

Positive aspects of voice-hearing: A qualitative metasynthesis

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Abstract

Voice-hearing occurs in clinical and non-clinical samples, and the role of spiritual and cultural frameworks of understanding for percipients has received increased attention. This review aimed to identify and synthesise the existing qualitative literature relating to positive aspects of voice-hearing experiences, and to make recommendations based on these findings for clinical practice and future research. Qualitative papers that included positive aspects of voice-hearing were identified by undertaking a systematic search of six electronic databases, resulting in 22 papers. The quality of each paper was assessed and the meta-ethnographic approach was used to extract and synthesise the data. Six themes were identified relating to voices providing safety and protection, guidance, creating psychological and emotional well-being, providing companionship, facilitating personal growth and development, and connecting hearers to religious or spiritual belief systems. The findings suggest positive aspects of voice-hearing that may have clinical and research implications.

Key words: hearing-voices; qualitative; positive; spiritual; voice-hearing; wellbeing

The term 'voice hearing' encompasses a wide range of experiences related to perceiving or hearing the voice of another (that others do not) in the absence of a source beyond that of the percipient (Taylor & Murray, 2012). Psychological theory on voice-hearing has largely focussed on its causes and why this might result in distress, termed vulnerability and distress-maintenance models respectively.

Vulnerability models focus on mechanisms commonly understood to underpin the development of voice-hearing, for example source monitoring (Brookwell, Bentall & Varese, 2013), dissociative processes (Longden, Madill & Waterman, 2012) and self-monitoring (Waters et al., 2012). Despite the empirical scrutiny that accounts of these processes have been subject to, the causes of voice-hearing are not fully understood (Berry, Varese & Bucci, 2017). However, there is a broad consensus that the processes underpinning this experience are not due to a single cause, but a complex interaction between a set of different factors (Upthegrove et al., 2016).

Despite a higher prevalence of voice-hearing in clinical populations, the experience is increasingly recognised as also being common in non-clinical samples (de Leede-Smith & Barkus, 2013; Johns et al., 2014). Distress-maintenance models have attempted to explain why voice-hearing is disturbing for some individuals and not others. The cognitive model of voices postulates that it is not the voice-hearing itself that leads to distress but the way in which the individual thinks about and responds to the experience (de Leede-Smith & Barkus, 2013). While voices have been described as threatening, derogatory, angry and mocking by some (Upthegrove et al., 2016), others find them pleasurable (Sanjuan, Gonzalez, Aguilar, Leal, & van Os, 2004). However, McCarthy-Jones et al. (2015) found that between 37 and 40% of participants with a psychiatric diagnosis described their predominant voice as kind, friendly, gentle or loving in tone, suggesting that it is not only non-clinical populations who experience pleasant voices. Nevertheless, it is not only the tone or content of the voice that

determines its appraisal, but also the voice-hearer's beliefs about the experience (Mawson, Berry, Murray, & Hayward, 2011). Negative interpretations of voice-hearing and the level of distress that accompanies these thoughts can be detrimental to an individual's well-being and have been observed as more reliable indicators of poor clinical outcome than the experience of voice-hearing itself (Bak et al., 2005). Some voice-hearers view their voices as a sign of being abnormal or unwell, and reject them as part of an unwanted experience, even if they are benevolent or have positive content (Mawson et al., 2011; McCarthy-Jones et al., 2015).

Recent developments in voice-hearing research have included an increased focus on hearers' perspectives, emphasising it as an emotionally varied and interpersonal experience. For example, The International Hearing Voices Movement and the UK Hearing Voices Network challenge the medical model of voice-hearing as simply a symptom of mental illness (Escher & Romme, 2012), encouraging a move away from the stigmatisation and pathologisation of voice-hearing towards an approach that seeks to empower individuals who hear voices. By challenging the perception that voice-hearing is rare and indicative of severe mental illness, stigma can be reduced (Read, Haslam, Sayce, & Davies, 2006) and facilitate clinicians' efforts to normalise their clients' experiences of voice-hearing (Kingdon & Tarkington, 2005).

Another important consideration in understanding voice-hearing is culture. In Western cultures, voice-hearing is traditionally perceived as pathologically abnormal and indicative of 'mental illness', requiring treatment (Leudar, Thomas, McNally, & Glinski, 1997). In many non-Western cultures voice-hearing is viewed less pathologically and can be understood as a culturally or spiritually defining experience or part of a religious experience that is socially normalised (Luhmann, Padmavati, Tharoor and Osei, 2014; Russell, 2014). For example, Luhmann, Padmavati, Tharoor and Osei (2014) found that Ghanaian and Indian voice-hearers predominantly described their voices as positive, and as people who they had

human relationships with. Conversely, Americans had a more medicalised view of their experiences, did not perceive them as positive, and were troubled by their inability to control them.

Religious and spiritual understandings of both positive and negative mental health are gaining increased prominence. This can be illustrated by Isabel Clarke's work exploring psychosis and spirituality (e.g., see Clarke, 2010), and Tanya Luhrmann's (2012) work on how evangelical Christians experience the voice of God. Clarke, a clinical psychologist and practicing Anglican, notes the "overlap between the phenomenology of religious/spiritual and psychotic experience, and the prevalence of spiritual/religious themes in the pre-occupations of those diagnosed with psychosis" (Clarke, 2010, p101). Similarly, Luhrmann, an anthropologist and psychologist, concludes that the psychological technique of prayer changes the inner experience of the person, which can include voice-hearing. Related to the work of Clarke and Luhrmann, in a review of the relationships between religion, spirituality and psychosis, Menezes and Moreira-Almeida (2010) argue that some apparent psychotic episodes are actually manifestations of non-pathological spiritual and religious experiences.

The above research into experiences of voice-hearing yields the following main points. Firstly, not all voice hearers view their experiences as negative; whilst many individuals do experience negative voices these are often not the only voice content experienced. Secondly, despite the fact that studies have identified individuals who report positive voices and positive aspects of voice-hearing, there is a notable tendency to omit this in summarisation of findings and conclusions. For example, Oulis et al. (1995) concluded that "usually their content is hostile to the patient" (p100), despite many of their sample reporting positive experiences. Thirdly, research has demonstrated that the interpretation of the voices, not the voices themselves appear to be more relevant to clinical outcomes. Finally, the

context in which an individual understands and conceptualises their voice-hearing, such as the prevailing social or cultural climate, can have a significant impact on outcome.

Although the above summary indicates some progress in recognising that voice-hearing occurs for both people who do and do not seek interventions from clinical services, and that voices may include positive as well as negative content, to date most research has focussed on clinical samples and the distressing nature of hearing voices. Much of this research has relied on quantitative approaches. However, qualitative research, with a focus on the lived experience of voice-hearers, offers a potential route through which to privilege the sense-making and content of voice-hearing as generated by those who hear-voices. Increasingly, qualitative studies of this nature are being carried out. Reviews of the qualitative research on voice-hearing, such as metasyntheses which aim to synthesise the findings of qualitative research in order to provide an encompassing, integrated and cumulative examination of qualitative evidence on a given topic, can serve as a useful tool for exploring clinical concepts that are difficult to measure quantitatively (for example relationships with voices).

The aim of the present literature review therefore, was to identify and synthesise the positive aspects of voice-hearing from qualitative peer-reviewed research. While individual qualitative studies aim to increase insight into understandings of individuals' experiences, synthesising qualitative studies enables the "milieu of varying accounts to be exposed, described and explained in ways that bring fresh insights." (Walsh & Downe, 2005, p. 205). The hope is that the findings may offer an alternative perspective of voice-hearing, reducing stigma and self-stigma, and facilitate more person-centred interventions for those who wish to access mental health services.

Method

The present review took the form of a meta-ethnography, in accordance with Noblit and Hare's (1988) guidelines. The aim was to identify and synthesise positive aspects of voice-hearing in a descriptive synthesis of the qualitative evidence base.

Literature Search

Relevant papers were identified by searching Academic Search Complete, Alternative Medicine (AMED), Cumulative Index to Nursing and Allied Health (CINAHL), MEDLINE, PsycArticles and PsycINFO electronic databases in June 2017 (updated in June 2018). Search terms were used to identify empirical papers on the topic of voice-hearing which used qualitative methods of data collection and analysis. The free-text search terms used were ["hear* voice*" OR "voice hear*" OR hallucination*] AND [interview* OR qualitative OR interpretive OR "focus group*" OR "grounded theory" OR hermeneutic OR narrative OR thematic OR theme* OR "interpretative phenomenological analys*" OR "IPA" OR "content analys*" OR ethnolog*]. No limits were set on the date or language of publication (although papers were later excluded if they were not written in English). This search returned 4,246 papers (Academic Search Complete = 796; AMED = 8; CINAHL = 341; MEDLINE = 1,174; PsycArticles = 47; PsycINFO = 1,880), reducing to 2814 when duplicates were removed.

Paper Selection

To be included in the review, papers were required to: 1) include positive, first person experiences of voice-hearing; 2) include qualitative analysis of the data; 3) be published in a peer-reviewed journal; and 4) be published in English. 'Positive' aspects of voice-hearing

were taken to be any aspects of the analysis which related to participants finding voice-hearing beneficial, helpful, affirmative or otherwise constructive in their lives. Papers were excluded if they: 1) were case studies; 2) were literature reviews or meta-syntheses; 3) focussed on voice-hearing in dreams; or 4) the presented analyses related to depictions of voice-hearing in films or literary works. Initially, the titles and abstracts were reviewed to ascertain whether the inclusion criteria applied. Full papers were examined when it was unclear whether the paper met the inclusion or exclusion criteria.

Following application of the initial criteria, 60 papers remained. The remaining full papers were then reviewed and 21 were excluded as they did not include any positive aspects of voice-hearing. Additional papers were excluded if they did not contain sufficient levels of inductive, second-order analysis (the author interpretations of participant data [Atkins et al., 2008]), or first-order constructs (quotes from participants [Atkins et al., 2008]). Papers were also excluded if it was not clear that the positive aspects described resulted specifically from voice-hearing. Following this process, 19 papers remained and their reference sections were hand searched, identifying one further relevant study. The search strategy was re-run in June 2018 for the interim period since the initial search. This resulted in two additional papers being identified (see Figure 1).

[Insert figure 1 about here]

Characteristics of Included Studies

Twenty-two papers were included in the meta-synthesis (for brevity, these papers are referred to by numbers in parentheses and the corresponding author details are provided in Table 1).

All included papers were published between 2008 and 2018, with the exception of two papers

(9;17) which were published in 1989. Sample sizes ranged from 3 to 57. Twelve studies were from the United Kingdom, with the remaining undertaken in Australia, Greece, Hungary, the Netherlands, New Zealand, Norway, Sweden and the USA. The two Norwegian studies (11-12) used the same sample but both were included as each met the inclusion criteria, drew on different data and produced different themes.

Not all papers reported the gender of participants. However, of the reported numbers, there were approximately 116 males and 146 females. All but one paper (17) reported the age of their samples, ranging from 16 to 82 years. Seventeen studies used one-to-one interviews to collect data, one used focus groups (13), two analysed written accounts (4;21), one used photograph elicitation and a diary along with an interview (22), and one collected data from presentations at a congress (17). All papers bar three specified their methodology (6;9;17). A variety of approaches were reported, including narrative analysis and ethnomethodology inspired conversation analysis. As the data in all studies were interpreted, presented in a thematic structure, and experiential data and interpretations were reported, they were included in the meta-synthesis.

Ten papers noted that their sample had psychiatric diagnoses (1-3;5;7;11-12;14; 21-22). Of the remaining 12, one focused on those who heard the voice of God (6), one on hallucinations following bereavement (8), one on those with 'inner voice experiences' (9), two included both those who did and did not have a diagnosis (4;10), two focused on the experiences of 'mediums' (18;20) and one focussed on the experiences of those who identified as Māori and had experienced or worked with psychosis or schizophrenia (19).

[Insert Table 1 about here]

Quality Appraisal

The Critical Appraisal Skills Programme (CASP, 2017) qualitative research checklist was used to appraise the quality of the included studies. Eight areas are used for assessing the quality of papers, including their methodology, design, data collection and analysis. A rating system developed by Duggleby et al. (2010) was used in conjunction with the checklist, to quantify the quality of each paper. Duggleby et al.'s (2010) rating scale assigns a score of one to three for the eight CASP items, with a maximum score of 24. A score of one point is awarded when little or no justification or explanation is provided, two points when the issue is addressed but not fully elaborated on, and three points when extensive justification and explanation is given. Papers had scores ranging from 8 to 24 (Table 2). The presented findings are supported by papers across this range; none of the analysis is predicated on only weaker scoring studies.

[Insert Table 2 about here]

Data Abstraction and Synthesis

Noblit and Hare's (1988) guidelines for abstracting and synthesising data was followed. Papers were repeatedly read to aid familiarity, and themes, subthemes, sentences, phrases, relevant to positive aspects of voice-hearing were extracted verbatim. As the data for synthesis in a meta-ethnography are second-order constructs (authors' original interpretations of data), it was these that were primarily extracted, with first-order constructs (supporting data excerpts from participants) used for illustration. Each second-order construct was summarised with a brief descriptive label. Similar descriptions were then grouped together into overarching groups in which similarities within and across studies were compared. These

resulted in the themes (third order constructs) presented within this paper. Taken together, these themes provide an integrated, holistic synthesis of the available interpretations and data provided in the contributing studies.

Results

Six themes were identified: 1) Offering safety and protection; 2) Providing guidance; 3) Creating psychological and emotional well-being; 4) Providing companionship; 5) Facilitating personal growth and development; and 6) Connecting with religious or spiritual belief systems.

Offering safety and protection. Seven papers included details of how voices offered safety and protection to hearers (1; 10; 14-15; 18; 21-22). Voices had benevolent intent and their presence protected voice-hearers from harm in various situations through different approaches. This could be through direct prevention of danger (18):

My husband was driving down the road and I just heard my guide's voice say "Pull in" and my husband immediately pulled in and as he pulled in this big lorry came round the bend and if he hadn't had pulled in we would have been hurt (18, p. 648).

Voices could also contribute to hearers' safety and protection by encouraging them to soothe themselves at difficult times (1). Voices could be called upon when the voice-hearer was in need (10;14) and provided protection at traumatic and difficult times (10; 15), by using a reassuring and caring manner (15), defending the voice-hearer (22) and helping them to feel less afraid and regain a sense of control (10).

Along with shielding and protecting the voice-hearer from the outside world (21), positive voices also offered protection from the impact of more distressing voices (1; 10; 14-

15). Positive voices offered assistance by encouraging the voice-hearer to ignore the unpleasant voice in a way that was akin to a guardian angel (15) or an internalised copier:

One tells me to hurt myself... and I did in the past, and I have injuries here... on my hands and my wrists... through time a girl appeared... a voice entered my head. She was more peaceful and more subdued. And she reduced the time by talking to me and saying to me, 'just take it easy,' 'deep breathe there,' 'just don't pay attention to him'. (1, p. 92).

Providing guidance. Sixteen papers contributed details regarding hearers receiving guidance from voices (1; 4-10; 13-14; 16-17; 19-22). Guidance provided to voice-hearers could either be broad in content or in relation to specific issues (22). It was given through either the support or prohibition of behaviour (6) and occurred in relation to everyday tasks and activities (5-8), such as providing reminders and guidance around taking medication (7; 13), suggestions about what the voice-hearer should eat or drink (7), and encouragement to eat or sleep when needed (5):

She'll say save your money don't do this she'll advise me all the time like so that's why when I hear her voice I think yeah I should do that because she only ever wants the best for me, things like that. (14, p. 263).

Voices enabled hearers to solve difficult tasks (8) and helped them to engage in everyday activities (7-8), providing the motivation required to resist 'passivity' and complete mundane responsibilities:

I was sitting all day... could not bring myself to work... in the daytime... and a voice came to me and said 'come on Mary... wash up... come on my girl'... and as soon as I heard the voice I would jump up and wash up... and I did all my housework... my house was shining. (7, p. 137).

For some, listening to voices aided concentration and provided advice and reminders, such as: “what’s the status of this task?” (4, p.711) and “don’t you forget your appointment this afternoon” (4, p.711). For one participant, drawing on and trusting the voices’ input enhanced her role in employment, resulting in financial stability (4).

Voices also gave advice regarding relationships with others (7;9) and provided suggestions in difficult times (6; 13; 19):

They come to me when things are about to get bad. . . they sometimes tell me what to do and if I do it then I get through. I used to think them coming meant I was going crazy again but now I realise that when times were tough, they were there to help me through (19, p.162).

Voices were also used as a ‘sounding board’ when making decisions (14). Some hearers drew support from the voice, becoming dependent on its guidance (21) and calling on it for help or advice, which made them feel reassured and comforted (10-11; 21):

when you can't find your way out when you get in a complex situation, they help guide you. You don't have to listen, you don't have to take their advice but it's nice that they give it anyway (10, p.490).

Voices also communicated things that the voice-hearer needed to pay attention to, such as suppressed messages about therapeutic (1) or physical (13) need, even when this was done in a distressing manner: “It sort of was speaking in a more metaphorical sense. They weren’t necessarily out to get me, it was more like they were concerned about something” (5, p. 1415). Voices became less problematic when the issues they raised were addressed (13) and confronting the meaning behind them could lead to the development of inner-strength (13) and movement towards a ‘functioning state’ (16).

Voice guidance sometimes enabled hearers to benefit others, by solving practical problems for them as well as helping them psychologically (8; 20). For those whose voice-hearing was central to their identity as a 'medium', facilitating communication with a lost loved one, enabled others to cope with grief and loss (20). Voices enabled a meaningful role for hearers within their communities and social networks (10; 12), such as being able to counsel and teach others with similar experiences and share coping techniques (10;20). Some felt motivated to engage in selfless acts to help others as a result of their voice-hearing (9).

Some hearers felt that they maintained control over their voices (10; 17): "They show me the things I do wrong and teach me how to do them otherwise. But they leave the choice to me if I really want to change it or rather leave it as it was" (17, p. 212). However, others felt that the voice had the final say (9), or was like a controlling yet comforting parent: "The voice was like my new life coach and I couldn't think of any reason not to listen to it" (21, p. 247). Perceiving the voice as part of the self was central to feeling that the voice was not in control, and being able to choose whether to follow its advice (9;17).

Creating psychological and emotional well-being. Ten papers reported on how voices contributed towards positive psychological and emotional well-being for hearers. Voice-hearing was associated with various positive affective, psychological and emotional experiences, including feeling soothed (8), and feelings of love (14), comfort (10; 13; 21), well-being, certainty and peace (6):

This immense peace just came over my entire body. [...] It is an emotion of forgiveness in myself or happiness. (6, p. 219).

Voices provided encouragement in difficult situations (8; 10) and support (11), "Every time I do something good, I hear a voice saying I'm impressed" (14, p. 264); "They tell me 'don't worry ... you will make money ... don't worry about anything'" (7, p. 137).

For one participant, publicly disclosing and emphasising the positive aspects of voice-hearing led to positive changes in well-being and working life (4).

Voices not only promoted psychological wellbeing through the provision of positive emotions but also through the alleviation of distress and suffering (8; 11-13; 21). For example, in an exploration of voice-hearing in bereavement, resolving unfinished business was an important function of the experience of hearing the voice of a deceased partner. The participant heard the words 'I'm sorry', (8, p.203) and felt that hearing this voice helped resolve her feelings of anger. For some, voices entered the voice-hearer's life at a time of vulnerability, filling a painful emptiness (12) or void in the voice-hearer's life resulting from difficulties such as family conflict or illness (11), and offered a distraction from isolation, loneliness and confusion (21).

Providing companionship. Details regarding how voices could provide a source of companionship to hearers was discussed within eight papers (1-2; 5; 7; 13-14; 16; 21). Voices could provide companionship or friendship, either directly (1-2; 7; 13-14; 16; 21), or as an indirect result (5;10). For those who gained companionship as an indirect result of their voices, social connection occurred through attending groups with others who also heard voices or had similar experiences or beliefs. This provided a sense of belonging linked to their voice-hearing.

Voice-hearers often felt isolated and cut-off from their social support networks, with voices providing interaction, intimacy and closeness, where this would have otherwise been absent (1; 2; 14; 21). "I haven't got many friends... so the only thing I can stay very close to are the voices and I do stay very close to them" (2, p. 9). Voice-hearers became attached to their voices (2) and sometimes invited them for companionship (14), but responding to them appeared to exacerbate the distance they felt from others in their network (1): "...you end up

talking to yourself. . . and some people next to you think ‘there’s something wrong with you’ and you find them moving away. . .” (1, p. 95).

The voices were conceived as lifelong companions (13), reliable friends (21), a source of company and an important part of the voice-hearer’s life (7), sometimes even more so than other relationships in their social network (14). Voice-hearers with less of a social support network judged their voice-hearing relationships as more important than those with more of a social network (14). Placing more significance on the voice-hearing relationship may have shielded the voice-hearers from feared rejection from others (14), protecting them from loneliness or isolation.

Facilitating personal growth and development. Findings regarding how voices aided personal growth and development were reported by nine papers (1; 5; 9-10; 13-14; 16-17; 20). Participants experienced a transformation in their identity or the way that they viewed and related to others and the world around them as a result of hearing voices. Some felt that the very purpose of their voices was to strengthen them, through an increase in their self-esteem or through taking more responsibility for, and a more positive view of, themselves and their difficulties (17). Hearers’ self-esteem was strengthened through how their voices related to them (14). For some, self-development (9; 10) and a positive transformation of the self (20) occurred directly through the voice-hearing relationship. “Sometimes a voice will say ‘can you be more assertive than you are in this situation? Can you speak to such and such?’” (10, p. 491). Others reported feeling less angry and more empathetic towards others because of hearing voices; they also reported an increased ability to communicate their emotions to others as well as an increased sense of self: “in a way it’s been good that I got sick because I’m a lot less angry... It gives me heaps of empathy for other people too” (5, p.1415).

Hearers developed a stronger sense of self and felt more able to communicate their emotions to others (5) because of their voices. Voices could also facilitate personal change through their content, with hearers reporting that their self-esteem was improved by what the voices said to them: “every time I do something good I have a voice saying I'm impressed” (14, p.264). Even difficult voices were considered to play an important role in this transformation, with hearers gaining an understanding of their voices and developing a narrative about their experiences and who they were through their relationship with their voices (10). When voices were understood as being part of the self, an increased awareness about the voices also led to an increased self-awareness (5).

Some participants related their voice-hearing to traumatic life experiences and perceived their supportive voices as contributing to their survival (1; 13) and as part of a coping process (17): “I had an odd sort of childhood... for me the circumstances... the way I was brought up... it was a way to survive and I sort of carried that with me... you know it was... survival” (1, p. 92).

Connecting to religious or spiritual belief systems. Twelve papers elaborated a positive connection between hearing voices and religious or spiritual belief systems (3; 6-11; 13; 15; 18-20). Voice-hearers reported religious or spiritual dimensions of their experiences that often overlapped with the content of the preceding themes. Therefore, for some participants it was ‘spiritual’ voices that provided companionship, protection, advice and facilitated personal growth. For example, one hearer described how silent dialogues with angels helped him to clarify religious and existential questions that he had (11).

For some, voices were conceived as originating from God (6) or the spirit world (3;18), enabling spiritual awareness and connection (3;18). Some voice-hearers had a profound sense of spiritual connection through their voice-hearing, which was linked to

religious beliefs (6) and self-identity (18; 20). For those who conceived their voice-hearing as 'mediumship', this was central to their work and sense of self, adding meaning and purpose to life (18; 20). The ability to communicate with the spirit world and hear voices was perceived as a spiritual gift (18-19), which was life-enriching or enhancing (18).

For others, spiritual awareness resulted in a sense of the self as being part of a larger whole (9-10), which led to undertaking selfless acts to benefit others (9). Voice-hearing was perceived as a connection to a 'higher self' (9-10; 18). This was closely linked to intuition (9; 15), which was also viewed as a gift, as it enabled access to another world, dimension or extra perception (15). Some perceived voices as providing information that would otherwise have been unknown to the voice-hearer (6; 7), foretelling the future (7; 10; 13), and informing the voice-hearer of their purpose in life (7). Understanding voices in a spiritual framework enabled voice-hearers to conceive of their voices as part of a personal, meaningful narrative, as opposed to a symptom of illness (10): "It is a knowing, it's who you are, it is an innate wisdom that we tap into and with that comes spirituality" (10, p. 492). Hearers' spiritual beliefs about the voices provided an increased sense of protection:

I overcame my fear of being me, of being alive and in this big world, and I don't feel alone in it. I feel supported in it by the universe in some ways, as though there is a safety net around me. It is this higher consciousness stuff that does that and knowing that, I feel indestructible (10, p. 492).

Discussion

This is the first review to identify, appraise and synthesise the qualitative literature regarding positive experiences of voice-hearing. The synthesis identified six thematic areas across which hearers experienced positive aspects of their voices, namely: offering safety and

protection; providing guidance; creating psychological and emotional well-being; providing companionship; facilitating personal growth and development; and connecting hearers to religious or spiritual belief systems.

Many of the papers included in this metasyntesis articulated religious/spiritual aspects of positive voice-hearing. For example, companionship, protection, advice and personal growth were provided or facilitated for some participants via 'spiritual voices'. Conceiving of voices in a religious/spiritual framework helped hearers view them within a meaningful narrative instead of as part of mental illness. Such findings support the work of authors such as Clarke (2010), who argues for the importance of considering mental health within a religious/spiritual framework. However, just as the positive aspects of voice-hearing are often not considered, so the religious/spiritual dimensions of mental health tend to be overlooked as the focussed attention of research. Yet, clinicians such as Clarke argue that a better understanding of mental health and spirituality is needed to challenge disease models and to provide interventions that reduce stigma whilst providing (or supporting) a more acceptable sense of self for those who experience difficulties.

The positive aspects of voice-hearing identified herein suggest that clinicians should be cautious in framing this as an experience which only results in distress. Conceptualising voice-hearing as meaningful, with the potential to result in positive as well as negative experiences, may aid the development of more person-centred interventions. Clinicians working with individuals who experience voice-hearing should be mindful of their assumptions about voice-hearing and be open to the possibility of exploring new understandings and interpretations with those whom they work with. This could be challenging to clinicians who previously aimed to challenge beliefs about voices or those who hold more medicalised beliefs about the experience. For example, previous research suggests that some mental health professionals and researchers believe that voices should not

be engaged with and fear that attending to the content of ‘hallucinations’ could reinforce their content and exacerbate clients’ distress (Aschebrock, Gavey, McCreanor, & Tippett, 2003). However, Harrison, Newell, and Small (2008) found that nursing staff’s views of voices as not being real, and their unwillingness to discuss them, led to distress, disempowerment and anxiety in service-users, even in those who viewed their voices positively. This highlights the importance of recognising the potentially positive impacts of voice-hearing outlined in this paper.

Similarly, Jenner, Rutten, Beuckens, Boonstra and Systema (2008) posit that a substantial number of hearers want to preserve their voices and that some clients may stop accessing therapy as they fear it may also reduce or stop the voices they want to keep (Jenner, 2006, as cited in Jenner et al., 2008¹). Indeed, some of the positive aspects of voice-hearing found in this review highlights how interwoven voice-hearing can be with hearers’ religious/spiritual world views. Coupled with the findings reported in the present review, this would suggest it may therefore be beneficial when offering psychological interventions to highlight that the goal is to reduce distress, rather than attempting to alter the occurrence of voices if this is not their desired outcome (Brabban, Byrne, Longden, & Morrison, 2017).

Limitations

In considering clinical implications for use in mental health settings, it is important to acknowledge that not all participants had a mental health diagnosis. However, their lack of a diagnoses and contact with mental health services may be directly linked to the way they interact and relate to their voices. With this in mind, the inclusion of research using non-clinical populations may still be beneficial.

¹ Original text not available in English

It is important to acknowledge that the robust credibility of findings is questionable for those papers that lacked detail and depth regarding recruitment, methodology and reporting of their findings. However, thematic areas are supported by papers scoring across the quality appraisal range, with none of the analysis predicated on only weaker scoring studies. A further limitation is that only papers written in English were included, which may have omitted culturally-diverse findings.

Future Research

This metasynthesis demonstrates that some people find that there are positive aspects to the experience of hearing voices. These are often experienced and understood within valued religious/spiritual frameworks which are integrated with voice-hearers identities. However, there is a paucity of research specifically exploring these issues. The lack of empirical research exploring positive aspects of voice hearing meant that this review utilised research exploring voice hearing in general and extracted interpretations and data excerpts relevant to the research aims. To improve understanding in this subject area future researchers should consider exploring the positive aspects of voice hearing specifically, utilising both qualitative and quantitative methodologies. Similarly, the same recommendation can be made in relation to religious/spiritual aspects of positive voice-hearing. Although religious/spiritual dimensions of voice-hearing were identified as a salient aspects of voice-hearers experiences, there is limited work directly focused on this.

Research exploring the perceptions of family members, friends and mental health professionals regarding positive aspects of voice-hearing would also be useful in gaining an understanding of how their views may influence the social and professional support that they provide. Similarly, it would be of interest to ascertain if, when and how voice-hearers are

asked about the positive aspects of their voices in clinical settings, as well as religious/spiritual understandings that may scaffold their experiences.

Conclusion

This review identified and synthesised qualitative literature relating to positive aspects of voice-hearing, identifying several thematic areas in which voices made a beneficial contribution to hearers' lives. It is suggested that clinicians working with people who hear voices should be mindful of these positives and aim to ensure that they open explorative, collaborative dialogues to facilitate understanding of hearer's beliefs in a manner that is most helpful to them. Future research with more focus on positive aspects of hearing-voices is suggested in relation to hearers, family members and clinicians.

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References

- Anketell, C., Dorahy, M. J., & Curran, D. (2011). A preliminary qualitative investigation of voice hearing and its association with dissociation in chronic PTSD. *Journal of Trauma & Dissociation*, *12*(1), 88-101. DOI:10.1080/15299732.2010.514844
- Aschebrock, Y., Gavey, N., McCreanor, T., & Tippett, L. (2003). Is the content of delusions and hallucinations important? *Australasian Psychiatry*, *11*(3), 306-311. DOI: 10.1046/j.1440-1665.2003.00560.x
- Atkins, S., Lewin, S., Smith, H., Engel, M., Fretheim, A., & Volmink, J. (2008). Conducting a meta-ethnography of qualitative literature: Lessons learnt. *BMC Medical Research Methodology*, *8*(21), 1-10. <https://doi.org/10.1186/1471-2288-8-21>
- Bak, M., Myin-Germeys, I., Delespaul, P., Vollebergh, W., de Graaf, R., & van Os, J. (2005). Do different psychotic experiences differentially predict need for care in the general population?. *Comprehensive Psychiatry*, *46*(3), 192-199.
- Berry, K., Varese, F., & Bucci, S. (2017.) Cognitive attachment model of voices: evidence base and future implications. *Frontiers in Psychiatry*. *8* (111) doi: 10.3389/fpsy.2017.0011
- Brabban, A., Byrne, R., Longden, E., & Morrison, A. P. (2017). The importance of human relationships, ethics and recovery-orientated values in the delivery of CBT for people with psychosis. *Psychosis*, *9*(2), 157-166. <https://doi.org/10.1080/17522439.2016.1259648>
- Brookwell ML, Bentall RP, Varese F. (2013). Externalizing biases and hallucinations in source monitoring, self-monitoring and signal detection studies: a meta-analytic review. *Psychol Med* *43*(12):2465–75. doi:10.1017/S0033291712002760
- Chin, J. T., Hayward, M., & Drinnan, A. (2009). ‘Relating’ to voices: Exploring the relevance of this concept to people who hear voices. *Psychology & Psychotherapy:*

Theory, Research & Practice, 82(1), 1-17. DOI:10.1348/147608308X320116

Clarke, I. (2010). Psychosis and spirituality: The discontinuity model. In Clarke, I (Ed.).

Psychosis and Spirituality: Consolidating the New Paradigm. Wiley-

Blackwell:Chichester, UK. 2nd Edition. Pp.101-114.

Costain, W. F. (2008). The effects of cannabis abuse on the symptoms of schizophrenia:

Patient perspectives. *International Journal of Mental Health Nursing*, 17(4), 227-

235. DOI: 10.1111/j.1447-0349.2008.00538.x

Craig, L., Cameron, J., & Longden, E. (2018). Work-related experiences of people who hear

voices: An occupational perspective. *British Journal of Occupational Therapy*,

80(12), 707-716. DOI: 10.1177/0308022617714749

Critical Appraisal Skills Programme. (2017). *Qualitative research checklist*. Retrieved from

http://docs.wixstatic.com/ugd/dded87_25658615020e427da194a325e7773d42.pdf on

31st October 2017.

De Leede-Smith, S., & Barkus, E. (2013). A comprehensive review of auditory verbal

hallucinations: Lifetime prevalence, correlates and mechanisms in healthy and clinical

individuals. *Frontiers in Human Neuroscience*, 7(367), 1-25.

<https://doi.org/10.3389/fnhum.2013.00367>

De Jager, A., Rhodes, P., Beavan, V., Holmes, D., McCabe, K., Thomas, N., . . . Hayward,

M. (2016). Investigating the lived experience of recovery in people who hear voices.

Qualitative Health Research, 26(10), 1409-1423. DOI: 10.1177/1049732315581602

Dein, S., & Littlewood, R. (2007). The voice of God. *Anthropology & Medicine*, 14(2), 213-

228. DOI: 10.1080/13648470701381515

Duggleby, W., Holtslander, L., Kylma, J., Duncan, V., Hammond, C., & Williams, A.

(2010). Metasynthesis of the hope experience of family caregivers of persons with

chronic illness. *Qualitative Health Research*, 20(2), 148–158.

<https://doi.org/10.1177/1049732309358329>

Escher S. Romme M. (2012). The Hearing Voices Movement. In “Blom, J.D and Sommer, I.E.C. (Eds.) Hallucinations, Springer: New York.

Fenekou, V., & Georgaca, E. (2010). Exploring the experience of hearing voices: A qualitative study. *Psychosis*, 2(2), 134-143. DOI: 10.1080/17522430903191783

Harrison, J., Newell, R., & Small, N. (2008). Do nurses' responses cause more distress than the presence of visions and voices? *Mental health practice*, 11(5), 17-19. DOI: 10.7748/mhp2008.02.11.5.17.c6339

Hayes, J., & Leudar, I. (2016). Experiences of continued presence: On the practical consequences of 'hallucinations' in bereavement. *Psychology & Psychotherapy: Theory, Research & Practice*, 89(2), 194-210. DOI:10.1111/papt.12067

Heery, M. W. (1989). Inner voice experiences: An exploratory study of thirty cases. *Journal of Transpersonal Psychology*, 21(1), 73-82.

Jackson, L. J., Hayward, M., & Cooke, A. (2011). Developing positive relationships with voices: A preliminary Grounded Theory. *International Journal of Social Psychiatry*, 57(5), 487-495. DOI:10.1177/0020764010368624

Jenner, J. A., Rutten, S., Beuckens, J., Boonstra, N., & Systema, S. (2008). Positive and useful auditory vocal hallucinations: Prevalence, characteristics, attributions, and implications for treatment. *Acta Psychiatrica Scandinavica*, 118(3), 238-245. <https://doi.org/10.1111/j.1600-0447.2008.01226.x>

Johns, L. C., Hemsley, D., & Kuipers, E., (2002). A comparison of auditory hallucinations in a psychiatric and non-psychiatric group. *The British Journal of Clinical Psychology*, 41(1), 81-86. DOI: 10.1348/014466502163813

Kalhovde, A. M., Elstad, I., & Talseth, A-G. (2013). Understanding the experiences of

- hearing voices and sounds others do not hear. *Qualitative Health Research*, 23(11), 1470-1480. DOI:10.1177/1049732313507502
- Kalhovde, A. M., Elstad, I., & Talseth, A. G. (2014). "Sometimes I walk and walk, hoping to get some peace." Dealing with hearing voices and sounds nobody else hears. *International Journal of Qualitative Studies on Health & Well-Being*, 9(1), 1-12. DOI:10.3402/qhw.v9.23069
- Karlsson, L-B. (2008). 'More real than reality': A study of voice hearing. *International Journal of Social Welfare*, 17(4), 365-373. DOI:10.1111/j.1468-2397.2007.00524.x
- Leudar, I., Thomas, P., McNally, D., & Glinski, A. (1997). What voices can do with words: Pragmatics of verbal hallucinations. *Psychological Medicine*, 27(4), 885-898. DOI: 10.1017/S0033291797005138
- Longden, E., Madill, A., & Waterman, M. G. (2012). Dissociation, trauma, and the role of lived experience: Toward a new conceptualization of voice hearing. *Psychological Bulletin*, 138(1), 28-76. DOI:10.1037/a0025995
- Luhrmann, T. M. (2012). *When God talks back: Understanding the American evangelical relationship with God*. Vintage.
- Luhrmann, T. M., Padmavati, R., Tharoor, H., & Osei, A. (2014). Differences in voice-hearing experiences of people with psychosis in the USA, India and Ghana: Interview-based study, *The British Journal of Psychiatry*, 206(1), 1-4. DOI: 10.1192/bjp.bp.113.139048
- Mawson, A., Berry, K., Murray, C., & Hayward, M. (2011). Voice hearing within the context of hearers' social worlds: An interpretative phenomenological analysis. *Psychology & Psychotherapy: Theory, Research & Practice*, 84(3), 256-272. DOI:10.1348/147608310X524883
- McCarthy-Jones, S., Castro Romero, M., McCarthy-Jones, R., Dillon, J., Cooper-Rompato,

- C., Kieran, K., . . . Blackman, L. (2015). Hearing the unheard: An interdisciplinary, mixed methodology study of women's experiences of hearing voices (auditory verbal hallucinations). *Frontiers in Psychiatry*, 6(181), 1-16.
DOI:10.3389/fpsyt.2015.00181
- Menezes, A., & Moreira-Almeida, A. (2010). Religion, spirituality, and psychosis. *Current Psychiatry Reports*, 12(3), 174-179.
- Moher, D., Liberati, A., Tetzlaff, J., & Altman, D. G. (2010). Preferred reporting items for systematic reviews and meta-analyses: The PRISMA statement. *International Journal of Surgery*, 8(1), 336-341. <https://doi.org/10.1371/journal.pmed.1000097>
- Noblit, G., & Hare, R. (1988). *Meta-ethnography: synthesizing qualitative studies*. Newbury Park, CA: Sage.
- Oulis, P. G., Mavreas, V. G., Mamounas, J. M., & Stefanis, C. N. (1995). Clinical characteristics of auditory hallucinations. *Acta Psychiatrica Scandinavica*, 92(2), 97-102.
- Rácz, J., Kaló, Z., Kassai, S., Kiss, M., & Pintér, J. N. (2017). The experience of voice hearing and the role of self-help group: An interpretative phenomenological analysis. *International Journal of Social Psychiatry*, 63(4), 307-313.
DOI:10.1177/0020764017700926
- Read, J., Haslam, N., Sayce, L., & Davies, E. (2006). Prejudice and schizophrenia: a review of the 'mental illness is an illness like any other' approach. *Acta Psychiatrica Scandinavica*, 114(5), 303-318.
- Roxburgh, E. C., & Roe, C. A. (2014). Reframing voices and visions using a spiritual model. An interpretative phenomenological analysis of anomalous experiences in mediumship. *Mental Health, Religion & Culture*, 17(6), 641-653.
DOI:10.1080/13674676.2014.894007

Russell, D. (2014) *My Mysterious Son: A Life-Changing Passage Between Schizophrenia and Shamanism*. Skyhorse Publishing

Sanjuan, J., Gonzalez, J. C., Aguilar, E. J., Leal, C., & van Os, J. (2004). Pleasurable auditory hallucinations. *Acta Psychiatrica Scandinavica*, 110(4), 273-278. DOI: 10.1111/j.1600-0447.2004.00336.x

Taitimu, M., Read, J., & McIntosh, T. (2018). Ngā Whakāwhitinga (standing at the crossroads): How Māori understand what Western psychiatry calls “schizophrenia”. *Transcultural Psychiatry*, 55(2), 153-177. DOI: 10.1177/1363461518757800

Taylor, G., & Murray, C. (2012). A qualitative investigation into non-clinical voice hearing: What factors may protect against distress? *Mental Health, Religion & Culture*, 15(4), 373-388. DOI:10.1080/13674676.2011.577411

Tierney, S., & Fox, J. R. E. (2010). Living with the ‘anorexic voice’: A thematic analysis. *Psychology and Psychotherapy: Theory, Research and Practice*, 83(3), 243-254. DOI:10.1348/147608309X480172

Uptegrove, R., Ives, J., Broome, M. R., Caldwell, K., Wood, S. J., & Oyeboode, F. (2016). Auditory verbal hallucinations in first-episode psychosis: A phenomenological investigation. *British Journal of Psychiatry Open*, 2(1), 88-95. DOI: 10.1192/bjpo.bp.115.002303

Walsh, D., & Downe, S. (2005). Meta-synthesis method for qualitative research: A literature review. *Journal of Advanced Nursing*, 50(2), 204-211. DOI: 10.1111/j.1365-2648.2005.03380.x

Waters, Allen, Aleman, Fernyhough, Woodward, Badcock (2012). Auditory hallucinations in schizophrenia and nonschizophrenia populations: a review and integrated model of

cognitive mechanisms. *Schizophrenia Bulletin* 38(4):683–93.

doi:10.1093/schbul/sbs045

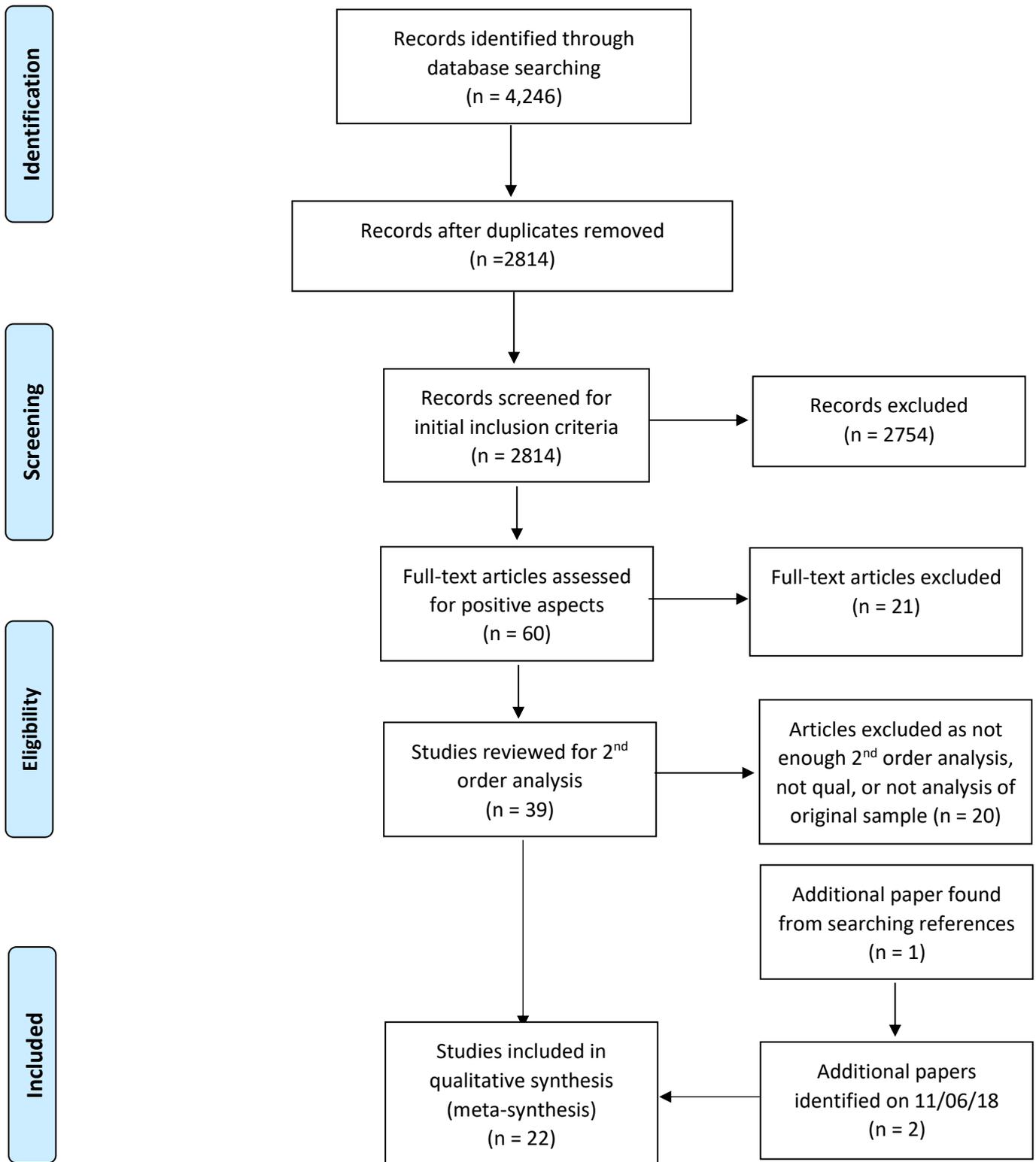


Figure 1: Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA)

Flow Diagram (Moher, Liberati, Tetzlaff, & Altman, 2010)

Table 1

Characteristics of included papers

No.	Author, year and country of publication	N; gender	Research question/aims	Methodology (1:1 interview unless otherwise stated)
1	Anketell et al. (2010), UK	3; all male	To gain an in-depth consideration of the potential mechanisms and psychological phenomena associated with auditory hallucinations in chronic PTSD.	Framework method
2	Chin et al. (2009), UK	9; 6 male, 3 female	How do participants understand their voice hearing in relation to themselves?	IPA
3	Costain (2008), Australia	30; unknown	What are patients' explanatory models of continuing cannabis use in the context of negative outcomes on their mental health?	Open coding & axial coding
4	Craig et al. (2017), UK	5; all female	Reporting the lived experiences that voice-hearing has on working lives. What strategies are used to manage negative impacts?	Thematic analysis (written accounts)
5	de Jager et al. (2016), Australia	11; 4 male, 7 female	Using a qualitative method to understand what the recovery process is in relation to hearing voices.	Narrative analysis
6	Dein & Littlewood (2007), UK	25; 13 male; 12 female	Not specified.	Not specified

Table 1 continued

No.	Author, year and country of publication	N; gender	Research question/aims	Methodology (1:1 interview unless otherwise stated)
7	Fenekou & Georgaca (2010), Greece	15; 9 male, 6 female	To investigate the complexity of hearing voices, the interpretations given and the strategies used to cope.	Abbreviated version of grounded theory
8	Hayes & Leudar (2016), UK	17; 3 male, 14 female	How is the meaning of experiences of continued presence managed? What consequences do they have for the bereaved?	Ethnomethodology inspired conversation analysis
9	Heery (1989), USA	9; unknown	To describe an exploratory investigation into inner voice experiences of those who are “neither saints nor psychotics”.	Not specified
10	Jackson et al. (2011), UK	12; 5 male, 7 female	1) How do people develop positive relationships with their voice(s)? 2) What factors (internal and external) affect those relationships? 3) How do these relationships change over time?	Grounded theory

Table 1 continued

No	Author, year and country of publication	N; gender	Research question/aims	Methodology (1:1 interview unless otherwise stated)
11	Kalhovde et al. (2013), Norway	14; 6 male, 8 female	How do people with mental illness experience hearing voices and sounds in daily life?	Hermeneutic phenomenological approach
12	Kalhovde et al. (2014), Norway	14; 6 male, 8 female	How do people with mental illness experience dealing with hearing voices and sounds in everyday life?	Hermeneutic phenomenological approach
13	Karlsson (2008), Sweden	22; 10 male, 12 female	To understand experiences of voice hearing. To analyse how people experience their (inner) voices and what meaning they give to the voices.	Phenomenological analysis (focus groups)
14	Mawson et al. (2011), UK	10; 6 male, 3 female	How are participants' voices experienced within the context of other interpersonal relationships?	IPA
15	McCarthy-Jones et al. (2015), UK	8; all female	To better understand the experiences of women hearing voices, and to explore how they define their experiences.	IPA

Table 1 continued

No	Author, year and country of publication	N; gender	Research question/aims	Methodology (1:1 interview unless otherwise stated)
16	Rácz et al. (2017), Hungary	6; unknown	To explore the lived experiences of voice hearers and how they make sense of their voices.	IPA
18	Roxburgh & Roe (2014), UK	10; 5 male, 5 female	To explore the phenomenology of mediumship. How do mediums come to interpret their experiences? How do they describe their relationship with spirit voices or guides?	IPA
19	Taitimu et al. (2018), New Zealand	57; 21 male; 36 female	To explore how Māori understand experiences commonly labelled 'schizophrenic' or 'psychotic'.	Thematic analysis
20	Taylor & Murray (2012), UK	6; 2 male, 4 female	To explore the phenomenology and meaning of "clairaudience" and protective factors against distress from those not receiving clinical interventions.	IPA
21	Tierney & Fox (2010), UK	21; unknown	To investigate people's encounters with, and reflections on, living with an anorexic voice.	Thematic analysis (written accounts)
22	Upthegrove et al. (2016), UK	25; 69% male	To establish a modern description of auditory verbal hallucinations in psychosis.	Content analysis (diary, photo elicitation and interview)

No.	Study	Research design	Recruitment	Data collection	Reflexivity	Ethical issues	Data analysis	Findings	Value of research	Total
1	Anketell et al.	2	2	3	1	3	2	3	3	19
2	Chin et al.	3	2	2	2	2	3	3	3	20
3	Costain	3	2	3	2	2	2	2	2	18
4	Craig et al.	2	2	3	2	2	2	3	3	19
5	de Jager et al.	3	3	3	3	3	3	3	3	24
6	Dein & Littlewood	1	1	1	1	1	1	1	1	8
7	Fenekou & Georgaca	1	1	2	1	2	2	3	3	15
8	Hayes & Leudar	3	1	2	1	1	2	2	3	15
9	Heery	1	2	2	1	1	1	1	2	11
10	Jackson et al.	3	2	2	3	1	3	3	3	20
11	Kalhovde et al. (2013)	3	2	3	2	2	3	3	3	21
12	Kalhovde et al. (2014)	3	2	3	2	2	3	3	3	21
13	Karlsson	2	2	2	1	1	2	2	2	14
14	Mawson et al.	3	2	3	3	3	3	3	3	23
15	McCarthy-Jones et al.	2	2	3	3	2	2	3	3	20
16	Rácz et al.	2	2	2	1	1	2	3	3	16
17	Romme & Escher	1	2	1	1	1	1	2	2	11
18	Roxburgh & Roe	2	2	3	3	2	2	3	2	19

Table 2
CASP checklist

No.	Study	Research design	Recruitment	Data collection	Reflexivity	Ethical issues	Data analysis	Findings	Value of research	Total
19	Taitimu et al.	2	2	2	3	3	2	2	3	19
20	Taylor & Murray	3	3	3	2	3	3	3	3	23
21	Tierney & Fox	2	2	2	3	1	3	3	3	19
22	Upthegrove et al.	3	3	3	1	1	2	2	3	18

Table 2 cont.