



The Phenomenon of “Hearing Voices”: Not Just Psychotic Hallucinations—A Psychological Literature Review and a Reflection on Clinical and Social Health

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Abstract

The phenomenon of hearing voices is currently a much-discussed topic, both in the field of research and in the field of care services. The majority of people who report “hearing voices” do not subsequently receive services or receive a diagnosis of psychopathology. This topic raises questions for professionals in the health field about the lack of tools that can help illuminate the phenomenon. The purposes of this work are (a) to highlight the psychological studies that approach the phenomenon in a non-psychopathological way and (b) to determine which concepts could aid the comprehension of the phenomenon. The method consists of a systematic review of the literature that characterizes the phenomenon of hearing voices from a non-pathological perspective. The literature offers different theoretical approaches to interpret the phenomenon in a way that is not necessarily pathological and presents new tools for examining the phenomenon. For example, a few studies state that it is possible to coexist with voices, while others indicate that it is necessary to know how to manage voices. We highlighted and discussed several concepts that can support doctors, psychiatrists and practitioners in understanding “hearer” patients, particularly attention to the context of belonging, attention to language, and the role of the sense-making process.

Keywords Lived experience health · Auditory verbal hallucination · Hearing voices · Mental health and illness · Mental health nursing · Clinical

Introduction

Even in the absence of neurological pathology or psychoactive drug use, auditory hallucinations are frequently considered a sign of a psychiatric disorder. In particular, auditory hallucinations are considered a typical symptom of schizophrenic or psychotic pathology (Goodwin et al. 1971; Larøi et al. 2012). Hallucinations are defined as perceptual experiences that occur in the absence of external stimuli, emerge mainly when the individual is in a state of vigilance and are not under voluntary control (Beck and Rector 2003; David 2004). In the last decade, clinicians and researchers

(Romme et al. 2009; Corstens et al. 2012; McCarthy-Jones et al. 2013a) have recorded cases of non-pathological hallucinations, including the phenomenon defined as “hearing voices”, which is characterized by heterogeneity in the phenomenon itself and in the degree to which it is under voluntary control, as well as by different personal and ego-syntonic meanings produced by voice hearers. The hearing voices phenomenon highlights the problem and complexity of the relationship between auditory hallucinations and the diagnosis of psychiatric disorders and the risk of automatically categorizing hearing voices as a pathological experience (Baumeister et al. 2017).

This risk can be seen clearly in clinical and social contexts and means that non-psychotic and non-schizophrenic hearers of voices are afraid of being judged as mad, crazy or disturbed (de Kalhovde et al. 2013; Faccio et al. 2013; Jager et al. 2016; Longden 2017). These individuals may live with these fears for years, avoiding speaking about their experiences to others whilst understanding that hearing voices does not negatively impact their lives in general (Ruddle et al. 2011; Beavan et al. 2011). In the long term,

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this situation can lead to deep feelings of inadequacy, worthlessness and low self-esteem, and when experiencing the phenomenon of hearing voices, individuals commonly suffer as a result of admitting their experience, especially people who do not have a psychiatric history (Barrett and Caylor 1998; Pearson et al. 2001; Longden et al. 2012; Connors et al. 2016). These people are rarely in contact with mental health services or with other associations working in this field, and therefore, they often do not receive information that could allow them to understand their experiences. Thus, the clinical need to understand the phenomenon of hearing voices through literature study has emerged (Larøi 2006; McCarthy-Jones et al. 2014). In this regard, this work aims (a) to highlight the psychological studies that approach the phenomenon in a non-psychopathological way and (b) to determine which concepts could help to aid the comprehension of the phenomenon. This work can help non-psychiatric hearers to manage an experience that is sometimes considered “madness” and thus accompanied by notable suffering. In addition, it could offer to clinicians, social workers, psychiatrists, and psychologists new starting points to assist hearing patients who are not nosographically classifiable.

Methods and Data

Starting from the study by Creswell and Clark (2017), we used the guidelines suggested to study scientific literature, particularly a general keyword search, the definition of a research topic (the phenomenon of hearing voices) and the identification of concept maps associated to that topic.

The research was carried out using the Scopus, PsychInfo and Medline databases for the years 1970–2017. The criteria used to search the databases were (a) articles in English, (b) articles or indexed chapters, (c) publications in journals; and (d) terms such as “hearing voices”, “auditory hallucinations”, “auditory verbal hallucinations”, “psychiatric voices”, and “patients’ voices”. The first identification of texts to be studied resulted in 579 articles. The second part was a screening of the title and the abstract, resulting in the exclusion of a few articles that were repeats and articles that were not pertinent to the topic (N: 339), resulting in a total of 287 articles. Another selection was carried out in relation to the specific goals of our study, narrowing the selection to 203 articles. In reference to the basis of our qualitative research, the documents were analysed and interpreted to determine their meaning, provide comprehension and develop empirical knowledge (Denzin and Lincoln 2008).

Findings

Starting from the selected literature, we constructed a concept map related to the phenomenon of hearing voices. In our revision, we built “bridges between the sub-themes” and ultimately attempted to identify generalized concepts among the selected studies. Below are the significant concepts derived from the research.

Hearing Voices as a Phenomenon Based on an Experiential Continuum

The literature indicates a long scientific tradition in which hallucinations are considered a part of the continuum of normal functioning (Strauss 1969; van Os et al. 2000; Birchwood et al. 2005) and in which it is therefore accepted that voices can be present in the absence of cerebral dysfunction or psychiatric disorder. The Census of Hallucinations (Sidgwick 1894) reported that 8% of men and 12% of women in a sample of 15,316 British citizens without any diagnosis of mental or physical disorders had experienced at least one hallucination in their lives. Furthermore, Forrer (1960) showed that as result of normal parapraxes, brief hallucinations can occur whilst someone is conscious and in the absence of psychopathology and psychotic consequences. Romme and Escher (1989) found that 70% of the subjects involved in their research (out of 450) reported that they had begun to hear voices after a traumatic event, many of them experienced voices as a form of assistance that helped them to integrate and overcome the trauma. Based on interviews with 30 people who heard voices and who did not have any diagnosis of a psychiatric disorder, Heery (1989) developed a simple cartography of inner voices and concluded that healthy individuals can hear voices. In another study on hallucinatory experiences, Bentall (2000, p. 95) concluded that “the finding that a substantial minority of the population experiences frank hallucinations at burden points in their lives must be considered very robust”.

A few studies estimate that hearing voices occurs among 20% of “normal” people (Linden et al. 2011). Studies (Sommer et al. 2010) show that some 10–15% of the healthy population experience auditory or verbal hallucinations (AVHs). Other authors highlight how the phenomenon of hearing voices may also occur as part of a series of non-psychotic clinical issues, such as acute or post-traumatic stress (Larøi et al. 2012). A possible interpretation of these data is that the overlap between particular biographical situations and an accentuated individual disposition could favour the episodic or continued appearance of voices for certain subjects (Salvini and Bottini 2011).

According to Liester (1996), who added another element to understand the phenomenon, there are similarities in how non-psychotic and psychotic auditory hallucinations are perceived by the hearer; what distinguishes the two experiences is the consequences they have for the hearer. From this point of view, psychotic hallucinations are perceived to be external in origin, to interrupt the functioning of the self and to have both positive and negative consequences. Non-psychotic auditory hallucinations differ from psychotic hallucinations in that they generally enhance personal, interpersonal and social functioning, tend to be supportive rather than appositive and take the form of an interaction featuring complete sentences or long internalized discourses (Gregory 2016); additionally, they are not associated with cerebral malfunction (Liester 1996). Consistent with this perspective, many authors have found that in the absence of a diagnosis of psychiatric disorder, hearing voices does not interfere with everyday life (Andrew et al. 2008; Lawrence et al. 2010; Daalman et al. 2011; Hill and Linden 2013; Badcock and Chhabra 2013).

Consequently, one of the factors that can be used to discriminate clinical and non-clinical cases is the way in which the voices are interpreted (Chadwick and Birchwood 1994; Morrison 2001). In particular, interpretations may concern perceptions or beliefs about the identity of the voices (for example, listening to the voice of particular person) and the interpersonal disposition (power and agency) of the voices. These aspects can be very relevant aspects and move in the opposite direction of the interference or dysfunction of everyday life (Birchwood and Chadwick 1997; Mawson et al. 2010).

Hearing Voices: The Role of the Socio-Cultural Context

Various studies in the literature link hearing voices to the cultural and symbolic context in which the phenomenon occurs, particularly the terms used to describe it and the beliefs and the degree of acceptance of the phenomenon by those who experience it (Sharpley et al. 2001; Lipsedge and Littlewood 2005). In Western societies, hearing voices is generally considered a negative phenomenon and is accepted only in a limited range of circumstances. For instance, in countries with a strong Catholic tradition, immigrants' hearing of voices that express religious content appears not to be directly associated with psychopathological symptoms (Leudar and Thomas 2000; Jenkins and Barrett 2004; Jones 2010). In these circumstances, the adaptive value of the voices is underlined, as these voices can play a relational function that is not fulfilled by the hearer's family or social network or compensates for the lack of other social contacts in a specific context and moment (Mawson et al. 2010; Beavan et al. 2011; Hayward et al. 2011). "Several scholars have pointed out the potential adaptive value of the experience of

madness or the possibility of using voices in a positive way" (Deegan 1996; Zahniser et al. 2005; Lukoff 2007; McCarthy et al. 2013b).

Beliefs about the origin of hallucinations—including culturally determined beliefs—can play an important role in the social control of the production and content of hallucinations. If hallucinations are believed to be spontaneous, occasional and unpredictable phenomena of unknown origin, they may be considered impossible to manage (Johns et al. 2002; Andrew et al. 2008; Chin et al. 2009). A careful investigation of the socio-cultural context can become very useful to facilitate the understanding and management of hearing voices (Jenkins and Barrett 2004; Benedict 2006; Salvini and Bottini 2011).

Hearing Voices: The Role of Language

The selected scientific literature demonstrates a relationship between the phenomenon of hearing voices and the use of language, and this close link can broaden our theoretical and applied knowledge of this experience. Some authors have argued that maintained that the ability to talk about an abstract event can be a determinant of whether the experience of hearing voices involves a hallucination or an unusual auditory experience. Indeed, telling a story about hearing voices to a particular audience has a lower probability of being considered false or hallucinatory if the account includes linguistic elements indicating possibilities or doubts, such as "it is as if I heard...", "I thought about seeing...", and people do not respond to these experiences as if they were "real" but as if they were real (Al-Issa 1977; 1995; Leudar and Thomas 2000; Rogers and Pilgrim 2014). Some authors have found that the deviant language of some subjects diagnosed with mental problems is characterized by is characteristic not only of an attempt to describe vague or awful experiences but also of having insufficient linguistic skills (for example to formulate metaphors) to communicate personal experiences (Miller et al. 1965; Bentall 2000; Pierre 2010).

The use of particular modalities or interpretative categories can therefore be associated with the speaker's capacity to externalize his or her lived reality and with the active or passive position that the speaker assumes in order to assign meaning to his or her perceptions or behaviour (Choong et al. 2007; Saavedra et al. 2012). A person in a similar situation who believes that a voice derives from an external and independent source will be less prone to describe how the voice was generated, limiting the opportunity to describe how the person lives and the personal management of the same experience (Hoffman 1986; Bentall 2003; Yamagata-Lynch et al. 2016). This is commonly referred to as—source monitoring error|| (Garrett and Silva 2003). This notion was recently validated by Brébion et al. (2009), who affirmed

the theory that the auditory hallucinations are connected to faulty monitoring of internal speech, and that Context processing errors are involved in auditory hallucinations.

Other research (Baddeley and Lewis 1984; Frith 1995; Stanghellini and Cutting 2003; Seal et al. 2004) has shown that an individual can talk to himself or herself using subvocal language. This research is based on the hypothesis that subvocal, internal language contributes to forming particular auditory hallucinations that the subject attributes to a distinct other. Subvocalizations are reflected in the activation of muscles used in the articulation of words, and they occur during normal oral thinking. Subvocalization could be enhanced during the hearing of voices. This hypothesis brings the hearing voices phenomenon within the realm of normal experience and assigns an active, agentic role to the hearers of voices. Fernyhough (2004) developed a descriptive model of AVHs based on the dialogical perspective. Starting from the works of Vygotsky (1980), the author proposed that inner speech is a product of ontogenetic development and retains the dialogical qualities of socially mediated exchanges. Thus, when a dialogue is internalized, the different perspectives of reality that manifest in it are also internalized. Fernyhough (2004) suggested that there are several forms of inner speech and distinguished between expanded and condensed inner speech based on the transformations that accompany the internalization in each case. For this reason, the hearing of voices could reflect the disruption of the internalization of socially mediated, external dialogue.

Hearing Voices: The Role of the Sense-Making Process and the Functions of Voices

Several authors have pointed out that the way in which hallucinatory phenomena are labeled can be influenced by the beliefs and oral sophistication of both the clinician and the patient (Sarbin 1967; Bentall 2003; Boyle 2014). People who hear voices can attempt to make sense of their experience; to do so, they resort to whatever forms of knowledge are available to them, whether philosophical, religious, paranormal or medical (Barret and Caylor 1998; Salvini 2001).

Research by Romme and Escher (1989) showed that certain people feel confused by the experience of hearing voices and therefore seek to escape from them. After a period of panic and sense of lack of self-control, others feel very angry towards the voices. Still others attempt to ignore the voices or to focus only the voices they see as positive, talking only to them or at least accepting them. An individual's system of beliefs may not only influence how he or she interprets voices but may also help one understand his or her relationship with these voices (Slade 1976; Murphy 1978; Bentall 2003; Shawyer et al. 2013). These voices may serve the function of a response or an attempted solution in the face of situations perceived as uncontrollable; voices may be

considered a form of persecution or salvation (Salvini and Bottini 2011) and may give comfort (Freeman and Garety 2003; Hill and Linden 2013) or guide action against stress (Evensen et al. 2011; Longden 2017) or sentimental disappointments (Kumari et al. 2013) and as an accompaniment to daily life (Hayward et al. 2011). The hearer's relationship with the voices can serve to structure or organize his or her personal or social life, and the voices may accompany the hearer during much of his or her life and may direct his or her behaviour (Salvini 1998; Perona-Garcelan et al. 2015). "Several scholars have pointed out the potential adaptive value of the experience of using voices in a positive way" (Deegan 1996; Zahniser et al. 2005; Hill and Linden 2013). The hearers of voices not only "hear" them but also talk to them; they may have discussions with them and may construct a cooperative relationship with some whilst fighting with or trying to ignore others (Lukoff 2007). Based on a qualitative study of people who heard voices, Beavan (2011) describe five characteristics of the phenomenology of voices. The content was described as subjectively meaningful, the voices had concrete and specific identities, the hearer maintained a relationship with the voices and they had a meaningful impact on the hearer's life, and the hearer could interpret the phenomenon in a way that was completely coherent in the context of his or her personal system of meanings. Other studies have demonstrated the importance of emotional interpretation, which is attributed to the phenomenon in a subjective way (McCarthy-Jones et al. 2013a). Many studies thus signal that—more than the frequency, content or gravity of the voice—the anguished and anxiety-ridden reaction that is sometimes produced as an effect of the phenomenon matters most (Birchwood et al. 2005; Watson et al. 2006; Hill et al. 2012).

Some authors emphasize the value of exploring the "subjective culture" surrounding the interpretations and discourses of hearers; nevertheless, it is also important to take into account the knowledge and culture of experts and the institutions to which they belong (Triandis et al. 1972; Bentall 1990; Larøi et al. 2014; Andrew et al. 2008; Corstens and Longden 2013).

The clinician should therefore consider the influence of his or her professional group or the socio-cultural context when attributing sense and meaning to the patient's lived experience.

Conclusions and Operative Implications

Our work aimed to highlight the studies that configure the phenomenon of hearing voices as non-psychopathological and, subsequently, to explore and underline which concepts can help clinicians and psychologists in comprehending the phenomenon. This study also responds to the need to

respond to all those who experience hearing voices and who are afraid of having a mental disorder (Posey and Losch 1983; Salvini and Quarato 2011; Pearson et al. 2001; Longden et al. 2017). These people may consider such voices only psychiatric symptoms, without talking about them to anybody because of a fear of being judged; this course of action has notable impacts on their lives and on their modalities of managing the voices (Honig et al. 1998; Iudici et al. 2017). The malaise observed among individuals who hear voices is often the effect of the discomfort activated by the perception of being different. In this research, many studies have highlighted how it is possible to activate voices despite not being a bearer of a psychopathological condition (Saavedra et al. 2012; Woods et al. 2015; Kelleher and DeVylder 2017). Indeed, it is important to underline that if the socio-professional function is not impaired, hallucinations cannot be part of any disorder or syndrome (Bentall 2000; Badcock and Chhabra 2013; Johns et al. 2014). Nevertheless, the information concerning these aspects of life for many healthy people is still struggling to gain acceptance among the common understanding.

Our work identified three concepts that can be considered as criteria to understand the phenomenon of hearing voices: the role of the socio-cultural context, the role of language, and the role of the sense-making process and the functions the voices assume. These three conceptualizations must be understood as strictly related and interconnected, from the most inclusive and general category of the socio-cultural context to the most specific and particular category of the processes of construction and attribution of meaning conducted by the interlocutor (Iudici and Gagliardo Corsi 2017). Beliefs about the origin of hallucinations—including culturally determined beliefs—can play an important role in the social control of the production and content of hallucinations. If hallucinations are believed to be spontaneous, occasional and unpredictable phenomena of unknown origin, they may be considered impossible to manage (Johns et al. 2002; Chin et al. 2009). It emerges from the literature that the language may play an important role in the understanding and identification of the phenomenon—not only with respect to the interpretative and categorical processes used in the attribution of characteristics, qualities and identity to voices and attempts to control them and give them intentionality but also with respect to interactions in which voices communicate meaningfully (Kråkvik et al. 2015; Yamagata-Lynch et al. 2016).

Considering contextual and situational aspects in which particular hallucinatory experiences occur or are constructed can help us to understand them, by emphasizing these experiences' meaning, function and the ways in which they are interpreted and find social acceptance. The concept of socio-cultural context and its aspects can be familiar to clinicians, and their careful investigation can promote comprehension

of hearing voices and improve healthcare (Salvini 1997; Iudici 2015).

We should add that many people who hear and to listen to voices have skills that allow them to cope effectively such that hearing voices becomes an enriching experience (Jenner et al. 2008; McCarthy-Jones and Longden 2013; Evrard and Le Malefan 2013; Dillon and Hornstein 2013). This suggests that auditory hallucinations do not in themselves determine how well they are able to deal with these experiences (Bentall 2003; Hornstein 2009). The information and perspective presented here should be of interest to mental health professionals who work with or come into contact with people who hear voices (Breeding 2008). A better understanding of the phenomenon will help mental health professionals to develop techniques to help hearers of voices manage their experiences (Steinman 2009).

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