connecting voice-onset to trauma may feel like it casts a pathological lens on their experiences. This could lead to a reluctance to cite trauma as related to the onset of voice-hearing. Therefore, asking participants about trauma directly may lead them to deny the presence of or role of trauma. The present study did not ask directly about trauma. When participants described difficult events which took place around the onset of voice hearing, it was after extensive conversation between interviewee and interviewer coming up in the context of more general discussion of participants' experiences.

It could be that experiences of early distress or trauma in which voices play a protective or supportive role (particularly in contexts where an individual's family holds spiritual beliefs which allow such experiences to be interpretable) promote spiritual seeking and exploration which then leads to the cultivation of such experiences, in line with processes described by Luhrmann (2021), later in life. This role of trauma in the development of voice-hearing, and the possibility that trauma can play more than one type of role in this development requires further examination.

The fourth theme found that experiences of voices were closely intertwined with familial relationships. This theme builds on the qualitative analysis of secondary data reported in chapter 3 which found that NCVH participants often described social contexts in which voice-hearing was normalized. It is often noted that spiritual contexts which normalize voice-hearing may play a protective role (e.g. Powers et al., 2017) and the fact that NCVHs are more likely to hold spiritual explanations for their voices, supports the possibility that a spiritual context is protective against the development of clinical disorder. This study expands on this idea by finding that family members play a central role in normalizing the experience.

Overall, these findings emphasise the fact that, although voice-hearing research has identified mediums as potential NCVH participants, clairaudience does not map onto voice-hearing in a one-to-one way and that mediums have a fundamentally different ontological

framework than researchers. The distinctions that seem important to researchers are not the same as those deemed important for mediums. This is not to say that clairaudient mediums should not be seen as important to non-clinical voice-hearing research or that their experiences are completely different from those of other voice-hearers. However, it does suggest that research must attend to both areas of similarity and difference in the ways in which they experience and talk about voices.

6.5 Conclusion

This study explored the voice hearing experiences of psychic mediums in context, offering insight into the ways in which participants' families, life histories, and spiritual beliefs shaped their ways of conceptualizing and discussing voices. It found that voices took place as part of a wider "tapestry" of unusual experience, and as part of a worldview which encouraged participants to perceive external agency in ordinary experience. It also found that many participants had come to understand their experiences in the context of families who had similar experiences. Finally, it found evidence of a link between trauma and benevolent voices, which stands in contrast to previous research on the link between trauma and voice-hearing. These findings have both methodological and theoretical implications for future research on voice-hearing in spiritual populations.

Chapter 7: Voices in community and cultural context: Interviews with King's College London Participants

Abstract

Many of the NCVHs who participate in voice-hearing research are affiliated with a religious movement called Spiritualism. However, there has been little in-depth examination of the ways in which the beliefs and practices of the Spiritualist movement interact with voice-hearing. This study addresses this through qualitative interviews with six NCVH participants who were originally recruited through spiritual networks in the UK to participate in voice-appraisal research at KCL. Thematic analysis was used to generate three key themes: 1) *'He's still there, just a step forward': Voices as intertwined with death.* (2) *'If I can keep my logic out of the way': The energy of the spirit world and how to connect with it.* (3) *'It would be normal conversations in the kitchen': Voices in community.* These results point to the fact that aspects of Spiritualist cosmology, such as a belief that spirits live in a "different realm", as well as Spiritualist practices of "tuning in" to the spirit world, shape the ways in which NCVHs experience and describe their voices. They also point to the varied ways in which Spiritualist practice manifests in British life, indicating a complex interplay of familial and cultural history.

7.1 Introduction

With the current interest in non-clinical voice-hearers, mediums are seen by researchers as a community in which NCVHs may be well-represented because they are accepted and understood. Some voice-hearing research, like that of the Powers lab, discussed in the previous chapter, explicitly recruits mediums as NCVHs. Other research, as discussed in the introduction, uses networks of mediums as a way of recruiting NCVHs but does not explicitly frame their participants as mediums.

One example of this form of research is a study focusing on voice-appraisal carried out at King's College London. In this work, Professor Emmanuelle Peters and colleagues investigated differences in the beliefs that clinical and non-clinical voice-hearers held about their voices (Peters et al., 2016; 2017). Unlike the work carried out by Powers et al. (2017), participants in this research are not described as mediums, rather, they are conceptualized as members of the general population who have "psychotic experiences" (PEs). Furthermore,

unlike at Yale, recruitment is not exclusively carried out through networks of mediums, therefore, in principle, the population could include non-mediums as NCVHs.

In order to compare NCVH and CVH groups, Peters et al., (2017) used experimentally-induced anomalous experiences in conjunction with questionnaires asking about participants' beliefs about their voices. The CVH group consisted of 84 participants, with 92 NCVH participants, plus 83 controls. They found that CVHs were more likely than NCVHs or controls to appraise their unusual experiences as threatening. They also compared CVHs' and NCVHs' appraisals of their voice-hearing, finding that CVHs appraised them as more dangerous and abnormal and less controllable. In terms of global explanations of voice-hearing, NCVHs were more likely to interpret their voices as supernatural and situate their experiences within normalizing frameworks, while CVHs were more likely to have "personalizing" and "paranoid" interpretations.

As discussed in previous chapters, the ways in which voice appraisals interact with voices, and how they are intertwined with participants' wider experiences requires further investigation. In the qualitative analysis of the Durham participants, it became clear that beliefs about voices interacted with participants' experiences of their minds more broadly. In the following chapter, interviews with Yale participants found that beliefs about voices were also very much intertwined with their familial contexts. Additionally, because appraisal includes conceptions relating to spiritual beliefs, it is important to understand how beliefs about voices are intertwined with participants religious communities as well.

Because so many NCVH participants are mediums it is necessary to engage more deeply with the ways in which mediums' worldviews shape their voice-appraisal. These worldviews, as discussed in the introductory chapter of this thesis, are based on Spiritualism. Organized spiritualism is particularly present in the UK, therefore the ways in which communities shape voice appraisal, and voice-hearing more broadly, are likely to be particularly evident in UK NCVHs.

Some qualitative work, such as Roxburgh and Roe's IPA analysis of voice-hearing in mediumship (2014), has centred participants' spiritual worldviews, suggesting that the participants' spiritual communities offer frameworks for the normalization of voice-hearing experiences. Research on Spiritualist NCVHs has found that many Spiritualists report having

their first voice-hearing experiences prior to, or around the time that they first encountered spiritualism (Powell & Moseley, 2021), thus supporting the idea that participants seek out spiritualism as a way of understanding and normalizing voice-hearing. However, beyond this there is very little psychological research specifically exploring how the Spiritualist community interacts with these experiences throughout participants' lives.

Studies of NCVHs which do not explicitly focus on Spiritualists have found that that NCVHs are more likely to hold spiritual explanations of their voice-hearing experiences (Baumeister et al., 2017; Peters et al., 2016). This could suggest that spiritual normalizing frameworks promote healthier relationships with voice-hearing than non-religious frameworks. However, the use of spiritual networks for NCVH recruitment, even in studies which do not explicitly focus on spiritual or Spiritualist participants, means this finding could be merely a product of recruitment strategy. In addition, anthropological research has discussed how spiritual practices, broadly conceived, may interact with anomalous experiences like voice-hearing (Luhmann, Nusbaum & Thisted, 2010). Alongside the idea that spiritual worldviews offer normalizing frameworks, the potential for psychic mediumship training to promote boundary setting with voices, thus allowing for greater control over the experience, has received some attention (Powers et al., 2017). However, the specifics of Spiritualist worldviews in conjunction with voice-hearing remains under-researched.

The fact that spiritualism heavily emphasises the notion of communication with the dead, in particular has been curiously overlooked, for instance, despite its clear connection to voice-hearing research. Experiences of what are sometimes termed "Bereavement hallucinations" are potentially very common: one review of studies measuring post-bereavement hallucinations found prevalence rates of 30-60% in widowed participants (Castelnuovo et al., 2015). Due to the stigma associated with this term, other work uses alternative terminology, such as experiencing the presence of the deceased (e.g. Hayes & Leudar, 2016 in Sabucedo, Evans & Hayes, 2023). Such experiences most frequently take the form of a feeling of "presence" of the deceased loved one (Rees, 1971). However, the heterogeneity of experiences of presence can complicate attempts to measure prevalence rate. Alderson-Day (2023) notes that "presence" can describe a potentially wide range of phenomena, with some being experienced in a more "bodily" manner, possessing a clear sense of external location. Others may be more of an emotional experience, lacking a distinct perceptual quality (Alderson-Day, 2023). Thus, reported rates of bereavement experiences may include a wide

variety of presences, some of which have a perceptual quality closer to that of “hallucination” than others. Further research is required to determine the degree to which Spiritualist voice-hearing—due to its emphasis on communication with the deceased—is complicated by the same heterogeneity as bereavement experiences.

Additionally, notions of the spirit world (Trattner, 2015) and broader Spiritualist conceptions of the universe are likely to influence the experience and vocabulary of Spiritualist mediums. Therefore, the ways in which these worldviews might impact participants’ experiences and their descriptions of voices requires further research. Demographic and historical features of spiritualism, such as the wide variation in practices which took place in private and public spheres, practiced in both formal and informal contexts (Trattner, 2015), are also relevant to our understanding of voice-hearing in spiritualism.

The present study seeks to address these needs through interviews with participants who had previously participated in Peters et al.’s appraisal research at KCL. Participants were recruited for the original study via snowball sampling and screened via telephone after recruitment to ensure they met study criteria (Peters et al., 2017). Although participants are not explicitly described as Spiritualists, and recruitment does not solely utilize spiritual-oriented groups, the study was advertised through a number of Spiritualist and psychic networks.

“Advertisements were placed in psychic and Spiritualist fora (including: College of Psychic Studies, The British Astrological and Psychic Society, The International Academy of Unconsciousness, Spiritualist Association of Great Britain, Society of Psychical Research, London College of Spirituality, Unitarian Church, Two Worlds, Open Arms Spiritualist group, and Bangor Spiritualist Church), usually through the relevant organization leaders (or via Facebook pages).” (Peters et al., 2016, p.42)

A large percentage of participants (91.1%) in the original study described themselves as spiritual “in a non-traditional way”. The recruitment strategy which skewed towards recruitment through spiritual networks may have been responsible for this large percentage of spiritual participants. Although the participant group who had been involved in research at Yale (described in Chapter 6) were also spiritual, aspects of the context differ. Yale participants were not recruited via networks specifically connected to spiritualism, whereas

participants in the current study were recruited through a variety of networks including several Spiritualist churches. Furthermore, the much greater density of Spiritualist churches in the UK suggests that the population may be more likely to be actively involved with, or influenced by, Spiritualism than Yale participants. This study addresses the need to understand the ways in which voice-hearing is impacted by involvement in Spiritualism.

7.2 Methods

Participants

Participants consisted of six individuals who had previously taken part in research at King’s College London as NCVHs. Three participants were women and three were men. All six participants were white and ranged in age from 55 to 79. Participants were eligible for the original study if they had at least one “psychotic experience” listed on the Psychotic Screening Questionnaire (Bebbington & Nayani, 1955), and occasional experiences of a positive Schneiderian first rank symptom (Brett et al., 2007). They also had to be assessed as not in “need of care” (Peters et al., 2017). In the present qualitative analysis, eligibility was based on participation as an NCVH in the Peters et al., (2016; 2017) research, although all participants also met the general eligibility criteria for the *Voices in Context Interview*, described in the methods section. A seventh participant was interviewed, but in the course of the study it became clear that they did not hear voices and this interview was, therefore, excluded from the analysis.

Table 15 Participant Demographics KCL Interviews

Participant	Age	Gender	Ethnicity	Overview
Alistair	79	Male	White	Alistair practices trance mediumship. He is affiliated with a Spiritualist church.
Amanda	66	Female	White	Amanda gives mediumship readings in a Spiritualist church (platform mediumship) and teaches mediumship.
Bill	62	Male	White	Bill practices absent-healing (he heals people from a distance). He has an unrelated profession.
Marian	74	Female	White	Marian currently offers spiritual counseling, but previously had an unrelated profession from

				which she has retired. She practices automatic writing.
Sophie	56	Female	White	Sophie provides mediumship readings for individuals in the context of a self-run business.
Tom	55	Male	White	Tom practices healing. He has a profession unrelated to healing or mediumship.

Procedure

Participants were interviewed using the *Voices in Context Interview (Appendix 1)* in line with the procedure described in previous chapters. As with the previous studies of Durham and Yale participants, interviews took place both in person and over Zoom. Two took place in person—one at a Spiritualist church and one at a participant’s house—and four were conducted over Zoom.

Analysis

Interviews were analysed using reflexive thematic analysis, in line with the procedure described in chapter 3.

7.3 Results

Overview of participants’ spiritual affiliation and practice

Although I did not specifically recruit Spiritualists or mediums for these interviews and Peters et al. (2017), did not exclusively recruit participants through spiritual networks, all participants in this study had some degree of connection to Spiritualism. Participants’ connections with Spiritualism were varied, some were officially connected to the Spiritualist’s National Union, and others were not. Their spiritual practices varied as well. Although all heard voices, they did not all view clairaudient communication as their specialty. Two participants described themselves as “healers”, one did trance mediumship, one practiced automatic writing, one did readings in a Spiritualist church, and one ran a consultation service in which clients would meet with them for individual readings.

Results of Thematic Analysis

Thematic analysis of the interviews generated three key themes. These were (1) “*He’s still there, just a step forward*”: *Voices as intertwined with death*. (2) “*If I can keep my logic out of the way*”: *The energy of the spirit world and how to connect with it*. (3) “*It would be normal conversations in the kitchen*”: *Voices in community*.

1. “*He’s still there, just a step forward*”: *Voices as intertwined with death*.

1a. Death as a formative aspect of the voice-hearing self.

Voices were often intertwined with death in participants’ narratives. Participants reported particularly salient voice experiences surrounding the loss of a loved one:

The first time ... that I had any experience that could be called supernatural or ... I was in [Country] on an internship, and I woke up, I had a flatmate, I woke up screaming ... And she said, what was it, what was it? I said ... I said ... I think my father died. He came to say goodbye. (Marian)

That was really ... probably that was the first time I come in contact with death, and I was really in shock. And ehm ... yeah, probably let’s say a year later ... really just strange things started to happen. Like I was ... I had my own first flat and then the telly went on and off, on and off, on and off. I’m thinking mm? So I checked the telly and ... and everything was ... nothing wrong, OK. And then it started that in the kitchen the water started running on and off, on and off, on and off. And I’m thinking, here we go, bloody hell, what’s going on in this flat. I was a bit scared. At that time, to be honest, I was scared. And all of a sudden, I smelt the perfume of [Name of friend who had died]. And that smell brought me of the idea that could ... that he could be close in my room. And probably that was the first ... contact of hearing voices which I can’t remember, which I initiated, so I asked [Friend’s Name], are you here? And then I hear ... then it wasn’t a yes, but the telly switched on. (Sophie)

Bill describes a salient voice experience not in the aftermath of a loss, but in a moment thinking about the death of an old friend:

A school friend of mine was killed in a fatal road accident in 1979 on a road between us and [Place], and I thought to myself, wow, I wonder if [Name]'s accident is on there? ... So I was standing there, watching it, and in my right ear, just over my right shoulder, this girl [NAME] had a particular way of talking when she was irritated, with me in particular. My nickname, because of where I come from was [Nickname], and she used to clear her throat and go sort of (clears throat) [Nickname], like that! ... I heard her say that, right in my right ear. That's over the noise of the air conditioning, computers then ... the disc drives were big things like this, that only held 200 megabytes, and there were about thirty of them, and they made a hell of a noise, everything does. And yet I heard [Name] do that in my right ear, and she went (clears throat) '[Nickname], that's nothing to do with me'. And sounded slightly miffed. And it was so real, I forgot that she was dead. (Bill)

Running through the interviews was a sense of the voice-hearing experience as intertwined with participants' relationships with death:

If you understand that you have no fear ... have no fear of what you know awaits you ... and I've experienced ... I've been ... I've had out of bodys where I've helped ... I've been on ... shall we say Jacob's Ladder, I've helped people across. (Tom)

1b. Geographies of death and loss

Narratives surrounding the spatiality of voices were intertwined with death. The voices participants communicated with were spirits of those who had died—and the spirit world is the place one went after death.

The spirit energy returns to the spirit world. (Alistair)

He [participant's father] stayed with me after he died. I could feel him around at various times. And the day before I married [husband's name], I was sitting in my living room, it was the first house I'd bought, sitting in my living room, just kind of looking round the house and thinking, well he's moving in tomorrow, I'll have to make changes. And my father's just right there, here [side of head] where ... always hear the voices ... "OK, I can leave you now, he'll take care of you". That's what he

said to me. So I believe in life after death too. Not ghosts or anything, but spirits do hang around a fair amount ... And in fact, one of the writings I got years ago was that if you keep calling someone who's died recently back, they can't move forward.

(Marian)

Marian's father stays with her and speaks to her before leaving for somewhere else. In this passage she locates his voice both in physical space—she hears him on a particular side of her head and could feel him “around”. Yet there is a more conceptual sense of space that spirits can “move forward” to.

Sophie also invokes this notion of spirits moving “forward” to another place:

And this is just, for me it's so normal. I'm not afraid, it's not weird, it's so normal. Talking to family members or friends eh ... I lost my partner three years ago, and he's still around. And even ... and sometimes it's hard to explain, but of course I miss him, and of course there was a grief, and there is still some ... I think grief never really goes away 100%, which is fine, because grief is a result of love. But it's ... it's another kind of grief, it's not that ehm ... totally overwhelming, totally out of control, it's like ... yeah, he's still there, just ... it's just ... step forward, you know just across the bridge, and I know we will see each other at one point again ... for me it's too early, for him it was time. (Sophie)

Her partner is still around, yet also somewhere else—“just across the bridge.” He is both very close and in a different world. Participants articulate the impossible geography of losing a loved one— a strange place that is both “here” and “not-here”, where they have gone.

Tom describes going to a different place himself, where he can be with his mother:

Like a couple of weeks ago you know I was feeling a little bit down about it, so ... next thing I know, I feel I'm out of my body and I'm ... she's [mum who has passed] ... we're in this place together, we're walking through these things and we're conversing, she gives me a hug and so then it's good. (Tom)

2. “If I can keep my logic out the way”: The energy of the spirit world and how to connect with it.

Along with a sense of voices being tied to location, there was a sense that the spirit world and voices themselves had a distinct “energy” or quality that differed from the ordinary physical world. Voices and the spirit world were described as flowing and connected with feeling, while the physical world was connected to “logic.” In order to communicate with the spirit world, participants had to change their inner state to match that of the spirit world.

2a. “She’s endless like a waterfall”: *Voices and spirits as fluid and changing to meet that energy.*

The spirit world was often described as water and flow, and contrasted with the ‘logic’ of the physical world:

Because I ... and I should describe it as I see it, it’s a very strong, not stiff, but a very solid energy. So the spirit energy is a very much ... like a fluid. So it’s very flowing, it’s very soft and ... and it’s like ... it’s like chewing gum, it’s like a chewing gum in the sun, like ooh, you know? And then on the other side you have this solid, like a strong rock. And that doesn’t really go together. So it’s like the fluid energy of the spirit comes to that solid energy of the mind, it’s like boom, they can’t match.

(Sophie)

It’s when my ... yeah, it’s when my logic kicks in, if I can keep my logic out the way, then it’s not a problem. You’re working just in the flow, without thinking too much.

(Amanda)

Sophie invokes water again in describing the voice of her mother’s spirit:

But it feels like it’s her voice, even she lost her voice nearly, especially for the last one and a half years she couldn’t speak anymore, but because she’s ... she’s endless, like a waterfall!

Bill, who has less of a clearly defined spiritual model, also invokes this sense of water describing some of his voices as “watermark voices”.

Sometimes they emerge. You still hear them, but they ... they emerge. It's a ... the best way I can describe it is ... is if you're looking at a pool of water and you ... and the word emerges, you see it coming from the depths and it's there on the surface and then it dissipates. (Bill)

Both narratively and phenomenologically there was an association of voices with a sense of flow. There was also a sense that participants had to change their own state to match this energy of the spirit world and communicate with spirits. This change seemed to involve taking on this “flowing,” fluid quality of the spirit world, which involved putting “logic” to one side.

So I'm very good at knowing where the ... how much of the logic is there. And as a medium, I have to just put that to one side and be more free flowing. (Amanda)

Sophie notes asking her clients not to give her any factual information about themselves as this would invoke her logical mind, “*Then it costs me energy to keep my logic out of the way*”. Adjusting one’s inner state to communicate with spirits was described as a process of tuning in:

We had this radio, where had to fine tune the programme. And it maybe was not proper tuned, it was like (makes noise) like these funny noises and it's kind of the same. It's like an old radio, and I have to fine tune, and I'm ... now, because I'm so used to them, I can say please speak up, speak a bit louder, and then I can hear properly, that's how it works. (Sophie)

Bill also connects his experience of moving into a different mental state to the process of tuning a radio. Unlike Sophie, Bill’s voices come as a side effect of relaxing into a state in which he does absent healing.

What you're supposed to do is just relax, Spiritualists say you have to attune to your healing guides, I don't know if I do that or not, but I just ... I've never really found the need to do that, I just relax! ... I would just get random bursts, a bit like somebody's turned ... tuning a radio in, you know when you're going across the bandwidths and

you hear a snatch from the Archers and you hear another snatch from something else. (Bill)

Bill's voices come in random unbidden bursts, unlike Sophie who is intentionally tuning in.

And I think ... and actually as I've done it over the years, it becomes easier, it becomes like ... like switch it on and get into that ... that state, where you can get into that mode. (Tom)

Over time, participants said they could move into this state more easily:

So now it's more a case of come on, we're ready to work I would say it in my head to them, and I would feel the company in my energy then, I would feel the presence. (Amanda)

I can trigger it, these virtual experiences. Ehm, not at will but when I'm ... you know with focus and with, you know, a bit of energy, I can get these spiritual experiences quite regularly and ... and it's just ... like plugging back in. (Tom)

2b. The intertwinement of voices and spirits with sleep and day-dreaming

Along with participants intentionally moving into states in which they could connect with the spirit world, there were certain activities or times of day in which they happened to be more likely to connect with the spirit world. At times, these were activities in which participants were more likely to day-dream.

Very often when I'm doing just normal, general stuff, let's say I'm hoovering or ... you know I'm just doing these regular things where you can go ... something like in a daydreaming state. Then it happens quite often. Ehm ... yeah, I think ... or when I'm walking my doggie or things like that. When I'm in my work, it never happens. (Sophie)

Probably a couple of weeks ago in a sort of semi-dream state, you know ... Yeah, when I'm sort of writing things or. (Alistair)

And occasionally when I was sitting on the train and my mind is drifting, we'll have a little conversation about something that I'm thinking about, nothing ... big or anything, but ... but I ... I've ... I've been meditating long enough to have this sense of when there's a big shift coming. (Marian)

Along with voices occurring in “day-dreaming” and “semi-dream states”, they were often connected to dreams, sleep and waking up:

I hear them sometimes in the morning when I'm waking up, just a little ... you know my name, 'Tom, we're still here' and that sort of thing, you know. (Tom)

Yeah, it suddenly comes, I hear a voice ... it often comes during the night. (Alistair)

Lay down, as soon as my head hit the pillow, somebody blew a loud raspberry into my left ear, and I heard 'lazy little f-ing tosser'! (Bill)

Voices heard around the boundaries of sleep played a role in participants' narratives of themselves as voice-hearers. Marian describes an experience of waking up and seeing a figure which she later realizes was her spirit guide:

And I was just lying in bed, semi sitting up. And just kind of daydreaming really, it was night. And I looked across the room ... and there was a space that I could not see through. I knew there was ... you know a stack of books there, I knew it was there, but I couldn't see it. And there was this shape that was ... looked like someone in a ... a cowled ... like a monk's costume or a nun's habit. And it was ... couldn't see through it. So it was like a shadow that you couldn't see through. And some years later, [Spirit-Guide Name] said 'that was me'. (Marian)

Unusual sleep experiences that were not voices also played a role in participants' understandings of their relationship with spirituality or the paranormal. Two participants described other unusual experiences surrounding sleep:

When I was a kid, I used to wake up with this horrible feeling of electricity going up and down my spine. ... I used to call it the creepy feeling. (Bill)

Bill also describes several incidents of hearing very clear auditory voices upon waking up. Like Bill, Tom describes complex experiences of sleep as a child, in which he would be out of his body and be able to fly down the stairs. In one incident he loses the distinction between being awake and asleep and attempts to fly down the stairs whilst awake, resulting in injury.

We didn't have much food and we were always bloody hungry, and I would get out of my body, and I would ... I remember flying down the stairs and then going into this ... trying to open the fridge door to try and get something to eat. And it would happen most nights. ... I lost the distinction between being out of body and being ... not being out of body. So, I ended up standing at the top of the stairs and throwing myself down the stairs. But this one day I was ... obviously I wasn't asleep, I was perfectly awake, and I tried to do the same again, and my mum found me at the bottom of the stairs. I broke a leg and my arm. But that was because I was trying to do it in the body. So, I got ... it was just ... lost the distinction between what was and what wasn't ...Ehm, so yeah, my mum said, 'well why did you do that?' I said, 'well because I wanted to try to fly'. 'Yeah, but you can't fly, you know'. I said, 'well I do normally fly, you know, I normally get down there'. (Tom)

These vivid experiences surrounding sleep were part of these participants' interest in the spiritual and paranormal. Both Bill and Tom found that their experiences resonated with spiritually oriented descriptions of leaving their body or 'astral projecting'. Bill describes reading a book by a writer who has similar sleep experiences:

To cut a long story short, he was terrified by it too, but found out that one day when this happened, he was having a nap, he woke up to find ... he thought he'd fallen off the sofa because there was something hard against his face, and he turned his head to see himself below, lying on the sofa, and it totally freaked him out. He went to see a psychiatrist and ... loads of stuff. But eventually, one of his psychiatrists said, investigate Buddhism, Hinduism, because they just regard astral travelling as being par for the course, you know that's just ... yeah. So, he did, he developed a technique to bring it on, I thought wow, if that's what's happening to me and I do the same thing, I can go and spy on my friends and freak them out! (Bill)

Similarly, Tom has an uncle who has narcolepsy and has unusual sleep experiences of being out of his body:

One day he said, 'Tom, he said, you've got to read this book'. ... And it was a book by the Dalai Lama about meditation and about ... getting out of your body and stuff, and you know the Buddhist practices. ... he said 'but I have these experiences'. I said, 'what?' He said, 'every time I go asleep, like I click out of my body'. 'Really?' I said, 'I do that as well'. (Tom)

Both Tom and Bill both find spiritual or paranormal frameworks which help them to understand their anomalous sleep experiences, and these experiences are incorporated into their narratives of themselves and their relationships to the spiritual and paranormal.

3. *Voices in community*

Many participants had grown up in communities in which spiritual experiences were expected and understood, and five out of the six had family members who had been open about having spiritual experiences, or had been practicing mediums. However, the question of whether participants had grown up in a Spiritualist context was not always straightforward. Often their contact and interest with spiritualism or the spiritual world varied at different points in their lives. This interest and contact also manifested in different forms both within and outside of formal Spiritualist institutions. Spiritualism was often present for participants in the form of subcommunities or individual family members, and they had to develop a sense of where and with whom it was acceptable to discuss voice-hearing.

3a. *The complexity of spiritual context*

Some participants described growing up in community contexts in which spiritual experience and voice-hearing were very clearly normalized:

People don't remember, but in those days, in ... where we lived, you know sort of some council estate in [City] ... ehm regularly, like once or twice a week all the people of the area would go and meet in someone's front room in the parlour, and they would hold seances. They'd sit and have seances and ... and you know come back and have conversations, and oh wow Auntie Laura came through last night,

what did she say? Oh she said well like do this. And it would be normal conversations in the kitchen, you know what I mean ... oh yeah ... your dad came through. (Tom)

Tom describes growing up on a council estate in which the whole community would hold seances. At one point he notes that he had “*never been in a Spiritualist church*”. Tom’s contact with spiritualism had taken place outside of official Spiritualist institutions, although he uses the vocabulary of mediumship and engages in Spiritualist practices in the form of seances. He also uses Spiritualist vocabulary to describe his experiences—a vocabulary that was shared by his community:

I was lucky to have a couple of aunts who ehm ... when I’d speak to them about it, because they ... they were both mediums, so they would ... they would do seances and stuff. But that was ... that was the sort of thing that normalised it for me as well, is that they would go, oh Tom that ... oh my little nephew who’s got a little gift or something, you know and ... And ehm, they would just normalise it for me. They’d go, yeah, don’t worry about it, it’s just this is how it ... and they explained it. So we were ... we were just ... so as we grew up, you know we would just ehm ... see things, hear things, you know all the time. And ehm ... but I was a bit more ... I’d say mine were a bit more ... I don’t know what to say, physical. (Tom)

I’d tell them things and ... my father was a medium, so he understood what ... my mother was sort of, but she was more an educator (Alistair)

However, participants also described a process of learning that not all communities accepted mediumship as normal and that they had to be careful about who they spoke with:

But you know you have to be so careful as to what you say. (Alistair)

Sophie describes learning this after sharing too much information about her experiences with a boy at school and upsetting him:

And then he went home, and he told his mum, and his mum, eh, rang my mum saying, your horrible daughter ... eh, da di da, said to my boy, da di da da ... how can you

allow that she's talking of these things? Or saying these things? And probably from that point on I decided no ... no, I just talk with my grandma, yeah. But it never harmed me, you know, it was just ... I just probably realised there are different realities. (Sophie)

Even though participants generally grew up knowing others who heard voices or were Spiritualists, they learned that one had to be quiet about these experiences in some contexts—that others might not respond well to them. Even those who had normalising frameworks for voices, were also aware of frameworks that did not normalise them.

There was also variation over time in the degree to which participants had contact with spiritualism, as well as variation in the degree to which they were communicating with spirits. Alistair, who grew up with Spiritualist parents, and described a childhood experience of “*having a little [spirit] friend,*” and “*seeing two people at the bottom of the bed*” did not pursue his own practice of mediumship until much later in life.

Generally when people are mediumistic from a child, they often keep it ... I think I freaked out for some reason; it wasn't till ... I was sort of ready, so probably a fifty-year gap! (Alistair)

Similarly, Bill, who began having clear auditory voice experiences in his twenties, connected these to childhood experiences.

I looked around, of course there was nobody there. And I thought, wow ... that was like when I was little. (Bill)

Like in Alistair's case, there was a gap between childhood voices and adult voices, thus complicating the question of when participants first heard voices. It is also not straightforward to identify a first contact-point with spiritualism, or spiritual frameworks. Bill notes that his mother's partner was involved with a Spiritualist church but that he had been sceptical of the whole thing. Later, Bill has further contact with spiritualism and considers spiritual explanations of his own experience. In the present, although he is an accredited healer and describes his own experiences, he still expresses a scepticism of Spiritualists.

Thus, the nature of Bill's beliefs about voices, the timeline of his voice-hearing, and the question of when he first had contact with spiritualism all resist clear categorization.

3b. "Your invisible friends used to talk to you": Sharing and witnessing anomalous experiences.

Participants often described events related to spiritual experience which happened in groups or were shared:

Years ago we had somebody ... we were doing a demonstration and they decided they'd go into trance, and they couldn't get out. So we had to then bring out people to get them out of the trance AES: How did you get them up out of the trance?! Well my man [spirit guide] came through and told them ... told them ... what to do and ... And just told me ... he said, stop messing around! (Alistair)

Alistair describes an event in which, although one person is having an experience (being stuck in a trance), it becomes a collective experience—a problem which the group shares and has to solve. The problem is finally solved with the aid of Alistair's spirit guide.

This collective acceptance of anomalous or fantastical experience is also seen in a passage in which his father informs him that his uncle can drive whilst asleep:

When I was on the milk float with him, he [uncle] used to fall asleep. And my dad said to me, said to me before I went, he said, listen your Uncle [Name] falls asleep, yeah? Don't ever grab the wheel, he has this ... he knows what he's doing, he can drive, he's asleep and he drives under ... like that ... You know I'd watch him, and I'd be on the float I'd watch him, and he'd fall asleep.... I said, how do you do it? He said, because I'm out of my body, I can see in front of me. (Tom)

This belief in the possibility of paranormal—or at least highly anomalous—experiences is shared between Tom, his father, and his uncle, and become shared experience. Marian describes having a friend who senses the same things she does, giving rise to a sharing of the experience:

But she says that the same things happen to her is that she will get a sense, almost a body sense, that there's going to be a big shift, either in her life or in general, and ... and we'll get on the phone (laughing), we'll get on the phone, and we'll say, OK, I had it this week ... She says, yeah, I did too! (Marian)

Likewise, participants' early experiences were often remembered and interpreted by parents. Upon telling his mother that he might be a medium, Bill's mother tells him she had always known:

And she said, oh you always used to talk about stuff like that when you were little, about how your friends ... your invisible friends used to talk to you. (Bill)

She also connects his experiences to a family lineage:

She said, no I've always known you were like ... didn't you know your great grandmother was a medium? I said, well no. Oh yeah, yeah, and your Auntie [Name]'s like that and your Auntie [Name], oh yes, yes, yes. No, it doesn't surprise me at all. (Bill)

Spiritualism was woven through participants' lives in various, often not clearly defined ways—community seances, family stories, healers. These were experiences that would not necessarily be captured by the question of whether one attended a Spiritualist church, but were rooted in Spiritualist vocabulary and beliefs.

7.4 Discussion

These findings point to a need to consider the ways in which spiritualism interacts with the experiences and descriptions of mediums who are recruited as NCVHs. These experiences interact with both Spiritualist beliefs about the world and cultural and historical features of spiritualism.

Firstly, particular features of the ways in which spiritualism manifests in the UK are relevant to our understanding of how religious frameworks interact with voices. In participants' accounts, it was often difficult to identify a single point at which participants had come into contact with spiritualism. For instance, a participant might have started attending a

Spiritualist church as an adult, after the onset of voices, but been exposed to spiritualism prior to this through family members. These accounts suggest that an “ambient spiritualism” is present in some communities to a much greater extent than voice-hearing research has taken into account. The quiet presence of a mediumistic aunt, or an acquaintance who occasionally attends a Spiritualist church, suggests the possibility that Spiritualist views may be familiar and accessible to participants prior to the first point of contact specified on a quantitative survey.

Previous research has found that Spiritualists began hearing voices before encountering spiritualism (Powell & Moseley, 2021). The findings of this study do not contradict this; however they do suggest that the complexity of defining what it means to encounter spiritualism should be taken into account. This complexity is increased by the finding that voice-hearers practice and engage with Spiritualist ideas in a variety of ways which go beyond the official bounds of the Spiritualist church. Furthermore, a relationship with spiritualism may include a professed scepticism or uncertainty about the nature of voices’ origins, and whether or not they come from a spiritual realm at all. This finding is very much in line with literature on the Spiritualist outlook both historically and in the present. The emergence of spiritualism in the 1800s was intertwined with a period of rapid technological development, and many Spiritualists believed that technology and science could be used to understand the spirit world (Trottner, 2015). Contemporary ethnographic work describes the use of scientific vocabulary in Spiritualist churches, such as the conceptualization of mediums providing “evidence” of the existence of the spirit beyond death (Bartolini, MacKian & Pile, 2018).

This approach would not be captured by standard appraisal approaches to voice-hearing which tend to conceptualize a spiritual framework as a) fixed and b) either present or absent (Peters et al., 2016). The notion of “a spiritual framework”, set in opposition to a “biological framework”, therefore, may not fully capture the nuances of a “Spiritualist framework.” The matter of understanding participants’ timelines in terms of voice-hearing and spiritual frameworks is further complicated by the findings that participants often heard voices as a child and then later as an adult, without consistently hearing them in the meantime. Spiritual frameworks may then lead participants to retroactively identify childhood experiences as communication with spirits, even in cases where these were phenomenologically distinct from adult experiences. Whether childhood experiences were phenomenologically distinct or

not, this further complicates the matter of when participants first heard voices. It is a consistent finding of voice-hearing research that NCVHs begin to hear voices at an earlier age than CVHs (Baumeister et al., 2017). However, retroactive recognition of childhood experiences by spiritual NCVHs may complicate this finding. It is therefore important to identify gaps in participants' voice-hearing timelines in quantitative data collection.

These findings also point to a need to consider aspects of Spiritualist theology beyond the fact that voices are seen as spirits of the dead. For instance, participants' accounts of being out of their body, having unusual experiences surrounding sleep, and connecting with other worlds raise the possibility that along with normalizing voice-hearing, Spiritualist frameworks may normalize other anomalous experiences. The Spiritualist conceptualization of spirits as living in another realm (Trattner, 2015), which people can be in contact with, may normalize anomalous experiences of consciousness that are otherwise difficult to describe and understand. Therefore, exploring the normalizing potential of not just spirits (which normalize voice-hearing), but a broader "spirit world" is important.

Theme 2, which discussed the notion of tuning in and moving towards a different experiential place, built on the notion of spirit worlds as discussed in Chapter 5. The notion of voices as being connected to a different "world" that moves towards the voice-hearer was reflected in the sense of travelling to or connecting to a different experiential place, exhibited in this theme. This process of tuning in is also evocative of the "dreamy states in which Durham participants reported hearing voices. This builds on the finding that voices occur in particular states by demonstrating that these states can be brought about through an intentional process.

Theme 1b also tied into the notion of the "worlds of spirits", exploring the ways in which voice hearing experiences evoked geographies of loss and death. Voice-hearing experiences, and spiritual beliefs overall, were deeply intertwined with experiences of – and attitudes towards – death. Although research suggests that bereavement hallucinations may be very common (Castelnovo et al., 2015), and that a large percentage of those who experience them find them helpful (e.g. Rees, 1971; Hayes & Leudar, 2016), there has been little work exploring the incidence and implications of bereavement experiences in NCVHs. Death, grief, and the ways in which people manage relationships with loved ones who have died, is central to spiritualism and interacts with participants' lives in ways that extend beyond voice-hearing. The fact that bereavement hallucinations are common, and that they were at times

the first voice-hearing experiences for participants in this study, point to the significant role of bereavement in the development of voices in Spiritualist participants. Due to the large number of Spiritualists recruited as NCVHs, bereavement experiences may be having a greater impact on the findings of non-clinical voice-hearing research more broadly than was previously thought. Because a large percentage of bereavement experiences consist of presences (Rees, 1971), and measuring the prevalence rates of presence is complicated by the heterogeneity of the phenomenon (Alderson-Day et al., 2023), it is important to understand the degree to which bereavement experience is being captured by NCVH research. It is, however, the case that participants in this study described distinct voices in relation to death, offering evidence that research on voice-hearing in Spiritualists is not being complicated by presence experiences being described as voices. Nevertheless, further research on the relationship between bereavement experience and non-clinical voice-hearing research is needed.

Both this theme and the notion of “tuning in” underscore the importance of understanding and engaging with the terminology used by Spiritualists in discussing their experiences, in order to factor this into attempts to understand the phenomenology of participants’ experiences. The phrases “tuning in” and “spirit world” reflected Spiritualist theological terms, and thus could be informed by Spiritualist convention, rather than a description arising simply from phenomenology. This does not mean that it does not also reflect voice-phenomenology, however it is important to bear in mind that the concept of “the spirit world” could serve both to help participants understand their experiences and to shape these experiences and the ways in which they describe them.

These findings also emphasise the role of sleep in both the experience of voice-hearing and participants’ narratives of themselves as voice-hearers. Participants’ experiences surrounding sleep were part of their understandings of their own relationships with the spirit world. For instance, a voice heard at the edge of sleep was later identified as a participant’s spirit guide. This is in line with other research finding that hypnagogic experiences are often given spiritual meaning, sometimes retroactively by Spiritualist voice-hearers (Powell & Cook, 2020).

Furthermore, the frequency of voices in connection with sleep, as well as experiences suggestive of sleep disorder, is in line with research identifying a relationship between sleep

difficulties and psychosis (Reeve, Sheaves & Freeman, 2015). Punton et al., (2024), for instance found that poor sleep predicted hallucinatory experiences in members of the general population. In a systematic review of literature on sleep and psychosis. The present findings lend evidence for the idea that sleep plays a role in non-clinical voice-hearing— both in terms of sleep difficulty being associated with voices, and in terms of the narrative role of hypnagogic experience in participants’ lives.

7.5 Conclusion

This study explored the experiences of NCVHs originally recruited to participate in research on voice-appraisal at King’s College London. The use of in-depth qualitative interviews illuminated aspects of the Spiritualist voice-hearing experience which add crucial context to previous research on voice-appraisal and the use of Spiritualist participants as NCVHs more broadly. This study found that beliefs and practices associated with spiritualism were far more present in participants’ social worlds than it might appear from standard questionnaires and that spiritualism is woven throughout British society in varied ways. Finally, it found that core aspects of the ways in which these participants experience their voices are intertwined with Spiritualist beliefs, including the notion of the survival of the soul after death and the existence of the spirit realm. This study ultimately shows that a nuanced engagement with history and beliefs of spiritualism is crucial to understanding the voice-hearing experiences of this population, on whom much NCVH literature is based.

Chapter 8: Differences between spontaneous and non-spontaneous voices in non-clinical voice-hearers

Abstract

Many NCVHS are mediums who choose to initiate contact with spirits, however the possibility that the voices a medium has chosen to bring on differ from spontaneous voices has not been systematically investigated. The present research sought to address this through an online study in which non-clinical voice-hearing participants were asked to respond to separate sets of questions about spontaneous and non-spontaneous voices. It also conducted an exploratory investigation of other unusual experiences in non-clinical voice-hearers, as well as the frequency with which participants hear voices in different states including “zoning out”, “trying to concentrate”, and falling asleep or waking up. This study found that almost half of participants reported only hearing non-spontaneous voices and that non-spontaneous voices were more manageable than spontaneous ones. These findings point to a need to consider the fact that many NCVH participants regularly choose to “tune-in” to voices in the context of mediumship, when designing voice-hearing research. They also underscore the need to capture a variety of voice experiences within individual participants more broadly.

8.1 Introduction

The qualitative analyses reported previously in this thesis found that experiences of voices could vary widely for a given participant. In Chapter 6, for instance, which explored the experiences of NCVHs who had taken part in research at Yale, one central theme was the fact that individual participants reported voices with widely differing phenomenological characteristics. Some explicitly noted hearing different types of voices, saying things such as *“there’s two ways that I hear and sometimes it’s audible, like if ... like hearing sound, like you know an embodied human talking to me in the room, and then sometimes I’m hearing it internally, ehm in my own mind.”* (see Chapter 6). One distinction in “voice-type” of particular relevance to non-clinical voice hearers is that of spontaneous voices versus those that they choose to bring on through the process of “tuning in” discussed in the findings of the previous chapter.

All measures of hallucination have to grapple with the challenge of understanding complex, varied, and difficult to articulate forms of experience. Voices pose a particular challenge as

participants often report multiple voices (Alderson-Day et al., 2021). Alderson-Day et al., found that voice-hearers often report multiple complexly personified voices. This is further complicated in the case of mediums who may connect to a limitless number of different spirits—many of whom they will only speak to once. Standard measures of voice-hearing, such as the Psychotic Symptoms Rating Scale (PSYRATS; Haddock et al., 1999) acknowledge that participants may hear multiple voices, and that voices may be experienced differently at different times. However, they do not capture information about different kinds of voices. The PSYRATS notes that participants may hear more than one voice, but it instructs the scorer to rate the “highest scoring” voice for each item. Potential variation in qualities across voices, therefore, is not captured. Other questionnaires, such as the Beliefs About Voice Questionnaire (BAVQ), have similar instructions. The BAVQ asks participants to rate items based on their “dominant voice” in providing their answers (Chadwick, Lees, & Birchwood, 2000).

There has been some research which does explore patterns in voice qualities, with several studies having looked at subtypes of voices. Smailes et al. (2014) suggest that different forms of voice-hearing arise from different cognitive processes. They identify three voice subtypes—those that are inner speech-based, those that are memory-based, and voice arising from hypervigilance. They suggest that different CBT interventions could be required to address these different types, and that the currently mixed results of CBT for voice-hearing could be the failure to tailor therapy to voice-subtype. Other studies have also identified subtypes based on cognitive processes such as McCarthy-Jones et al. (2015), who use cluster analysis to identify three types of voice-hearing: including “constant, commenting and commanding AVHs”, “own thought AVHs”, “non-verbal AVHs” and “replay AVHs” (voices that were identical to speech which participants could remember hearing).

One distinction that has not yet been systematically explored is that of voices which occur spontaneously versus those that participants choose to bring on. This distinction is of particular relevance to NCVHs, many of whom are recruited through psychic and Spiritualist networks and are practicing mediums (Powers et al., 2017; Powell & Moseley, 2021). Mediumship involves communication with spirits of the dead, and although these spirits can come along spontaneously, mediums often have set times or occasions at which they need to engage in this communication. For instance, as discussed previously, mediums may lead services in a Spiritualist church, and need to communicate with spirits (or “spirit”) at a particular point of the service (Bartolini et al., 2018). Other mediums perform readings for

individual clients. Findings from qualitative analyses reported previously in this thesis reiterated the fact that mediums often choose to bring on their voices as part of their mediumship practice, through a process of tuning in. They described this process as involving relaxing, clearing the mind, “putting their logic out of the way”, and engaging in processes that resembled meditation. The fact that mediums often intentionally tune in to hear voices does not foreclose the possibility that they hear spontaneous voices as well—indeed participants in qualitative interviews reported previously heard both (e.g. Elu in Chapter 6). However standard psychometric instruments do not distinguish between these two voice experiences, potentially overlooking important differences between them. Voices heard during mediumship definitionally occur at times when participants want to hear them. This could have a variety of impacts, including voices being less disruptive and less distressing.

Non-spontaneous voices are also potentially very different from spontaneous ones in terms of perceived control over voices. Control has been a site of recent research interest, with findings consistently reporting that NCVHs report greater control over voices than CVHs (Swyer & Powers, 2020). The finding that NCVHs report the ability to control the onset and offset of their voices holds powerful potential for the development of therapeutic intervention for distressing voices (Mourgues et al., 2022). Although control is a broad category and can be interpreted in different ways, it is sometimes defined as the ability to control the onset and offset of voices—e.g. to bring them on and stop them. The PSYRATS, item measuring control, for instance, focuses on participants’ abilities to “bring on or dismiss” voices at will (Haddock et al., 1999). Non-spontaneous have, definitionally, been brought on at will by participants and therefore, are of relevance to research on voice-control. Further research is needed to understand the ways in which the practice among mediums of choosing to bring on voices impacts findings relating to voice-control.

Along with hearing voices while practicing mediumship, participants in chapters 5-7 reported hearing voices while daydreaming or otherwise engaged in activities that did not involve concentration. They noted that they most often heard voices when “on a train”, or some other activity that did not involve concentration. In interviews with Durham participants, the only participant who described hearing voices while concentrating also found his voices more disruptive than other participants did. This suggests that the type of activity or state of mind that one is in when they hear voices may interact with the level of distress and disruptiveness associated with voices. Although standard measures of voice-hearing such as the PSYRATs inquire about the frequency of voices, they don’t generally capture *when* voices occur, or

what participants are doing when they hear them (Haddock, 1999). The question of whether voices heard while engaged in idle activities are associated with lower distress, and those heard while concentrating associated with higher distress, requires quantitative investigation to ascertain its generalizability.

Another key finding of the qualitative analyses described in previous chapters was that participants often report unusual experiences beyond voice-hearing. Descriptions of unusual experiences of thought and perception that did not fit neatly into a particular category raised the possibility of non-clinical analogues of alterations of self, time, space, or other experiences often seen in psychosis (Pienkos et al., 2019). However, there is some evidence that other aspects of NCVHs' psychological worlds may differ from those who don't hear voices. For instance, NCVHs displayed high levels of unusual beliefs in a study by Gold et al. (2023) although these scores may simply reflect beliefs associated spiritualism and related spiritual beliefs. In other work NCVHs have shown higher levels of magical ideation than both clinical and non-voice-hearing groups (Powers et al., 2017), although this may simply reflect spiritual belief systems. Further research is needed to investigate the possibility that the unusual experiences seen in qualitative research generalize to a larger sample of NCVHs.

The present study built on the qualitative work reported in this thesis and addressed the gaps in the literature outlined above. It had three primary aims. The first aim was to investigate the possibility that spontaneous and non-spontaneous voices differ in terms of distress, control, and frequency. It did this by asking participants to fill out separate reports of their experiences with these two voice types. It was predicted that spontaneous voices would be more distressing and frequent and less manageable than non-spontaneous voices.

The second aim was to investigate the activities that participants are engaged in when they experience voices. It was hypothesized that a higher frequency of voices which take place while concentrating and a lower frequency of voices which take place while in day-dreaming states will increase voice related distress. This was because voices while concentrating would be disruptive and voices while zoning out would not be disruptive.

The third aim was to investigate unusual experiences beyond voices in NCVHs. It was hypothesized that that a higher tendency to have unusual cognitive and perceptual experiences, measured by the unusual experiences sub-scale of schizotypy (Mason, Linney, & Claridge 2005) and the Inventory of Psychotic-Like Anomalous Self-Experiences (Cicero et al., 2016) would be related to more frequent voice-hearing. This study also addressed a

limitation of previous research by expanding the inclusion criteria to allow for some voice-hearers who had previously been diagnosed with a hallucination-related disorder to take part. This study allowed participants to take part if they had never been diagnosed with a voice-related disorder *or* had been diagnosed with a voice-related disorder, but hadn't used mental health services for voices for at least the previous five years. This is a break from the standard convention of disqualifying anyone who has ever been diagnosed with a disorder from participation as an NCVH. This decision was aimed at including a wider variety of NCVHs, including those whose experiences may be closer to those of CVHs. In literature on the voice-hearing continuum, it is an open question as to whether NCVHs lie on a continuum of "risk", or a continuum of "experience" with CVHs (Johns et al., 2014). If they lie on a continuum of "risk" (Johns et al., 2014) also known as a fully dimensional continuum (Baumeister et al., 2014) there would be a population of voice-hearers who lie at the centre of the continuum, and for whom clinical status could be partially based on chance. For instance, participants might be unsure whether to seek treatment. Furthermore, if they did seek treatment, diagnosis could be influenced by the clinician's views of and knowledge of non-clinical voice-hearing. Although there is literature looking at whether NCVHs transition to psychosis (e.g. de Leede-Smith & Barkus, 2013), there has been less work allowing for the possibility of transition from clinical to non-clinical status. Those who have at one time been considered clinical and are no longer clinical are arguably those whose experiences are of the greatest relevance for the development of therapeutic support. This study aimed to include such participants.

8.2 Methods

Participants

Participants consisted of 41 individuals (see Table 11) who met the following criteria: (1) Have heard voices (auditory hallucinations) at least once per week for at least 3 months, while not asleep or under the influence of drugs or alcohol OR have had a period in their lives in the past where they heard voices at least once per week for at least 3 months, (2) have never been diagnosed with a neurological condition or engaged in drug or alcohol abuse, (3) have never been diagnosed with a voice-related disorder OR have been diagnosed with a voice-related disorder and haven't used mental health services for voices for the past five years or longer, (4) are above 18 years old. Participants were recruited via lists of those who

had participated in previous studies (reported in chapters 3-7), and snowball sampling. Flyers advertising the study were also distributed at a psychic fair.

Although, recruitment was expanded to include those who had previously been diagnosed with a disorder, no participants who reported having previously been diagnosed with a disorder took part. All participants who took part were women, of whom twenty-nine were white and twelve were Black, African, Caribbean, or Black-British. Thirty-seven participants described themselves as Christian, two as “Spiritualist”, and two as “other”. Twenty-three participants reported that they heard spontaneous voices (56.1%) and eighteen reported that they did not (43.9%), while thirty-seven reported that they heard non-spontaneous voices (90.2%) and four did not (9.8%).

Procedure

Participants completed the study online in their own homes or another private location of their choice. The study was hosted on Qualtrics and took approximately 30-40 minutes to complete. Results were downloaded into excel and then transferred to SPSS. Cases were excluded if participants completed the study in less than 5 minutes, provided nonsensical answers to open-ended questions, or did not meet the inclusion criteria. Cases in which participants had not filled out sufficient information to be included in the analysis were also removed.

Measures

The Inventory of Psychotic-Like Anomalous Self-Experiences (IPASE)

The IPASE is a 57-item measure which captures unusual experiences in five domains: Cognition, Consciousness, Self-Awareness and Presence, Somatization, and Transitivity or Demarcation. The IPASE is a self-report measure which captures anomalous self-experience (Cicero et al., 2016), normally measured with the Examination of anomalous self-experience (EASE) interview (Parnas et al., 2005). Participants respond to statements such as “I have had the feeling that I am watching myself from outside my body” and “I have difficulty telling whether I am experiencing something or just imagining it”, on a scale of 1 (strongly disagree) to 5 (strongly agree). This measure has shown good convergent validity through

positive correlation with other measures of unusual experiences including measures of dissociation, positive and negative schizotypy and schizotypal personality disorder symptoms (Cicero et al., 2016). It also showed strong reliability in a variety of populations including a study of those at risk of psychosis, in which items showed Cronbach's alpha scores of .98 in those with high positive schizotypy, .98 negative schizotypy and .96 in controls.

Oxford-Liverpool Inventory of Feelings and Experiences (O-Life)

The O-Life short form is a 43-item measure of schizotypy (Mason, Linney, & Claridge 2005). Items capture four domains of experience including "unusual experiences," which was the domain of focus for this study. This scale has been used to measure schizotypy in a variety of populations including non-clinical populations (Mason, Linney, & Claridge 2005). In 928 twin pairs who had not experienced psychosis the unusual experiences subscale had a Cronbach's alpha score of .80, and concurrent validity of .94 with the longform O-life (Claridge et al., 1996) demonstrating internal consistency and validity (Mason, Linney, & Claridge 2005). This was chosen as a further measure of unusual experiences. Participants respond either yes or no according to what they have experienced to items such as "Are your thoughts sometimes so strong that you can almost hear them?" and "Have you ever thought that you had special, almost magical powers?"

Auditory Vocal Hallucinations Rating Scale Questionnaire (AVHRS-Q)

This measure is a 17-item version (Steenhuis et al., 2019) of the Auditory Vocal Hallucination Rating Scale (Jenner & Van de Willige, 2002). It captures basic phenomenological properties of voices as well as their impact on participants' lives. This study asked participants to fill out the AVHRS-Q twice, once with a focus on voices which they choose to bring on, such as in the context of mediumship, and once for voices which occurred spontaneously. Spontaneous voices were described as "*those that speak to you spontaneously, without you actively choosing to hear them.*" Non-spontaneous voices were described as "*Voices with whom you have initiated contact. This would include any voices that you hear while giving planned spiritual readings, for instance, while working as a medium at a Spiritualist church. This would also include any other time when you choose to bring on, or start a conversation with a voice*".

The AVHRS-Q has shown good internal reliability and convergent and divergent validity in clinical populations (Steenhuis et al., 2019), as discussed in Chapter 4. However, the use of the measure for spontaneous and non-spontaneous voices separately is novel and thus it has not been validated for use in this way. AVHRS-Q item 14 “*Do you feel that you can manage your voices? Do you have them under control? For example, can you evoke them or make them disappear?*” was used to measure control over voices. This item asks participants to choose from the options: “*I always have control over my voices*”, “*I have control over my voices most of the time*”, “*I have control over my voices about half of the time*”, “*I do not have control over my voices most of the time*”, or “*I never have control over my voices*”. AVHRS-Q item 17 “*Please indicate on the scale (ranging from 1 to 10) how severely or how much you suffered from the voices in the past month; ‘1’ means ‘not at all’ and ‘10’ means ‘extremely’*,” was used to measure voice-related distress.

States in which participants hear voices

This study also asked participants to respond to several Likert-style items asking them to describe how frequently voices occurred while they were “falling asleep or waking up”, “trying to concentrate” and “zoning out”. For each item participants were asked to select a frequency with options including: *never, occasionally, regularly, frequently, and very frequently*.

Analysis

Data was transferred to SPSS for analysis. Prior to hypothesis testing, all variables were checked for normality. Variables used in linear regression were checked for homoskedasticity, and collinearity, and residuals were checked for normality. Wilcoxon signed-rank tests were used to compare levels of voice-related distress, ability to manage voices and frequency across spontaneous and non-spontaneous voices. Multiple linear regression was used to assess the degree to which IPASE, and OLIFE, scores predicted voice frequency for both spontaneous and non-spontaneous voices. Multiple linear regression was also performed to examine the effect of activities during which voices most frequently occurred on voice-related distress. Like in the first quantitative study, the study was spammed with fraudulent responses (which were completed in under 3 minutes, or where there were

multiple responses with identical answers to open ended questions). As soon as this was noticed, the study was closed and all responses which came in after the beginning of the onslaught of fraudulent responses were removed.

8.3 Results

A total of 41 participants took part in the study (*See table 11*). Four participants reported that they did not hear non-spontaneous voices, but all four still filled out the AVHRS-Q for non-spontaneous voices. A total of 23 participants filled out both the AVHRS-Q for spontaneous and for non-spontaneous voices (Table 11). All 41 participants were women.

Table 16 *Participant Demographics Daily Life with Voices*

<i>Demographics</i>		N	%
Variable			
Gender			
<i>Male</i>		0	0
<i>Female</i>		41	100
Reported religion			
<i>Christian</i>		37	90.2
<i>Spiritualist</i>		2	4.9
<i>Other</i>		2	4.9
Ethnic background			
<i>Black, African, Caribbean, or Black-British</i>		12	29.3
<i>White</i>		29	70.7
Heard Spontaneous voices			
<i>Yes</i>		23	56.1
<i>No</i>		18	43.9
Hears non-spontaneous voices			
<i>Yes</i>		37	90.2
<i>No</i>		4	9.8

Table 17 *Descriptive Statistics and Bivariate Correlations Daily Life with Voices*

Variable	M	SD	1	2	3	4	5	6	7	8	9	10	11
1.Spontaneous VH distress	2.39	1.50	.76**	.15	-.14	.01	.01	.22	-.57**	.76**	-.43	.00	-.16
<i>N-Correlation</i>			23	14	23	14	23	23	23	23	22	22	22
2.Non-spontaneous VH distress	2.81	1.65	.76**	1	.11	-.38*	-.23	-.23	.09	-.12	.03	-.38	.05
<i>N-Correlation</i>			14	32	14	32	14	32	32	32	31	31	31
3. Spontaneous VH Control	2	1.28	.15	.11	1	.47	.14	.15	-.20	.02	-.14	.03	.24
<i>N-Correlation</i>			23	14	23	14	23	23	23	23	22	22	22
4.Non-spontaneous VH control	2.72	1.25	-.14	-.38*	.47	1	.65*	.15	.67**	.11	.26	.45	-.001
<i>N-Correlation</i>			14	32	14	32	14	32	32	32	31	31	31
5.Spontaneous VH frequency	2.39	.84	.01	-.23	.14	.65*	1	-.04	-.11	-.20	-.13	.08	-.23
<i>N-Correlation</i>			23	14	23	14	23	23	23	23	22	22	22
6.Non-spontaneous VH frequency	2.12	1.08	-.56**	-.22	.15	.15	-.04	1	.02	.16	.26	.20	.21
<i>N-Correlation</i>			23	32	23	32	23	41	41	41	31	40	40
7. Unusual experiences	2.90	1.85	.22	.09	-.20	.67**	-.11	.02	1	.14	-.13	.03	-.005
<i>N-Correlation</i>			23	3	23	32	23	41	41	41	22	40	40
8. IPASE Score	149.49	31.27	-.57**	-.12	.02	.11	-.20	.16	.14	1	20	.11	-.18

<i>N Correlation</i>	23	32	23	32	23	41	41	41	40	40	40-
9. Frequency of voices while “zoning out	-.43	.03	-.14	.26	-.13	.20	.30	.33	1	.11	-.16
<i>N correlation</i>	22	31	22	31	22	40	40	40	40	40	40
10. Frequency of voices while falling asleep/waking up	.00	-.38	.03	.45	.08	.20	.03	.11	.11	1	-.20
<i>N Correlation</i>	22	31	22	31	22	40	40	40	40	40	40
11. Frequency of voices while concentrating	-.16	.05	.24	-.001	-.23	.21	-.005	-.18	-.16	-.20	1
<i>N Correlation</i>	22	31	22	31	22	40	40	40	40	40	40

*Note: *p < .05. **p < .01.*

Comparing spontaneous and non-spontaneous voices

Non-parametric testing was used to examine hypothesized differences between participants' spontaneous and non-spontaneous voices. Wilcoxon signed-rank test showed that voice-related control was significantly lower ($Z = -2.71$, $p = .01$) in spontaneous voices (mean = 2, SD = 1.28) than for non-spontaneous voices (mean = 2.72, SD = 1.25). It did not find a significant difference in voice-related distress. ($Z = -1.10$, $p = .27$).

23 participants reported experiencing spontaneous voices, with 18 reporting that they never heard spontaneous voices and skipped the AVHRS-Q for spontaneous voices. There was no significant difference in voice frequency for spontaneous and non-spontaneous voices in the subset of participants who reported hearing both spontaneous and non-spontaneous voices.

Table 18 *Pairwise Differences for Spontaneous and Non-Spontaneous Voices*

Pairwise-Comparisons	N	Mean	SD	Z	P
Frequency Spontaneous VH	23	2.39	.84	-.86	.39
Frequency Non-spontaneous VH	41	2.12	1.1		
Distress Spontaneous VH	23	2.39	1.50	-1.11	.27
Distress Non-spontaneous VH	32	2.81	1.65		
Control Spontaneous VH	23	2	1.28	-2.71	.01
Control Non-spontaneous VH	32	2.72	1.25		

Predicting spontaneous voices from IPASE and OLIFE

Multiple linear regression was used to assess the impact of IPASE and O-Life unusual experiences score on frequency of spontaneous voices. IPASE and O-LIFE score did not

predict frequency for either spontaneous or non-spontaneous voices ($F = .421_{(2, 38)}$, $p < .659$, $\text{adj. } R^2 = -.030$). Neither IPASE score ($\beta = .033$, $p = .843$, nor O-LIFE score ($\beta = .149$, $p = .365$).

Table 19 Regression Table Impact of IPASE and UE on Voice-Frequency

Variable	β	P	95% Confidence intervals	
			LL	UL
IPASE score				
<i>Spontaneous</i>	-.18	.53	.02	.01
<i>Non-spontaneous</i>	.03	.84	.01	.01
Unusual experiences (O-life)				
<i>Spontaneous</i>	-.16	.58	-.27	.15
<i>Non-spontaneous</i>	.15	.37	.11	.28

Note: *Spontaneous voices*: $R^2_{adj} = -.075$, $p = .793$

Non-spontaneous voices: $R^2_{adj} = -0.030$, $p < .659$

Predicting voice distress based on states in which voices are heard

Regressions examining the impact of frequency of voices during activity type on voice-related distress for spontaneous voices were insignificant ($F = 2.07_{(3, 18)}$, $p = .14$, $\text{adj. } R^2 = 0.13$). Neither frequency of voices while concentrating ($\beta = -.13$, $p = .55$), nor falling asleep or waking up ($\beta = .197$, $p = .390$) predicted distress. However, a higher frequency of voices while “zoning out” ($\beta = -0.556$, $p = .023$) did predict lower spontaneous voice-related distress.

Multiple linear regression also found no impact of voices while zoning out, concentrating, or falling asleep/waking up on. The model overall was not significant ($F = 1.422_{(3, 27)}$, $p = .258$,

adj. $R^2 = 0.040$) as were individual predictor, although frequency of voices while falling asleep or waking up showed borderline significance ($\beta = -0.390$, $p = .050$).

Table 20 *Regression Table Impact of Voice Timing on Distress*

Report of Frequency of voices during activity	β	P	95% Confidence Interval	
			LL	UL
Concentrating				
<i>Spontaneous</i>	-.13	.55	-1.26	.70
<i>Non-spontaneous</i>	-.08	.65	-1.11	.71
Zoning out				
<i>Spontaneous</i>	-0.56	.02	-1.54	-.13
<i>Non-spontaneous</i>	.04	.81	-.60	.76
Falling asleep or waking up				
<i>Spontaneous</i>	.20	.39	-.47	1.15
<i>Non-spontaneous</i>	-.39	.05	-1.48	.001

Note: Spontaneous voices: $R^2_{adj} = 0.132$, $p < .140$; Non-spontaneous voices: $R^2_{adj} = 0.040$, $p < .258$

8.4 Discussion

This study set out to investigate differences between spontaneous and non-spontaneous voices in terms of several key aspects of voice-hearing including voice-related distress, control over voices, and frequency of voices. It also tested for the possibility of other unusual experiences in NCVHs as well as the impact of the state of mind during which participants heard voices on voice-related distress.

It was predicted that spontaneous voices would be more frequent and distressing and less controllable than non-spontaneous ones. The results partially supported this hypothesis. There were differences in control over voices with non-spontaneous voices being more controllable

than spontaneous ones. The predicted differences between spontaneous and non-spontaneous voices in terms of frequency and voice-related distress were not found. However, it should be noted that nearly half of participants reported only hearing non-spontaneous voices.

Therefore, while within individual participants who hear both spontaneous and non-spontaneous voices there was no frequency difference, this does not include the data of the many participants who never heard spontaneous voices. This finding is of relevance for our understanding of non-clinical voice-hearing and efforts to map it onto clinical voice-hearing. This is particularly important for understanding voice-control in NCVHs.

The finding that non-spontaneous voices are more controllable than spontaneous voices raises the possibility that the greater controllability of voices consistently seen in NCVHs (Mourgues et al., 2022), is only reflecting voices that mediums intentionally “tune into”, rather than control over spontaneous voices, which may be less present in NCVH mediums. Voices that mediums tune into may be less easily mapped onto voices experienced in the context of illness. As pointed out in the introduction, non-spontaneous voices are definitionally under participants’ control. Research on control often defines it as the ability to control the onset or offset of voices, with onset and offset subsumed in a single item. For instance, when rating voice-control on the PSYRATS, the interviewer must state the degree to which individuals can bring on or dismiss voices at will with no option to only choose one of these abilities (Haddock et al., 1999). The finding that more than half of the NCVHs in this study reported only non-spontaneous voices raises the possibility that control over onset in NCVHs could be skewing the data on voice-related control. While NCVHs, particularly those who experience voices as spiritual beings, may be invested in how to bring on voices, the question of how to make voices stop is the crucial target for therapeutic intervention for distressing voices. Understandings of voice-control based only on the ability to bring voices on (or to stop voices that were brought on, which may be fundamentally different from other voices) may not be applicable to spontaneous voices and thus fail to result in effective treatment for distressing voices. Continuing to study differences in spontaneous and non-spontaneous voices both within and between participants is therefore of fundamental importance to understanding voice-control and related therapeutic intervention.

The notion of spontaneous vs. non-spontaneous voices also ties into the complex interplay of voice phenomenology and voice-appraisal. In the previous chapter, it was noted that perceived controllability of voices has been measured as a form of voice appraisal (Peters et

al., 2017) e.g. do participants *believe* that the voices are controllable. Voices which are non-spontaneous are not only definitionally under the voice-hearer's "control" in terms of bringing on the voice, but the subsequent behaviour and presence of the non-spontaneous voices may feel fundamentally controllable in a way that spontaneous voices don't.

The concept of non-spontaneous voices raises questions about the fundamental nature of voice-hearing. Although being outside of voluntary control was once seen as a definitional feature of hallucination (Slade & Bentall, 1988), this has been called into question through the recent work on the ability to voluntarily control the onset and offset of voices (Mourgues et al., 2022). However, it is also the case that a sense of external agency is posited to be a crucial feature of voice-hearing (Wilkinson & Bell, 2016), with a feeling of "otherness" being central to what it means to hear a voice. Although agency and control are different concepts, non-spontaneous voices bring these two notions together in complex ways. Seeking to hear the voices of spirits through processes of visualization, tuning-in, and otherwise attempting to relate differently to one's own thoughts may involve experiences of agency that complicate the self-other boundary. It may be that these voices are experienced as "not the self", yet not as fully "other" as other forms of voice-hearing are. This idea is supported by qualitative interviews reported in this thesis, in which participants described voices which explicitly blurred the self-other boundary. For instance, Grace (Chapter 6), who is a medium, described learning to understand the voices as spirits rather than as coming her from herself "*I think in the past I would be more apt to like ... oh no, it's my imagination.*" (Grace). This speaks to the idea that agency lies on a spectrum, and this one can gradually develop the sense that a particular pattern of experience comes from an external agent. This is in line with the absorption model in which, one learns to discern the voice of God in one's own thoughts through practice (Luhmann, Nusbaum & Thisted, 2010). Further research, including qualitative research seeking to explore the phenomenology of non-spontaneous voices and the ways in which they differ from spontaneous voices is needed.

This study also predicted that a higher frequency of voices while concentrating would be associated with greater voice-related distress and a higher frequency of voices while falling asleep/waking up and "zoning out" would be associated with lower distress. The analysis found that a higher frequency of voices heard while zoning out predicted lower voice-related distress for spontaneous voices. No other interactions between frequency of voices heard in particular states and voice-related distress were found. The relationship between voice-related

distress and frequency of voices heard while “zoning out”, supports the theory that voice-related distress is impacted by the matter of *when* and in what state participants hear voices. It suggests that voices heard when “zoning out” are likely less disruptive than those heard in other states. Furthermore, the fact that this was only seen in spontaneous voices, underscores the idea that spontaneous and non-spontaneous voices operate differently. As non-spontaneous voices, inherently, only take place at times when participants wish to hear them, the idea that the timing of voices would be distressing does not apply. Although frequency of voices while concentrating and falling asleep/waking up did not significantly predict distress, it is notable that the overall small sample size of this study was very small for spontaneous voices, with only 23 participants reporting spontaneous voices at all.

The third prediction of this study was that unusual experiences would be correlated with voice-frequency, based on consistent reports of other unusual experiences by participants interviewed for qualitative studies reported earlier in this thesis. This prediction was not supported. This finding does not necessarily contradict the idea that the unusual experiences are common in NCVHs, but does not support the idea that they do increase as voice-frequency increases. Arguably this is in line with conceptualizations of the voice-hearing continuum which posit that a quasi-continuous model in which an increase in voices is not connected with an increase in other symptoms of psychosis (Linscott & Van Os, 2010). However, an increase in unusual experiences, while often conceptualized as constituting other symptoms of psychosis, would not necessarily be associated with an increase in distress or disfunction. This study aimed to test the possibility of voice-hearing being associated with a tendency towards unusual experiences, but not necessarily an increased risk of disorder. In future research it would be valuable to explore this possibility in larger samples, using a wider range of instruments for measuring unusual experiences.

Limitations and future directions

The first limitation of this study is that the AVHRS-Q has not previously been used to capture different types of voices. Although the study built in checks to confirm that participants had understood this division, it is possible that some participants misunderstood the instructions. In future research it would be advisable to run further testing of this use of the AVHRS-Q subdivided into spontaneous and non-spontaneous voices to confirm that instructions are

clear to participants. Piloting this measure with these voice subdivisions would help to ensure that the language and instructions were clear.

Similarly, items inquiring about voice-frequency while zoning out, concentrating and falling asleep/waking up had not previously been used. It would be useful to pilot these. It would also be useful to test variations of these questions aimed at capturing slightly different forms of experience. In this study, participants were asked to report the frequency, with which they heard voices in each state, rather than the relative proportion of voices heard in each state. This could complicate the items asking about the frequency with which participants heard voices while falling asleep/waking up and zoning out. Theoretically it could be the proportion of voices heard in this state rather the frequency that would interact with participants' overall assessment of voice-related distress. However, one would expect that the reduced overall distress in connection with a higher frequency of voices while zoning out is due to an associated lower frequency of voices while concentrating. Frequency of voices while concentrating was not significantly correlated with frequency of voices while zoning out. This could suggest that having a greater frequency of voices while zoning out in some way provides an overall impression of voices as less distressing, without actually involving a reduced frequency of voices while concentrating.

This study also had a very small sample size. It would be beneficial to examine both differences in spontaneous and non-spontaneous voices and frequency of voices in different states in larger participant groups. Furthermore, it would be useful to understand how these operate in clinical voice-hearing groups. It would be particularly interesting to compare the relative proportion of spontaneous and non-spontaneous voices in CVHs and NCVHs. The fact that half the participants heard spontaneous voices and half did not raised the possibility that this represents a subdivision of NCVHs which could be of relevance to continuum models. CVHs report less control over voices than NCVHs (Powers et al., 2017) and it could be the case that NCVHs who report spontaneous voices are more closely related to CVHs, or lie on a continuum with them, while other NCVHs do not. It would also be useful to use inclusion criteria which allow those with a previous diagnosis to take part. Although the inclusion criteria in the present study did allow this, no participants who reported a previous diagnosis took part. In future research, it would be valuable to advertise the study more broadly and work to recruit a wider population.

A final limitation of this study, like with the quantitative study reported in chapter 4 is that because it was conducted online participant reports could not be verified and opened the study up to spamming. A conservative approach to removing spam responses, which involved removing all responses received after the beginning of spamming reduced the sample size. Furthermore, this may have led to the removal of some legitimate responses.

8.5 Conclusion

This study was the first quantitative investigation of non-clinical voice-hearing to draw a distinction between spontaneous and non-spontaneous voices. The results show that there are differences between the ways in which these two types of voices are experienced and point to a need to continue to incorporate the fact that many NCVHs choose to hear voices in contexts such as mediumship into research design. The finding that there was an interaction between voices while zoning out and spontaneous voice related distress further emphasises the differences between these voice-types. It also demonstrates a need to incorporate the question of when participants hear voices into research design. Overall, these findings confirm the need to continue investigating the nuances of non-clinical voice-hearing phenomenology and developing new research instruments aimed at capturing previously overlooked aspects of this phenomenology.

Chapter 9: General Discussion

9.1 Chapter introduction

This thesis set out to investigate the ways in which the social and psychological contexts of non-clinical voice-hearers' lives interacted with their experiences of voice-hearing. A rich and wide-ranging landscape of voice-hearing research has grown and developed over the last several decades, this thesis also set out to bring key voice-hearing research sites into conversation with each other. By conducting in-depth qualitative interviews with participants from three different universities, this thesis was able to offer a portrait not only of the “non-clinical voice-hearer” but of “the non-clinical voice-hearer of psychological literature”. The mixed-methods approach, in which qualitative and quantitative approaches were able to build on each other, allowed the research to identify broad, generalizable patterns while remaining grounded in the lived-experience and rich complexity of voice-hearing. These studies not only offered insights into novel areas - such as the relationship between distress and intolerance of uncertainty - but were also able to contribute to key concepts currently being negotiated and explored in the literature such as appraisal. This chapter will discuss the main findings, implications of these findings, limitations of this work, and areas for future research.

9.2 Overview and summary of key findings

This research began with a qualitative analysis of secondary data (**Chapter 3**). This analysis generated four key themes which informed the design and research questions of subsequent qualitative and quantitative studies. It found that participants described a variety of unusual experiences beyond voices and that even those that were voices resisted standard categories such as internal vs. external location. Participants' emotional experiences with voices also resisted standard categorization—in particular the analysis found that participants described negative voices and even difficult experiences with voices which did not fit standard conceptualizations of “distress”. “*Distress is probably the wrong word,*” as one participant put it. In general participants spoke about voices in ways that displayed uncertainty and held ambiguity in regard to both the cause of their voices and their discussions of the voices' behaviour and intentions. The analysis also found that participants described early social

contexts which normalized voices. The notion of this non-clinical experience of difficulty which did not fit into the category of distress is in line with the idea that a more thorough delineation of voice-related emotion is needed (Woods, 2017).

The finding that participants were comfortable with indeterminacy about the nature of voices was developed further in the subsequent quantitative study (**Chapter 4**), which found that higher intolerance of uncertainty predicted lower voice-related distress in 78 non-clinical voice-hearing participants. This finding adds a crucial element to literature on beliefs about voices suggesting that it is not just the content of voice-appraisals, but also participants' ability to be comfortable with uncertainty and indeterminacy, that is related to voice-distress. This study also found that a higher need for closure was associated with lower levels of distress, running contrary to the hypothesized relationship between these variables. This study also found that trauma was not associated with voice-related distress. This is in line with other studies which do not find a relationship between voice-related distress and trauma, suggesting that trauma is connected to the development of hallucinations but not the ways in which they are experienced (e.g. Daalman et al., 2012). However, this is in contrast to work such as that of Luhrmann et al., (2019) theorizing that an aetiological pathway to voice-hearing involving trauma is associated with more negative patterns of voice-experience. The finding that trauma was associated with absorption also complicates the idea that trauma and absorption are part of two aetiological distinct pathways to non-clinical voice-hearing.

The findings of chapters three and four informed the development of the *Voices in Context Interview* which explored in detail the ways in which voices were woven through participants' lives overtime. I used this interview schedule to conduct three new qualitative studies with participants who had previously participated in research at Durham, King's College London, and Yale.

The first novel qualitative study (**Chapter 5**) was made up of interviews with participants who had previously been involved with research at Durham. The results of this study developed the earlier finding that participants described unusual experiences beyond voices through the notion of voices as accompanied by "another world". This notion was very much in line with the idea raised in chapter 3 of a clinical analogue of the global atmospheric alterations associated with schizophrenia (Fuchs, 2019) and anomalous self-experiences described in the ipseity disturbance model (Sass & Parnas, 2003). Overall, these interviews

articulated a sense of voice-hearing as not an isolated perceptual moment, but one in which two worlds—that of the voice and that of the voice-hearer—come together.

Participants also spoke about the ways in which voices are not isolated perceptual moments but rather blur into the background experience of the world, noting that sometimes voice-hearing “doesn’t stand out”.

This idea is also relevant to literature on voice-appraisal, finding that the degree to which participants were able to integrate their voices into their broader experience of the world impacted the degree to which voices *felt* normal. This was shaped by participants’ ability to link their experiences to other normal experience such as reading and writing. For some, hearing voices for as long as they could remember provided a basic sense of the normality of voices. This felt sense that voices were normal was distinct from narratives that normalized voices such as the idea that voices were spirits.

This highlights the ways in which conceptualization of appraisals as conscious beliefs (such as that “voices are spirits”), may overlook pre-reflective aspects of participants’ background states, and the ways in which these influence appraisals. The instinctive, felt sense of a voice as normal simply because it doesn’t stand out from participants’ broader experiences of their minds, does constitute a form of belief, even if it is not one that is explicit. As Woods & Wilkinson argue (2017) this form of belief as background state is in line with predictive processing frameworks in which perception is influenced by top-down processing, in the form of a set of pre-loaded beliefs about how the world works.

This analysis also found that participants described voices as important relational experiences. Relational approaches to voices have long been advocated (Hayward, 2003), however being based in cognitive approaches, this relationality is often approached with an emphasis on the way that participants view the voice rather than viewing the relationship holistically. A truly relational approach would require viewing participants’ responses to voices and the “behaviour” of voices as a system. Participants spoke about voices as a private, relational world describing voice-relationships as intimate, nuanced forms of relationship. While this is in line with previous research emphasising the relational nature of voices (e.g. Hayward, 2003) it added to this with the finding that in some ways voices could provide forms of relationality that relationships with other people couldn’t. Voices could provide, for instance, a constant sense of companionship allowing for a sense of greater

independence “*I think this is why I’ve always been able to walk around on my own, I’ve always been a loner because I’ve felt that presence around me all the time*” (Jill). The relational nature of voices was an idea which ran through all three sets of novel interviews.

In **Chapter 6**, interviews with Yale participants further explored the interpersonal nature of voices, but expanded this sphere of relationality with the finding that voices were deeply intertwined with participants’ familial relationships. This explored the ways in which voices were sources of connection, with participants learning from parents about how to interact with voices, and teaching children. At times these experiences were even shared, such as when a participant’s family all began to hear sounds in their house, in the wake of her sister’s death “*Right after she passed away we started hearing knocks on the door, the doorbell would start ringing ...but it was all considered like normal, my grandmother had ghosts in her house that she talked about all the time*” (Grace).

This is in line with other work emphasizing the relational (Hayward et al., 2014) and fundamentally agentic nature of voices (Wilkinson & Bell, 2016). These interviews emphasised an aspect of this agency that is often overlooked in voice-hearing research: a powerful sense of connection, comfort, and emotional intimacy. Discussions of voice-hearing as an exaggerated form of agency detection often emphasise the need to recognize threatening agents (e.g. Dodgson & Gordon, 2009). Yet participants’ accounts in this thesis spoke instead to a fundamental need for connection. In desperate circumstances, participants would be joined by the voice or presence of a protective “other” stepping into protect and comfort them. This element of voice-hearing bears consideration. It could be that a fundamental need for comfort and connection also underlies this orientation towards agency detection.

Chapter six also picked up on the idea running through previous chapters of experiences which complicate definitions of voice-hearing. Participants described voices with a wide range of phenomenological features. At times this was explicitly noted, with participants saying things like “there’s two ways I hear them” and describing distinct patterns of voices. At other times this distinction was not explicitly signalled with participants speaking broadly about experiences of hearing messages from spirits, which could range from a message in a fortune cookie, to loud external voices, to thoughts later identified as the voices of others. This is in line with other work finding that the characterization of voices as possessing auditory properties similar to those of external voices does not accurately capture the voice-

hearing experience (e.g. Moritz & Larøi, 2008). However, this also spoke to the importance of capturing data about the ways in which voices heard by individual participants vary, as some of these voices were not very voice-like, even based on accounts of voices that centre external agency. For instance, some voices were only retroactively determined to be external agency based on reasoning e.g. (“your own voice won’t cut you down like that”). The same participants, however, would also experience voices which felt more distinctly ‘other’ at the time of the experience. Capturing such variation is crucial to accurately representing the experiences of NCVHs. This chapter also highlighted the ways in which navigating the voice-hearing experience involved navigating the boundaries of self. The processes by which participants learnt to set boundaries with voices were interwoven with learning to set boundaries with those around them.

The final qualitative analysis (**Chapter 7**) involved interviews with participants who had previously participated in research at King’s College London. The results of this analysis built further on the intertwinement of voices and difficult experiences, finding that participants’ early experiences with voices had often taken place in moments when they were grappling with death. This also built on the notion of the worlds of voices with the finding that voice experiences articulated geographies of death and loss. Participants spoke of death as another place, where the spirits of lost loved ones went—a place that at times participants could step into. Overall, the findings of this chapter highlighted the importance of understanding Spiritualism in conducting work with Spiritualist NCVHs, including Spiritualist ideas about death. This chapter also emphasised the role of Spiritualism as a broad framework, which was present in participants’ lives in a variety of ways, often outside of official religious institutions. This points to a need to think carefully about how participants’ religious affiliation is measured in voice-hearing research. For instance, a person may have had contact with Spiritualism long before they report actually attending a Spiritualist church.

Chapter 8 described a quantitative study which focused on differences between spontaneous and induced voices, building on the finding that voices are experienced in a variety of ways and that these different forms of voices could have different properties. In particular this distinction between spontaneous and non-spontaneous voices aimed to capture potential voice-variety tied to the practice of tuning in to voices as part of engaging in mediumship. This study also explored the impact of the timing of voices on voice-related distress. It did

this by measuring the frequency with which participants heard voices in various states of mind including while “zoning out”, “concentrating”, and “falling asleep or waking up”. It also explored the relationship between other unusual experiences and voice-frequency. This study found that spontaneous voices were reported to be less controllable than non-spontaneous voices, although there were no differences in frequency or voice-related distress. This study also found that almost half of participants reported only non-spontaneous voices. These findings demonstrate the importance of attending to patterns of phenomenological difference within individual participants, and specifically offers evidence of differences in reported control over spontaneous and non-spontaneous voices. There was no relationship between other unusual experiences and voice-frequency. The results did show that a greater frequency of voices while zoning out predicted lower voice-related distress in spontaneous voices, which further speaks to the need to attend to variation within when participants hear voices as well as phenomenological differences between different types of voices. This also speaks to the need to incorporate the details of Spiritualist belief and practice into the design of voice-hearing research. This will be explored further in the following section, in which I will delve more deeply into several overarching threads running through this work.

9.3 Mediums and Voice-hearing Research: Grappling with the entanglement.

An ongoing thread of this work was the fact that mediums and mediumship are deeply involved in voice-hearing research. Mediums are frequently recruited as non-clinical voice-hearing participants and, thus, the experiences of mediums are inevitably shaping understandings of what non-clinical voice-hearing is like.

It is frequently noted that NCVHs are more likely to hold spiritual explanations of their voices (Romme & Escher, 1989; Peters et al., 2016). However, the use of language like “spiritual frameworks” to describe these beliefs, while not incorrect, obscures the specificity. Although other religious groups, like Christians, do appear in the literature (e.g. Cook et al., 2022), the studies which focus on non-clinical voice-hearers very frequently recruit participants through networks of mediums (Peters et al, 2017; Powers et al., 2017; Mourgues et al., 2022; Powell & Moseley 2021; Gold et al., 2023). Work such that of Luhrmann (Luhrmann, 2012) looks in detail at voice-hearing in other religious groups, however this work generally examines the ways in which such experiences appear in religious groups, but

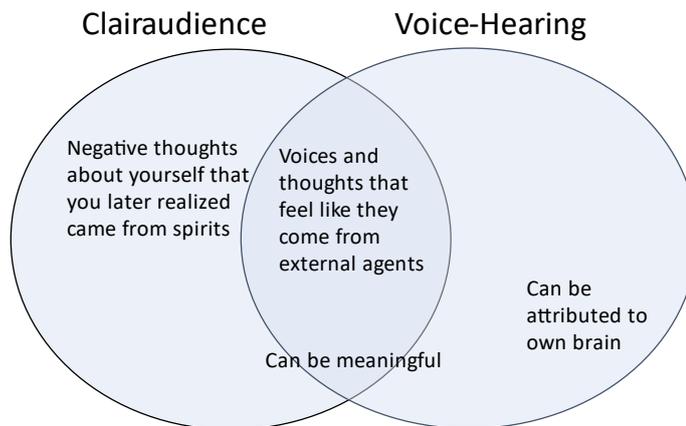
generally does not recruit participants based on standard NCVH inclusion criteria, such as the requirement that participants must hear voices at least twice per month.

One reason for this reliance on mediums is that the concept of “clairaudience,” seems to map very well onto voice-hearing. Thus, mediums are ideal recruitment targets for NCVH research. Research often argues that clairaudience in mediums, at least those who are included as NCVHs, is the same as other forms of voice-hearing in terms of basic physical characteristics. Findings such as those of Powers et al. (2017) find that psychic mediums report the same, frequency and location of voices as CVHs.

Work by Luhrmann, on the other hand, argues that spiritual voice-hearing follows a completely different trajectory from the voice-hearing seen in CVHs. Although the argument is not specifically about mediums, Luhrmann’s absorption hypothesis posits a completely different aetiological pathway to voice-hearing. In this pathway, participants high in absorption learn to discern the voices of God or spirits in their own thoughts and occasionally experience hallucination-like experiences, termed “sensory overrides”, but fundamentally have an experience of voices which is distinct from that of CVHs (Luhrmann, 2012).

The findings of this thesis suggest that neither of views of voice-hearing in mediums captures the full story. Instead, they suggest that the category of clairaudience overlaps with the category of voice-hearing, but is not identical. There are a number of experiences which might be described as both clairaudience and “voice-hearing” but there are others which would only fit into one of these—the boundaries of the two concepts are different. For instance, although mediums would often report some experiences of very distinct voices that felt like they came from an external agent, they would also describe experiences that were more phenomenologically similar to intrusive thoughts which were retroactively identified as voices (Chapter 6). Focusing exclusively on the former type of experience in mediums will lead to the conclusion that their experiences are virtually identical to those of other NCVHs or CVHs. Yet focusing only on the latter will lead to the conclusion that clairaudience is irreconcilably different from other forms of voice-hearing. In fact the category of clairaudience includes both forms of experience because the category is fundamentally built on the notion of spirit communication, whereas the category of “voice-hearing” in psychological research has different foundations (Figure 2)

Figure 2: *Clairaudience and Voice-Hearing*



To further complicate this, there are a number of experiences which at first would seem to be specifically connected to one of these categories and not the other, yet upon further examination are actually part of both. For example, the notion of “tuning in” is used by Spiritualists and seems to describe a process specific to the practice of mediumship—it involves an intentional process of moving into a state in which one can hear the voices of spirits. However, in Chapter 5 a non-medium described a process that was remarkably similar, explicitly noting that she would take walks in nature to “shift into different states of mind” and “tune in”, to a state of communication with voices with her voices. Furthermore, other participants spoke of hearing voices in idle states, “daydreaming”, “on a train”, the shift towards a state of dreamy thought. The resonance between these descriptions and those of tuning in at least bears examination. Thus, while it is important to note that mediumship involves a frequent, intentional process of “tuning in”, which likely leads to distinct patterns of voice-hearing, it is also important not to dismiss such processes as universally exclusive to mediums. In particular, it is important to attend to individual differences in phenomenology within participant experiences, bearing in mind that the participant’s category of clairaudience is not the same as that of the researcher’s category of voice-hearing.

Psychics and Spiritualists are a crucial part of the voice-hearing landscape, and it is essential to include them in this research. However, it’s vital to attend to the points of overlap and divergence between their experiences and those of other voice-hearers. In order to do this, it is necessary to engage with the belief structures, practices, and knowledges that exist within communities of mediums. Doing so can be incredibly fruitful. Mediums often already have

systems of classification that would be beneficial for voice-hearing researchers. For instance, within clairaudience many Spiritualist mediums generally distinguish between objective and subjective voices. “*Sometimes it is audible but not externally audible, internally audible, which we call subjective. And objective is if we hear it externally.*” (Cathy) This is useful conceptualization and vocabulary to be aware of in conducting research with Spiritualist NCVHs.

Furthermore, aspects of mediumship that at first may appear to be distinctly related to spiritual belief and fall outside of the scope of voice-hearing research, can point to crucial ideas that are also relevant to non-Spiritualist NCVHs and CVHs. The example of the “the tuning in” process and the ways in which it relates to the finding that “dreamy states” seem to facilitate voices is one example of this. Another example of this, is the notion of “the worlds of voices”.

9.4 The worlds of voices

Running through the interviews overall was a sense of voices as tied to place—one which operated outside of the logic of ordinary space. This space could be dreamlike, evoking a spatialized sense of the inner world such as “*a sedimentary layer at the bottom of my mind*”, or occasionally, map onto physical space. There was a sense of voices coming from a different universe (Chapter 5) as well as a sense of what this other place could be like (Chapter 7)—a more free-flowing, less logical place than the physical world (“the spirit energy is very much like a fluid”). At times there was even a sense of the self as a place. In Chapter 5 a participant describes her relationship with her voice as an “inner world” she can carry around with her.

In a way, hearing voices is fundamentally a transcendence of ordinary space. Voices speak from across the boundary of life and death—they speak to participants from different parts of their lives across space and time. These spatialized descriptions of mental experience could be a way to ground and make tangible types of experience that are difficult to articulate—alterations of cognition and perception that fall outside of standard categories of voices, or the impossible geography of grief as discussed in Chapter 7—evoked by descriptions of a “place” that participants could step into and be with lost loved ones an overall sense of the loved ones as simultaneously present and in another realm.

The mapping of these experiences onto geographical space is in line with work by Bernini (2018), which introduces the term “innerscapes” for “representations of mind and consciousness as spatially structured locations.” (p. 293) He argues that “geographical models” can help structure aspects of inner experience that are elusive and difficult to capture. Participants’ mapping of voices onto space could be seen as way “to world” and structure these floating, difficult to articulate experiences.

Along with this sense of another world, was a negotiation of the borders between worlds. A sense of the fragileness at the boundaries, the place where two worlds meet, was also woven through this work. “*When you connect those two worlds it’s always an experiment*” a participant notes in discussing the meeting of the spirit world and the physical world.

The idea of boundary setting is one that has received a fair amount of attention in work voice-hearing research, with various studies finding that mediums set boundaries with voices (Roxburgh & Roe, 2014; Powers et al., 2017). Non-mediums also emphasise the importance of boundary setting, with voice-hearers describing engaging in negotiation with voices (Gutkovich, 2020). (In this case boundary is generally meant in a behavioral, rather than spatialized sense. E.g. telling a voice it’s not allowed to speak to you at work.) Running through the interviews in this thesis was the same emphasis on boundary setting “*like I close up shop and I open shop*” (Chapter 6). The notion of “voice worlds” running through this thesis also expands on this idea of boundary setting. In participants’ accounts was the idea that boundary setting is not just about preventing disruption from a voice, but a way of guarding against a whole world which could rush in and overwhelm participants or prevent them from living in the physical world. One participant notes of her father who had struggled with voice-hearing “*He like didn’t live in this world.*” Thus, there was sense of setting “boundaries”, not only in terms of voice-behaviour, but setting boundaries in a spatialized sense—between participants’ worlds and voices’ worlds.

The idea of voices as connected to different worlds is explicitly part of Spiritualist theology (Trattner, 2015) and the “spirit world” is part of Spiritualist vocabulary. Central to Spiritualism from its outset was the idea of spirits as existing in a different realm overlaid on the physical realm. However, the notion of voices coming from a different world was not

limited to mediums. The notion of voice-worlds has implications for voice-hearing which go beyond spiritual voice-hearers, even connecting to clinical voice-hearing research, and holding implications for the psychosis continuum.

9.5 Beyond voices

The sense of voices as accompanied by a sense of another world, running through participants' accounts, as well as descriptions of other unusual experiences more broadly strongly suggests that there are non-clinical analogues of the alterations of cognition and perception that are seen in schizophrenia (Pienkos et al., 2019). There is a growing call to center such experiences in understanding psychosis and to rethink standard ways of categorizing and measuring voices. Jones & Luhrmann (2016), in a study of 80 participants with psychotic disorder, found that only 14 participants described dominant patterns of voice-hearing which “conform to conventional definitions of AH (auditory hallucination) and standardized metrics.” (p. 9). Work exploring cognitive and perceptual alterations to experience in psychosis argues for the potential centrality of these other experiences: “*a limitation of much research in this area is the dominance of operationalized definitions and measurement tools to maximize reliability and simplify diagnostic criteria. While this emphasis on operationalization may help to achieve reliable and interpretable data, it risks a premature simplification of psychopathology*” (Pienkos et al., 2019, p. 68). Humpston & Woodward (2024) argue that the emphasis on voices as resembling “real” perceptions comes from a top-down process divorced from what the experience is really like, and that this differs from the ways in which they were conceptualized by Schneider. The present work contributes to this research landscape with the finding that current conceptualizations of voice-hearing also overlook, and often mischaracterise, the non-clinical voice-hearing experience. Thus, this work echoes a growing call to rethink the ways in which such experiences are conceptualized in psychosis.

These findings also have implications for modelling the voice-hearing continuum. The continuum is often conceptualized as either quasi dimensional (a continuum of risk, in which increasing tendency to experience voices is synonymous with increasing risk of disorder) or fully-dimensional (a continuum of experience in which increasing tendency to experience voices is not associated with increasing risk of disorder, distress, or disfunction) (Baumeister

et al., 2017, Johns et al., 2014). However, the findings that voices are accompanied by other alterations of cognition and perception point to a third possibility: that there could be a continuum of voices as part of a set of alterations of cognition and perception, that is not necessarily linked to psychosis risk. A continuum of “unusual experiences” could be a continuum of risk, a continuum of experience, or both—just like continua which centre voice-hearing. The key distinction is that alterations of experience beyond voices are not necessarily tied to disorder.

One way of thinking about this is through schizotypy. In the introduction to this thesis, Gold et al. (2023) were quoted as saying that, in a model in which voices were fundamentally tied to disorder, Schizophrenia could be seen as an “extreme form of schizotypy”. The conceptualization suggested above disagrees with this account. In such a model, only some dimensions of schizotypy are on a continuum with schizophrenia. The dimension of “unusual experiences” would not be tied to disorder. This is in line with the argument made by Mohr & Claridge, (2015), who conduct a review of literature on schizotypy concluding that high positive schizotypy should not be seen as inherently pathological.

In Gold et al.’s conception, schizotypy is inherently tied to pathology, and thus, if voice-hearing is fundamentally part of positive schizotypy, it is on a continuum or risk. When comparing continua of “risk” vs. “experience” therefore, the question tends to be, ‘to what degree is voice-hearing separate from schizotypy?’ Yet, the qualitative findings of this thesis, raise a new question, in line with Mohr & Claridge’s argument: Is there a continuum in which positive schizotypy (or the “unusual experiences” component of schizotypy) can be split off from other dimensions of schizotypy and disorder generally?

NCVH research has generally conceptualized voice-hearing as an isolated symptom, divorcing it from the unusual-experiences subscale of schizotypy. The findings of this thesis arguably provide support for some version of “non-clinical schizotypy”. It is notable that the finding, reported in chapter 8, that unusual experiences were not related to voice-frequency directly contradicts this possibility. However, the fact that non-voice unusual experiences were reported in all four qualitative studies and the small sample size in chapter 8 suggest that this possibility still bears consideration. Furthermore, voice-frequency may not be the correct metric of understanding the relationship between other unusual experiences and voices. Other work, such as that by Sommer et al. (2010) has found elevated levels of positive schizotypy in NCVHs.

Further research seeking to understand these unusual experiences in way that includes, but is not limited to, voice-hearing is needed. Important work in this area is already being carried out in clinical research (e.g. Pagdon & Jones, 2023) and such work is also needed in non-clinical groups. Understanding potential areas of difference and similarity between clinical and non-clinical groups in terms of this broad set of unusual experiences would be fruitful. Are they fundamentally discontinuous? Is there a threshold at which the non-clinical becomes clinical? Are there other variables that cause these unusual experiences to manifest clinically in some and non-clinically in others? Another crucial area for future research is the need to characterize this set of unusual experiences and seek to identify underlying threads that unite them. This speaks to a need for in-depth phenomenological work on unusual experiences in NCVHs akin to that which gave rise to the ipseity disturbance model (Sass & Parnas, 2003).

One possible area of focus is the way in which individuals draw connections and see patterns. Participants in these interviews spoke of living in a world in which the possibility of meaning and agency was everywhere. *“Reality is like this living breathing tapestry,”* as one participant put it. This sense of moving through the world with a fundamental orientation to meaning—a fortune cookie bearing a message, for instance—is an aspect of psychosis (Mishara, 2010) and is part of the belief systems and experiences of psychic mediums. Ethnographic work conducted in Spiritualist churches noted a sense among interlocutors that there was “no such thing as a coincidence” (Bartolini, MacKian, & Pile, 2019, p.1125). The ways in which this tendency to see patterns and signs manifests in the two groups are very different. However, further work is needed to identify precisely how they differ, potential areas of overlap, and the ways in which non-clinical voice-hearers who aren’t mediums may experience this. Furthermore, the ways in which this interacts with other factors which may determine distress level is needed. For instance, could it be the case that experiences such as loneliness or migration, both of which are risk factors for psychosis (Selten et al., 2020; Michalska da Rocha et al., 2019), interact with the tendency to see patterns in a way that is detrimental? Likewise, could Spiritualist frameworks and mediumship trainings, which emphasise the fundamental benevolence of the universe and afford opportunities to discuss observed patterns with others, lead to more positive outcomes?

9.6 Boundaries of self in voice-hearing and mediumship

Another key idea running through these interviews was that navigating boundaries with voices was tied into navigating the boundaries of self. In chapter 6, participants spoke of learning to manage the boundaries of a self that could be porous. This idea is one which is deeply intertwined with both Spiritualism and voice-hearing more broadly.

Boundaries of self are woven through the history of mediumship—in particular they are intertwined with ideas about mediumship and gender. Mediumship, historically, was both a source of empowerment for women and one tied into stereotyped and stigmatized ideas of femininity. As Trattner (2015) writes: *The assumption that women are more accessible for spirit communication or even possession derived from classical patriarchal discourses that rendered women as weaker of will, more amenable to influence, more emotionally sensitive and generally passive. (p.118)*. These ideas speak to a porousness of the self, and a giving up of the self's boundaries. Trattner draws on the work of Elena Gomel (2007, p. 200) who writes that mediums (of any gender) “*were placed in the feminine position of having to renounce the self in order to become what the word signifies: pure conduits, permeable membranes at the border between two worlds.*”

The idea of women as more accessible to spirits due to being “sensitive”, also evokes the notion of sensitivity articulated by women who were mediums in the present research. “*I would also describe my abilities, if you could call them that, as being an empath, or being somebody who feels other people's energy*” (Abby). The idea of “sensitivity”, like voices, troubles the boundaries of self. It threatens the idea that the self is a clearly separate entity from the rest of the world. As Sara Ahmed writes “*Emotions do not simply come from within (the psyche) or without (society); they affect the very distinction between inside and outside (Ahmed, 2003)*. Emotional sensitivity, empathy, a sense of picking up “other people's stuff” reveal a permeable boundary between inside and outside which does not fit with a bounded model of self.

Mediumship is a context in which sensitivity, empathy, and hearing-voices—experiences which threaten the bounded, contained self - are valued. It is sensitivity that allows for spirit communication, although it is also the case that, as Trattner suggests, there is still a complex interplay between the appreciation of these qualities and the fact that they are stereotypically

ascribed to women. Trattner's work focuses on historical views that women were better mediums due to being more "amenable for influence". Further exploration of the intertwining of gender, "sensitivity", and mediumship in contemporary contexts is needed. Ideas about permeability of self as gendered are, arguably very much still relevant and have been explored in contemporary scholarship. Bildhauer & Owen, for instance have conducted work on the way this manifests in approaches to menstruation (2023). Bildhauer describes a "containment ideal" - a normative imagination of the body as separate from its environment and impermeable, which is threatened by menstruation. This ideal is gendered "*Only male bodies are imagined as being at least theoretically able to be properly contained and indeed to transcend their material bodies into the realm of reason and spirit,*" and casts cis-female and trans bodies as unruly (Bildhauer & Owen, p 170).

Voice-hearing bodies, arguably, are also unruly. Notions of the bounded vs. permeable self, and the way in which threats to this containment are deeply connected to voice-hearing, research more broadly as well. Luhrmann argues that the fact that voices trouble the bounded self is tied into the stigma associated with voices (Luhrmann, Tharoor, & Osei, 2015). Luhrmann argues that in cultures which view the self as more "porous" voice-hearing is not only more likely, but less distressing. Or at least that the fact of hearing voices itself is more distressing. This work is supported by comparative work examining differences in voice-hearing in schizophrenia cross-culturally (Luhrmann, 2015).

The ways in which voice-related distress can involve a sense of loss of the bounded self— a sense of the self as both intruded upon and spilling outwards— is seen in work on shame and voice-hearing (Woods, 2017). Woods' writes of participants' accounts of voice-hearing as describing "*feelings of 'exposure and vulnerability': a self-laid bare, an interiority intruded on by alien voices from which there is no escape and no respite*" (Woods, 2017 p.253).

Indeed, the transgression of the boundaries of self is perhaps fundamental to the very concept of hearing-voices and psychosis. In Schneider's articulation of the first rank symptoms a common denominator of all of them was "a loss of boundaries of the ego-environment-barrier (a "lowering" of the 'barrier' between the self and the surrounding world, the loss of the very contours of the self)" (Schneider, 1959, p. 134 in Moritz et al., 2024). These symptoms, based on years of patient observation, were first published in 1939, on the brink of the Second World War—in a Europe beset by anxiety about borders.

As with Ahmed's writing on emotions and Bildhauer's on menstruation, Luhrmann and Woods' work suggests that, in contexts which view the self as bounded, discomfort and stigma evoked by voice-hearing is partly due to its blurring and transgressing of the borders of the self. This blurring of the borders of self is recast in mediumship as something that, with the right training, can be a gift. *"I found a school that taught how to develop that...those gifts. And ehm I started going and just really dove into educating myself and learning how to manage energy and hear clearly what was coming through and what to do with that communication. how to move it out, ehm ... you know how to manage my own energy field, how to ... kind of find my own space in the world"* (Abby).

There has also been contemporary geographical literature engaging with the ways in which boundaries between self and other are blurred in the practice of mediumship. Ethnographic work in Spiritualist churches in England has described the ways in which mediumship creates and exists in a space between medium and the individual receiving a mediumship reading. (Bartolini, MacKian, & Pile, 2017)

9.7 Strengths and limitations

This study took a mixed approach to non-clinical voice-hearing, which had several strengths and limitations. A crucial strength of the qualitative interviews was their ability to explore aspects of participants' experiences which fall outside of the scope of standardized measures of hallucination. Another strength of these interviews was the fact that they recruited participants across sites, including through universities in both the US and UK, allowing for a broad picture of those who make up the NCVH population of psychological research.

One key limitation of the qualitative interview study was that it included information based on retrospective reports of events taking place many years prior. One of its aims was to understand the ways in which voices were woven through participants' lives overtime. This meant that it explored participants' memories of events from their childhoods and parts of their lives which took place many years ago—sometimes decades ago. While this is a limitation, it is also the case that participants' ways of narrativizing their lives is a crucial aspect of understanding the ways in which their life histories operate in their lives in the present. Thus, participants' descriptions of events, regardless of how they might have described these events closer to the time they took place, are illustrative.

The quantitative studies were able to look at the findings of these qualitative studies, identifying more precisely the constructs of interest—such as intolerance of uncertainty. The mixed methods approach in which quantitative work was able to build on qualitative work allowed this research to capture the depth and details of experience and see how patterns played out more broadly. A key limitation was the small sample sizes, with the one study having 78 participants and the other 41. It should also be noted, however, that NCVHs are a notoriously difficult to recruit population and these participant groups sizes are similar to those of many NCVH studies (e.g. Powell & Moseley, 2021). Furthermore, although the use of questions such as social response to voice-hearing allowed me to explore novel areas, a limitation of these is that they were not validated, and so more research is needed to support these findings.

9.8 Conclusion

This thesis used qualitative and quantitative studies to address the question of how NCVHs' broader contexts interacted with their voice-hearing experiences. Through secondary qualitative analysis, the use of a novel interview to conduct three sets of qualitative interviews, and two online quantitative studies it examined this from a variety of angles. This work identified novel factors of relevance to voice-related distress, such as intolerance of uncertainty and contributed to the literature on key areas of interest such as voice-appraisal. Overall, these studies contributed to understandings of NCVH context, identifying a variety of ways in which Spiritualist beliefs and practices have direct bearing on how we understand and measure voice-hearing in mediums. It also identified ways in which the broader landscapes of participants' experience of consciousness interacted with voices finding, for instance, that participants' ability to connect voices with other experiences influenced the degree to which voices felt normal rather than startling.

A key contribution of this work was the finding that unusual experiences beyond voices were common in participants, adding to a growing body of research pointing to the need to look at aspects of psychosis outside of categories of hallucination and delusion. Along with this it found that participants' voices often resisted standard forms of categorization as determined by instruments such as the PSYRATS (Haddock, 1999), such as those of thought and perception, and internal and external. This speaks to a need for voice-hearing research itself

to tolerate uncertainty as it continues to explore this phenomenon which persistently complicates binaries—perhaps most deeply that between self and other.

Ultimately, this research spoke to the essentially relational nature of voices. Voices were woven through participants’ relationships with their families and their communities. They were sources of connection to loved ones— whether they were “in the physical” or somewhere else, *just a step forward, just across the bridge*. Voices at their core involve a turning towards the “other”. They emerge from the depths, speak from different dimensions, rise from sedimentary layers of the mind, and reach out across the boundary between life and death. Voices blur all sorts of boundaries and studying them demands an ability to sit with this blurriness—to stay at the fragile borders where two worlds meet, to explore the spaces between standard concepts and categories.

Voice-hearing is complex, multifaceted phenomenon which can both cause great distress and be a powerful source of meaning. By focusing on the experiences of non-clinical voice-hearers, and taking such experiences on their own terms, this thesis has contributed to existing literature and identified crucial new areas for future research.

Appendices

Appendix A: PSYRATS/PANSS Combined Interview Schedule

Use for assessing AVH primarily, along with other positive and negative symptoms. Section 1 covers voices; section 2 covers other behaviours and experiences. Include questions in grey for PANSS general assessment.

SECTION 1

Preamble

For this interview I’m going to be asking some questions about the different kinds of experiences you’ve been having recently; and I’m mostly going to ask questions about things that have happened over the past week. Maybe we could start a bit more generally though. Could you describe to me some of experiences you’ve been having?

1. Frequency

How often have you heard voices over the past week?

2. Duration

When you have heard them, how long did they last?

3. Location

When you heard voices, where did it sound like they were coming from? (if that makes sense)

4. Loudness

*The **last** time you heard a voice (even if it was longer ago than last week), how loud was it?*

5 Beliefs about origin

What do you think has caused your voices? How convinced are you by that idea?

6. Amount of negative content

Have the voices said unpleasant/negative things over the past week?

7. Degree of negative content

What kind of things have the voices said over the past week?

8. Amount of distress

Have you found the voices distressing over the last week?

[Cover no/under 10% distressing/under 50%/over 50%/always distressing]

9. Intensity of distress

If the voices have been distressing over the past week, how intense was that?

10. Disruption to life

How much disruption to your life have the voices caused over the past week?

11. Controllability of voices

What control have you had over your voices over the past week? Can you get rid of them, or bring them on?

Optional items

- **Number of voices?**
- **Form of each voice** (reference, 1st/2nd/3rd person)
- **Sex of voices**

SECTION 2

OK, now I'm going to ask about other kinds of experiences: how you've been feeling, what's been on your mind, and so on.

2. Delusions/Thought Content

Have things been going well for you?

*Has anything been bothering you recently?
Do you have any particular thoughts on life and its purpose? Do you follow a particular philosophy?
Do you believe in the Devil?
Can you read other people's minds? How does that work?
Can others read your mind? How do they do that? Is there a reason they do?
Do you think anyone controls your thoughts?*

3. Suspiciousness & impulse control

*How do you tend to spend your time?
Do you prefer to be alone?
Do you join in activities with others? If not, why not?
Do you have many friends?
Close friends?
Do you feel that you can trust most people? Are there any particular people you don't trust?
Do you get along well with others?
Do you like most people? Do they like you?
Do you think other people talk behind your back? Do you feel like anyone is spying on you?
Do you sometimes feel in danger? Is someone thinking of harming you?*

6. Guilt feelings and grandiosity

*How do you compare to the average person? Do you come out a little better, or a little worse? About the same?
Are you special in some ways?
Would you consider yourself gifted?
Do you have talents or abilities that most people don't have?
Do you have special powers? Where do they come from?
Do you have ESP?
Are you very wealthy?
Do you consider yourself very bright?
Are you famous? Do people recognize you from the TV or radio?
Are you a religious person?
Are you close to God? Has God assigned you a special role or purpose?
Do you have a special mission in life?*

Appendix B: Recruitment flyers

Recruitment flyer: voices in context (Chapter 4)

Do you hear voices others can't hear?
(including clairaudience, or communication with spirits)

My name is Ariel Swyer and I am conducting a study on voice-hearing as part of my PhD research. I am looking for folks who have had these experiences to take part in an online study.

Why am I conducting this study? I am interested in learning more about the daily lives, beliefs, and life histories of those who hear voices or have similar experiences of communication.



What will participation involve? Participation in this study will involve completing a series of online questionnaires. This will take approximately 45 minutes.

Who is eligible? To participate in this study you must:

- be 18 years old or above
- not currently be or previously have been in contact with mental health services relating to your experiences
- not have a neurological condition
- have had heard a voice in your head or a voice that has a non-physical source (for instance, the voice of a spirit) on at least one occasion in the past month.

How will you be compensated for your time? You will be receiving a £10 gift voucher for participating in this study.

Are there any risk involved in taking part? This study may ask you whether you have had difficult experiences with voices or in your life generally. These questions may be distressing to some participants.

Are there benefits to taking part in this study? You may find it interesting to consider the questions about your life and experiences posed by this study.

To participate please go to the following website:

https://durhampsychology.eu.qualtrics.com/jfe/form/SV_3eDnSdClnCVzrZY

Thank you!

This study has been approved by the Durham Psychology Department Ethics committee

Recruitment flyer for Voices in Daily Life, reported (Chapter 8):



Do you hear voices others can't hear?

(including clairaudience or communication with spirits)

My name is Ariel Swyer and I am conducting a study on voice hearing as part of my PhD research. I am looking for folks who have had these experiences and don't require mental health support to take part in an online study.



Why am I conducting this study? I am interested in learning more about the experiences and beliefs of people who hear voices and don't require mental health support for voice-hearing

What will participation involve? Participation in this study will involve completing a series of online questionnaires. You will be asked questions about things like your feelings towards voices, what they sound like, how often they occur, etc. There will also be questions about your personal history, and daily life. **This will take approximately 30-45 minutes.**

Who is eligible? To participate in this study you must:

- Be over the age of 18
- Have heard voices (auditory hallucinations/voices with a non-physical source) at least once per week for at least 3 months, while not asleep or under the influence of drugs or alcohol OR have had a period in your life in the past where they heard voices at least once per week for at least 3 months.
- Have never been diagnosed with a neurological condition or engaged in drug or alcohol abuse.
- Have never been diagnosed with a voice-related disorder OR have been diagnosed with a voice-related disorder and haven't used mental health services for voices for the past five years or longer.

How will you be compensated for your time? You will be receive a £10 gift voucher for participating in this study.

Are there any risk involved in taking part? This study may ask you whether you have had difficult experiences with voices or in your life generally. These questions may be distressing to some participants.

Are there benefits to taking part in this study? You may find it interesting to consider the questions about your life and experiences posed by this study.

To take part scan QR code or visit
<https://tinyurl.com/3bkne9ds>



This study has been approved by the Durham Psychology Department Ethics committee.

Appendix C: Measures Used in Studies reported in Chapters 4 and 8

Demographic Information:

Please choose the gender descriptor that best describes you

Female

Male

Non-binary/other

Please choose the ethnicity that best describes you

Asian or Asian British

Indian

Pakistani

Bangladeshi

Chinese

Any other Asian background

Black, African, Caribbean or Black British

African

Caribbean

Any other Black, African or Caribbean background

White

English, Welsh, Scottish, Northern Irish or British

Irish

Gypsy or Irish Traveller

Any other White background

Mixed or Multiple ethnic groups

White and Black Caribbean

White and Black African

White and Asian

Any other Mixed or Multiple ethnic background

Other ethnic group

Arab

Any other ethnic group

Intolerance of Uncertainty Scale:

Please circle the number that best corresponds to how much you agree with each item.

	Not at all characteristic of me	A little characteristi c of me	Somewhat characteristic of me	Very characterist ic of me	Entirely characteristi c of me
1. Unforeseen events upset me greatly.	1	2	3	4	5
2. It frustrates me not having all the information I need.	1	2	3	4	5
3. Uncertainty keeps me from living a full life.	1	2	3	4	5
4. One should always look ahead so as to avoid surprises.	1	2	3	4	5
5. A small unforeseen event can spoil everything, even with the best of planning.	1	2	3	4	5
6. When it's time to act, uncertainty paralyzes me.	1	2	3	4	5
7. When I am uncertain I can't function very well.	1	2	3	4	5
8. I always want to know what the future has in store for me.	1	2	3	4	5
9. I can't stand being taken by surprise.	1	2	3	4	5
10. The smallest doubt can stop me from acting.	1	2	3	4	5
11. I should be able to organize everything in advance.	1	2	3	4	5
12. I must get away from all uncertain situations.	1	2	3	4	5

Need for Closure Scale:

Read each of the following statements and decide how much you agree with each according to your beliefs and experiences. Please respond according to the following scale:

- 1 = Strongly disagree 4 = Slightly agree
2 = Moderately disagree 5 = Moderately agree
3 = Slightly disagree 6 = Strongly agree

1	I don't like situations that are uncertain.	1 2 3 4 5 6
2	I dislike questions which could be answered in many different ways.	1 2 3 4 5 6
3	I find that a well ordered life with regular hours suits my temperament.	1 2 3 4 5 6
4	I feel uncomfortable when I don't understand the reason why an event occurred in my life.	1 2 3 4 5 6
5	I feel irritated when one person disagrees with what everyone else in a group believes.	1 2 3 4 5 6
6	I don't like to go into a situation without knowing what I can expect from it.	1 2 3 4 5 6
7	When I have made a decision, I feel relieved	1 2 3 4 5 6
8	When I am confronted with a problem, I'm dying to reach a solution very quickly.	1 2 3 4 5 6
9	I would quickly become impatient and irritated if I would not find a solution to a problem immediately.	1 2 3 4 5 6
10	I don't like to be with people who are capable of unexpected actions.	1 2 3 4 5 6
11	I dislike it when a person's statement could mean many different things.	1 2 3 4 5 6
12	I find that establishing a consistent routine enables me to enjoy life more.	1 2 3 4 5 6
13	I enjoy having a clear and structured mode of life.	1 2 3 4 5 6
14	I do not usually consult many different opinions before forming my own view.	1 2 3 4 5 6
15	I dislike unpredictable situations.	1 2 3 4 5 6

Tellegen Absorption Scale:

- Sometimes I feel and experience things as I did when I was a child.
- I can be greatly moved by eloquent or poetic language.
- While watching a movie, a T.V. show, or a play, I may become so involved that I forget about myself and my surroundings, and experience the story as if it were real and as if I were taking part in it.
- If I stare at a picture and then look away from it, I can sometimes "see" an image of the picture, almost as if I were still looking at it.
- Sometimes I feel as if my mind could envelop the whole world.
- I like to watch cloud shapes change in the sky.
- If I wish I can imagine some things so vividly that it's like watching a good movie or hearing a good story.
- I think I really know what some people mean when they talk about mystical experiences.
- I sometimes "step outside" my usual self and experience a completely different state of being.
- Textures—such as wool, sand, wood—sometimes remind me of colors or music.
- Sometimes I experience things as if they were doubly real.
- When I listen to music I can get so caught up in it that I don't notice anything else.
- If I wish I can imagine that my body is so heavy that I cannot move it.
- I can often somehow sense the presence of another person before I actually see or hear her/him.
- The crackle and flames of a wood fire stimulate my imagination.
- Sometimes I am so immersed in nature or in art that I feel as if my whole state of consciousness has somehow been temporarily changed.
- Different colors have distinctive and special meanings for me.
- I can wander off into my thoughts so completely while doing a routine task that I actually forget what I am doing and a few minutes later find that I have finished it.
- I can sometimes recall certain past experiences so clearly and vividly that it is like living them again.
- Things that might seem meaningless to others often make sense to me.
- If I acted in a play I think I would really feel the emotions of the character and "become" that person for the time being, forgetting both myself and the audience.
- My thoughts often occur as visual images rather than as words.
- I am often delighted by small things (like the colors in soap bubbles and the five pointed star shape that appears when you cut an apple across the core).
- When listening to organ music or other powerful music, I sometimes feel as if I am being lifted into the air.
- Sometimes I can change noise into music by the way I listen to it.
- Some of my most vivid memories are called up by scents and smells.
- Some music reminds me of pictures or changing patterns of color.
- I often know what someone is going to say before he or she says it.
- I often have "physical memories"; for example, after I've been swimming I may feel as if I'm still in the water.
- The sound of a voice can be so fascinating to me that I can just go on listening to it.
- At times I somehow feel the presence of someone who is not physically there.
- Sometimes thoughts and images come to me without any effort on my part.
- I find that different smells have different colors.
- I can be deeply moved by a sunset.

Tolerance of Ambiguity Scale:

Please respond to the following statements by indicating the extent to which you agree or disagree with them. Circle the number at the right that best represents your evaluation of the item.

- D = Slightly Disagree
- SD = Strongly Disagree
- MD = Moderately Disagree
- N = Neither Agree nor Disagree
- A = Slightly Agree
- MA = Moderately Agree SA = Strongly Agree

		SD	MD	D	N	A	MA	SA
1	An expert who doesn't come up with a definite answer probably doesn't know too much	1	2	3	4	5	6	7
2	I would like to live in a foreign country for awhile	1	2	3	4	5	6	7
3	There is really no such things as a problem that can't be solved	1	2	3	4	5	6	7
4	People who fit their lives to a schedule probably miss most of the joy of living	1	2	3	4	5	6	7
5	A good job is one where what is to be done and how it is to be done are always clear	1	2	3	4	5	6	7
6	It is more fun to tackle a complicated problem than to solve a simple one	1	2	3	4	5	6	7
7	In the long run, it is possible to get more done by tackling small, simple problems rather than large and complicated ones	1	2	3	4	5	6	7
8	Often the most interesting and stimulating people are those who don't mind being different and original	1	2	3	4	5	6	7
9	What we are used to is always preferable to what is unfamiliar	1	2	3	4	5	6	7
10	People who insist upon a yes or no answer just don't know how complicated things really are	1	2	3	4	5	6	7
11	A person who leads an even, regular life in which few surprises or unexpected happenings arise really has a lot to be grateful for	1	2	3	4	5	6	7
12	Many of our most important decisions are based on insufficient information	1	2	3	4	5	6	7
13	I like parties where I know most of the people more than ones where all or most of the people are complete strangers	1	2	3	4	5	6	7
14	Teachers who hand out vague assignments given one a chance to show initiative and originality	1	2	3	4	5	6	7
15	The sooner we all acquire similar values and ideals the better	1	2	3	4	5	6	7
16	A good teacher is one who makes you wonder about your way of looking at things	1	2	3	4	5	6	7

Trauma History Screen:

Event	Circle "YES" if that kind of thing has happened to you	Circle "NO" if that kind of thing has not happened to you	
A. A really bad car, boat, train, or airplane accident	YES	NO	_____ times
B. A really bad accident at work or home	YES	NO	_____ times
C. A hurricane, flood, earthquake, tornado, or fire	YES	NO	_____ times
D. Hit or kicked hard enough to injure - as a child	YES	NO	_____ times
E. Hit or kicked hard enough to injure - as an adult	YES	NO	_____ times
F. Forced or made to have sexual contact - as a child	YES	NO	_____ times
G. Forced or made to have sexual contact - as an adult	YES	NO	_____ times
H. Attack with a gun, knife, or weapon	YES	NO	_____ times
I. During military service - seeing something horrible or being badly scared	YES	NO	_____ times
J. Sudden death of close family or friend	YES	NO	_____ times
K. Seeing someone die suddenly or get badly hurt or killed	YES	NO	_____ times
L. Some other sudden event that made you feel very scared, helpless, or horrified	YES	NO	_____ times
M. Sudden move or loss of home and possessions	YES	NO	_____ times
N. Suddenly abandoned by spouse, partner, parent, or family	YES	NO	_____ times

Likert Items social response to voice-hearing

Please think about the first time you can remember telling another person/people that you heard voices. Based on this experience, please rate the following items on a scale of 1 to 5.

- 1 = Strongly agree
- 2 = Agree
- 3 = Neutral
- 4 = Disagree
- 5 = Strongly disagree

- a. This person showed concern about my voice-hearing.
- b. This person showed acceptance of my voice-hearing.
- c. This person showed fear about my voice-hearing

Please rate your agreement with the following statement on a scale of 1 to 5: I would get rid of my voices if I could

- 1 = Strongly agree
- 2 = Agree
- 3 = Neutral
- 4 = Disagree
- 5 = Strongly disagree

In your own words please explain why you would or would not choose to get rid of your voices_____

Instructions for filling out AVHRSQ for spontaneous and non-spontaneous voices

Your experiences with voices

Have you participated in a study as a non-clinical voice-hearer before? Yes/No

Please briefly describe your experiences with voices: _____

The following questions are going to distinguish between voices **with whom you have initiated contact** and **voices that speak to you spontaneously**:

Voices with whom you have initiated contact would include any voices that you hear while giving planned spiritual readings, for instance, while working as a medium at a Spiritualist church. This would also include any other time when you choose to bring on, or start a conversation with a voice.

Spontaneous voices are those that speak to you spontaneously, without you actively choosing to hear them

I have **never** initiated contact with voices, they are always spontaneous: YES /NO

[If yes, participants will be directed to the next set of questions]

The following set of questions is going to ask only about voices with **whom you have initiated contact**. Please discount spontaneously occurring voices in answering these questions.

Inventory of Anomalous Self Experiences

We are interested in studying the kinds of attitudes and life experience people have. The following questionnaire contains statements about attitudes and life experiences. Please indicate how much you agree or disagree with the following statements on a scale of: 1= Strongly Disagree, 2 = Disagree, 3 = Neither Agree Nor Disagree, 4 = Agree, and 5 = Strongly Agree

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1) I feel like my thoughts are being generated by someone else.	1	2	3	4	5
2) I feel like my current life is not connected with my life in the future.	1	2	3	4	5
3) I sometimes feel like I can see myself from the outside.	1	2	3	4	5
4) I feel as though I no longer have an identity.	1	2	3	4	5
5) I have had the feeling that I am watching myself from outside my body.	1	2	3	4	5
6) I have difficulty telling whether I am experiencing something or just imagining it.	1	2	3	4	5
7) I feel like my inner-most identity has disappeared.	1	2	3	4	5
8) I have had the feeling that I am older or younger than I actually am.	1	2	3	4	5
9) I wonder whether or not I truly exist.	1	2	3	4	5
10) I feel as if I have lost contact with myself.	1	2	3	4	5
11) I feel like my body has changed.	1	2	3	4	5
12) When I am reading, I feel like the words are being read by someone else.	1	2	3	4	5
13) I sometimes feel like my legs, arms, or other body parts are not really mine.	1	2	3	4	5
14) I have the experience of being unsure if I have said something out loud or just thought it.	1	2	3	4	5
15) I feel distant from myself.	1	2	3	4	5
16) I sometimes feel like I am unable to control my body parts.	1	2	3	4	5
17) I often feel like I need to agree with other people because I have no point of view.	1	2	3	4	5
18) I feel as if I have totally lost myself.	1	2	3	4	5
19) I often look in the mirror to see if I have changed.	1	2	3	4	5
20) I feel as if my thoughts are not my own.	1	2	3	4	5
21) I try to figure out who I am by looking at things like photos, notes, and diaries.	1	2	3	4	5

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
22) It seems like time is moving faster or slower than it used to.	1	2	3	4	5
23) I am living in another world.	1	2	3	4	5
24) I have electric sensations in my body.	1	2	3	4	5
25) I feel as if I am not part of this world.	1	2	3	4	5
26) I fear that I am losing myself.	1	2	3	4	5
27) I have had feelings of hot or cold throughout my body that are not caused by changes in temperature around me.	1	2	3	4	5
28) When thinking, I feel as if my thoughts are being written down.	1	2	3	4	5
29) I feel that I am a stranger to myself.	1	2	3	4	5
30) I have felt pain from hearing noises.	1	2	3	4	5
31) I feel like time is rushing ahead, slowing down, or standing still.	1	2	3	4	5
32) I feel as though I no longer have a connection with the world.	1	2	3	4	5
33) I have felt as if my leg is jerking or my body is rocking when I am in fact not moving.	1	2	3	4	5
34) I sometimes feel as if I am a ghost.	1	2	3	4	5
35) I feel that I am not really present in this world.	1	2	3	4	5
36) I have had times when I am unable to control my body.	1	2	3	4	5
37) When thinking, my thoughts seem so loud that I wonder if other people can hear them.	1	2	3	4	5
38) I feel that I am not the same person I have always been.	1	2	3	4	5
39) I have had times when I have tried to move but cannot.	1	2	3	4	5
40) I feel that I have an inner void.	1	2	3	4	5
41) I sometimes cannot remember doing things that I know I have done.	1	2	3	4	5
42) When I think about myself, I feel like I am thinking about a different person.	1	2	3	4	5
43) I have had sudden feelings of weakness in my arms, legs, or other body parts.	1	2	3	4	5
44) I feel like there is not a connection between myself and what I am thinking.	1	2	3	4	5
45) I avoid discussions because I have no opinion of my own about things.	1	2	3	4	5

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
46) I feel as if I am fading out of existence.	1	2	3	4	5
47) When I see someone moving, I feel like I am moving, too, even if I am completely still.	1	2	3	4	5
48) I am constantly observing myself, to the point where I have trouble following what's going on around me.	1	2	3	4	5
49) I feel as if my thoughts are repeated or echoed outside of my head.	1	2	3	4	5
50) When I do something, I feel like it is not really me doing it.	1	2	3	4	5
51) I feel like I am a passive observer of the world.	1	2	3	4	5
52) My facial expressions, speech, behavior, and gestures are often not in line with what I am thinking or feeling.	1	2	3	4	5
53) I have the confusing feeling that I am somehow changing.	1	2	3	4	5
54) I feel as if the barrier between myself and the world has disappeared.	1	2	3	4	5
55) I do not have as strong of feelings as I used to.	1	2	3	4	5
56) When thinking, I can see my thoughts going one in front of the other.	1	2	3	4	5
57) The meaning and significance of my world seems to have changed.	1	2	3	4	5

Voices and daily activities

Voices speak to me when I am trying to concentrate on school work or office work (this would not involve forms of work that directly involve working with voices. For instance, if you are a professional medium, this would refer to administrative aspect of work, rather than times when you are giving readings)...

- a. never
- b. occasionally
- c. regularly
- d. frequently
- e. very frequently

Voices speak to me when I am falling asleep or waking up...

- a. never
- b. occasionally
- c. regularly
- d. frequently
- e. very frequently

Voices speak to me when I am zoning out, or engaging in an activity that I am not actively focusing on (such as doing the dishes)...

- a. never
- b. occasionally
- c. regularly
- d. frequently
- e. very frequently

Please describe the times of day and activities you tend to be engaged in when you hear voices: _____

References

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