



# When Spirit Calls: A Phenomenological Approach to Frequent Voice-Hearers Without a Need for Psychiatric Care in London, UK



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## Abstract

We present an in-depth study of 22 people who reported that they hear voices but have no need for care. Despite in many cases hearing voices daily, they report remarkably little distress. Most interpreted their voices as spirits, and most spoke of learning to understand, to manage, and even to train their experience of communicating with spirits in a manner that was productive for them. There was, however, considerable diversity in their experience of voices. Some described experiences they seemed to have discovered after starting a practice. Others described reaching for a practice to make sense of unusual experiences. This raises the possibility that cultural ideas about spirit communication may have two effects. On the one hand, cultural ideas around spiritual communication may help those who begin to hear voices involuntarily to interpret and manage their experience so that they avoid a need for care. On the other hand, it also suggests that those cultural ideas about spirit communication may lead some people to identify thoughts as voices, and to come to feel that some thoughts and inner experiences are generated outside of themselves. It is difficult to clearly differentiate these groups. However, in this sample, it is striking that professionals (those consistently paid for their work) reported voice-like events which were less loud, more multisensory, more under their control, and more pleasant than others; they were also more likely to report that their relationship with their voices has changed. This should remind us that the culture-mind relationship is complex, and that there may be different kinds of phenomena described by individuals as "voices."

## Background

There has recently been a great deal of scientific interest in people who hear what they describe as "voices" frequently, but who do not appear to have a need for care (Peters et al. 2016, Baumeister et al. 2016, Daalman et al 2011). It has become clear that many people in the general population report hallucination-like events, although the rates vary widely (Sidgwick et al 1894, Posey and Losch 1983, Tien 1991, McGrath et al 2015, Johns et al 2014). Researchers have drawn attention to "psychotic continuum": the claim that the apparent symptoms of psychosis are not restricted to those who are ill, but found throughout the population in greater or lesser degree (van Os and Reininghaus 2016). If it seems that those who hear voices but have no need for care are similar to those who experience psychosis, except that those with no need for care have learned to manage their symptoms so that the symptoms do not become debilitating, this is of considerable importance.

To be clear, many of those in the general population who report having heard a voice seem to experience these events relatively infrequently. They say that they hear their mom calling their name as they drift off to sleep, or that they have heard God speak in a way that felt that his voice was outside their head. Close to 40% of the general population reports unusual hallucination-like events on the edge of sleep (Ohayon 1996). We know that those who score highly on the Tellegen Absorption Scale are more likely to report such voice-like events (Glicksohn and Barrett 2003, Luhrmann, Nusbaum, and Thisted 2010). We also know that those involved in spiritual practices like prayer or meditation are more likely to report vivid sensory and quasi-sensory experiences of invisible others (Lifshitz, van Elk and Luhrmann 2019). People who are highly hypnotizable, or who practice trance, also seem more prone to vivid, unusual sensory events (Koivisto et al 2013). While some of those who report infrequent hallucination-like events may well be on something like a psychotic continuum, their voice-like events are so rare that it seems odd to speak of their learning to "manage" them.

By contrast, those who hear voices frequently but have no need for care seem to provide the opportunity to explore whether they have learned to handle their experiences. It is not clear whether these healthy voice hearers are people who are vulnerable to psychosis but have somehow managed to control their symptoms, or whether their voice-hearing may have a different pathway. We suggest in this paper that frequent voice hearers may be heterogeneous. It may be the case both that there are those who learn to manage something like a psychotic process, and those whose experiences seem due to another pathway or are even interpreting more thought-like events as autonomous (see also Luhrmann 2017). Regardless of this heterogeneity, most of our sample reported that interpretation and practice alter their experience. They may have much to teach those who seek to help the voice-hearers who struggle.

## Methods

In recent years Peters and colleagues (Peters et al 2016) recruited over a hundred participants who experienced benign but persistent hallucination-like experiences. They placed advertisements in settings which they thought might be appealing to individuals with voice-like events. Those who responded were invited to participate in the UNIQUE study if they: a) reported one or more (secondary item) on the Psychosis Screening Questionnaire (PSQ), and "occasional" (at least monthly) experiences of any positive and Schneiderian first-rank symptom on the Unusual Experiences Screening Questionnaire (UESQ), within the last month, in the absence of drug use and in clear consciousness; b) had experiences occurring for more than 5 years (to avoid including individuals who may have been prodromal); c) had never been in contact with mental health services/GPs in relation to their PEs (nor had someone else on their behalf); d) had never been in contact with secondary mental health care; e) did not score 2 ("unmet need") on items covering basic self-care and the psychological distress dimension (in relation to their PEs) of the Camberwell Assessment of Need Short Appraisal Schedule (CAN-SAS); f) were judged by the research worker, in consultation with the study coordinator, to not be in need of care.

In the summer of 2018, we contacted members of the register and interviewed 22 of those who agreed to talk with us in some detail. Ann Chen used a semi-structured interview which asked specific questions about the phenomenology of the voice hearing experience (the Varieties of Individual Voice-Experiences Scale (VOICES) questionnaire, developed by Emmanuelle Peters), demographic information, and more open-ended discussion with individuals about the way in which they experienced their voices.

Over the course of the following year, Tanya Marie Luhrmann followed up with some of these participants, interviewing three of them in person in an open-ended way (including Participant 1 and 3). She also attended a teaching retreat organized by two participants and attended by nine experienced mediums, all of whom she interviewed in some depth.

## Results

Most participants reported that they could usually control the onset and offset of their voices. For the most part, they reported that they had received positive and helpful guidance from the voices, that the voices usually spoke clearly and mostly comprehensibly, and with the same or lesser loudness as their own voices. They believed that the voices had good intentions towards them. They described relationships with the voices that had gotten better over time, reported very few experiences of the voices giving orders, insulting or putting down the voice hearers, trying to cause problems, making the person feel ashamed, stressed or threatened, and so forth, and in general were not distressed by their voice-hearing experiences and found them to be pleasant (see Table 1; also see Peters et al 2016 for a report of the full UNIQUE sample). Generally, they heard one voice at a time. None had been given a psychiatric diagnosis because of their voices, and none regarded their voices as symptoms of

Do the voice(s) give orders <sup>a</sup>				
		Frequency	Percent	Valid Percent
Valid	never	14	93.3	93.3
	rarely	1	6.7	6.7
	Total	15	100.0	100.0

Can you stop the voice(s) <sup>a</sup>				
		Frequency	Percent	Valid Percent
Valid	never	2	13.3	13.3
	sometimes	2	13.3	13.3
	often	2	13.3	13.3
	always	9	60.0	60.0

Do the voice(s) talk amongst themselves <sup>a</sup>				
		Frequency	Percent	Valid Percent
Valid	n/a	2	13.3	13.3
	never	5	33.3	33.3
	rarely	2	13.3	13.3
	sometimes	3	20.0	20.0
	always	3	20.0	20.0
	Total	15	100.0	100.0

Do you believe hearing voice(s) is abnormal <sup>a</sup>				
		Frequency	Percent	Valid Percent
Valid	strongly disagree	12	80.0	80.0
	disagree	2	13.3	13.3
	undecided	1	6.7	6.7
	Total	15	100.0	100.0

In these short biographies, as in the sample as a whole, there are some participants who give accounts in which they seem to name thoughts or daydreams as spirits. Over time, they come to recognize and experience these spirits as beings in the world. Their experiences seem less audible, less intrusive, less unusual, more pleasant, and quite under their control. Others give accounts which seem much closer to what a clinician might call psychosis, in which experiences seemed less controlled, less positive, more auditory and thought content seemed more loosely embedded in common cultural ideas.

Quantitative patterns in the response to the Voices Interview (Varieties of Individual Voice-hearing Scale) also suggest that there may be different patterns of voice-like experience among these participants. The more a participant asserted that their voices were loud (with a 4-point likert which ranged from "quieter than my own voice, whispers" to "extremely loud, shouting") the more they reported that they heard them with no other sense ( $r=.420$ ,  $n=25$ ,  $p=.036$ ); that the voices gave orders ( $r=.770$ ,  $n=25$ ,  $p< .000$ ); that the voices spoke amongst themselves ( $r=.554$ ,  $n=25$ ,  $p=.005$ ); that the voice-hearer could not stop the experience at will ( $r=-.485$ ,  $n=24$ ,  $p=.016$ ); and that the voice-hearer thought that the experience was abnormal ( $r=.486$ ,  $n=24$ ,  $p=.016$ ). This seems consonant with a more clinical model of distressing voices associated with psychosis. By contrast, those who clearly earned money as spirit mediums were more likely, compared to others in the sample, to report multimodal experiences (they said that they saw the voices while hearing them [ $F(1,22)=7.219$ ,  $p=.013$ ], to chat with their voices [ $F(1,22)=6.945$ ,  $p=.015$ ], that they had the ability to bring the experience on when they wanted [ $F(91,22)=12.60$ ,  $p=.002$ ]; to feel supported and connected to other people because of the voices [ $F(1,22)=6.932$ ,  $p=.015$ ], and to describe their experiences as pleasant [ $F(1,22)=7.607$ ,  $p=.011$ ]. This seems less consonant with the clinical presentation of psychosis.

### The cultural terrain

Most of our participants understood their experiences as expressions of psychic energy or spiritual presence. This cultural terrain is a hodgepodge collection of ideas about invisible beings and invisible forces with whom humans can interact, often described as occult, metaphysical or new age. One of the oldest books on psychic capacity is Dion Fortune's Psychic Self Defense, first published in London in 1930 and still in print. Psychic Self Defense presents itself as an instruction manual to train the as-yet-untrained how to develop skill in managing a capacity that some have more than others, and that all can train. These ideas run through many contemporary books and videos on reiki, tarot card reading, crystals, spirit mediumship, lucid dreaming and so forth. Most speak of the need for training, with the expectation that training gives people access to unusual knowledge and power.

Professional mediums are paid for their services, which typically involve contacting the dead. They perform in the weekly mediumship sessions of Spiritualist Churches. They also perform on stages, where audience members pay for admission to see the performance. In these sessions, the medium will be contacted by spirits who wish to speak to members of the audience. Mediums are also paid for individual readings, in which they give messages from the dead, and in which they heal by channeling power from the spirit world into a client's body. People come to mediums for consolation, for entertainment, and for spiritual advice and healing.

### Cultural affordances

The ideas in this cultural terrain seemed to afford two opportunities to our participants. The first is that participants were able to interpret their experiences as positive. The spirits are there to help, to guide, to inspire, to heal. The second is that participants may have been able to alter their voice hearing experience through their repeated practice, as well as through their labelling of their experience. Many participants spoke of learning how to work with their voices, and of developing better relationships with their voices. Some mentioned that they had heard negative voices amongst the predominantly positive ones, and had attributed the negative voices to bad spirits and learned to not pay attention to them. They spoke of building good relationships with the positive voices who have their best interests in mind.

It seems quite possible that these training practices enabled people who might have been vulnerable to developing psychotic illness to experience their voices differently. Some aspects of the practice (such as encouraging interaction) can be found in avatar therapy (Leff et al 2016) and hearing voices groups (Ruddle, Mason and Wykes 2011).

## Biographies

### Participant 1, Professional Medium:

Participant[1] was a well-dressed, well-maintained mid-age professional medium in her early sixties. She said that she had heard a voice for the first time in her early thirties, following the death of her mother-in-law, although "voice" was not the term she would have chosen to describe the experience. In fact, she came to call these experiences voices after talking with one of the first scientists interested in exploring her spirit mediumship. She felt completely in control of the experiences and earned her living from her practice. She felt that she could decide whether to hear the spirits or not. "I've told them [spirits] they're not allowed in my bedroom." She had seldom found the voices distressing. She clearly understood the experiences as an ability she had learned to develop, and she insisted that anyone could learn to be a medium. "It's about training a skill." She holds conferences open to the public to teach people how to communicate with spirits, and charges significant fees for admission.

### Participant 14, Professional Medium:

She always knew she was different. "I've always been very intuitive, so I can see and perceive things apparently in other ways than other people can. I never really thought much of it." Not, that is, until a friend "dragged" her to a Reiki weekend, where she felt that she could put a name to her way of being and learn to use what she called "energy" more effectively. She eventually became certified in Reiki, and decided as well to take a course in a local college of psychic studies. She was clear that training improved her abilities. She would "pick up" on "energy" even over email or over the phone. The spirits would give her "information" that she would share with clients.

I get information, sometimes in words sometimes in visuals, sometimes in feelings, like dogs or cats, sensations like hot, cold, warm, wind. With the window closed sometimes I can feel the wind on my face. These are obviously not real, but they feel real enough to me to be perceived, because they have some kind of meaning to the person, to what's going on, to the transformation, to the trauma, to the energy. (8-9)

### Participant 8:

He said that he developed voices from Lyme disease in his thirties, although he also mentioned a depression following a breakup and the loss of his job.

"I saw [a doctor] in August 2008 and three weeks after, in September 2008, one morning I was woken up at 5:30 in the morning and I heard, it was on the left side, I heard voices saying, "Don't be frightened, we've come to help you. We know you're suffering." They said something along the lines of, "We know you're being manipulated," something like that. "Don't be frightened." The first thing I said was, "Oh my god, I'm now schizophrenic," I thought to myself. They said, "No, you have a friend."

He said that he heard many voices, although there was one dominant voice, and that he had no ability to bring on the voices, although he could make them stop if he chose. He spent quite a bit of time exploring them in books on spirits. Eventually he found his way to a spiritualist church and met someone who became a mentor and who taught him how to work with his guides.

This participant also heard angels, infinite in number, that spoke to him often. He said that when he was ill, many bad spirits tried to attack or enter his body, but his guides would help him fight them off.

### Participant 18:

came out of a home with great poverty and chaos. He talked about hallucinating food and described his siblings as unstable at times, with mental illness that ran in the family. He had visual experiences when he was very young, about four or five, seeing towering fairies standing over his brother's body at night, trying to heal him. He also saw faces looming out of the darkness at him from the foot of the bed. Now he thinks they were his guides. At sixteen he began to develop an active prayer and medication practice. He would go into a trance, and have vivid experiences.

"I get voices, I get entities come through and they speak through me and I call it "channeling" or whatever, it became a form of mediumship then because I realized then that these entities, these things that were talking through me were related to people that were in the room. I used to bring them through, sense them, I take on the personality of the person's father or mother or sister. They take over my body and I end up giving them messages."

He said that these spirits had become more loving over time; that it had been like a marriage, exciting and perhaps a bit tumultuous at the beginning and now had become deeply loving. He described them as speaking outside of his head, in general near his ear.

"It can change. It can be different. Sometimes I get it right in my ear and I'll get a buzzing noise to start with and it starts buzzing and then I'll get a little voice that's right next to my ear. Other times it can be like they're in the room, opposite me, rather than me right next my ear."

## Limitations

- o Subjective reporting in interviews and surveys
- o Limits of language
- o Lack of standardized interview structures
- o Voices difficult to study objectively in laboratory
- o Subtleties of human awareness and poorly understood neuroscience of hearing voices
- o Small sample size and generalizability
- o Self-selected group of participants who volunteered in the study
- o Potential for bias errors
- o Some questions unclear, unsure if participants have truly understood the questions

## Conclusion

Anthropologists describe sometimes implicit, more or less shared, representations as "cultural models": commonly shared cognitive scheme which enable members of a community to point to phenomena in more or less similar ways and to draw common inferences about someone's behavior. Medical anthropologists have shown that such cultural models not only interpret experience, but alter experience. The way some attends to what that person identifies as a symptom raises the salience of that experience: that person may look for signs of the symptom, describe the symptom in more detail, and even the symptom more intensely as a result (Luhrmann and Marrow 2016).

The ambiguous referent of cultural models may be particularly important in the spiritual domain. The word "God," for example, is a word so broad that many people in a church can share conversations about "God" while having very different conceptions. The word "spirit" can be used to pick out both a specific sensory experience (hearing speech in the absence of a body) and an intellectual commitment to the existence of more-than-natural presence.

There is also excellent historical and ethnographic evidence that spiritual practice may change spiritual experience. Trained attention to inner experience can lead someone to feel that an autonomous spiritual being is seeking to communicate with them, through specific discernment practices, guided prayer practices like Ignatian spiritual exercises or shamanic training, meditation, chanting and so forth.

Culture and experience thus have a complex relationship. While there may well be a continuum of psychotic-like experience, there may also be different kinds of phenomenological experience described by a word like "voice." That is what we observe in this analysis of those who describe themselves as hearing voices, and yet have no need of care. Some of those in this group report experiences which are more resonant with the experiences reported by persons with psychosis. Their voices are more audible, more negative, and less under their control. They appear to come to the cultural ideas in spiritualism and the new age in order to make sense and to cultivate their unusual experiences. Others report experiences which are often not audible, usually positive and entirely under their control. They may be drawn to the ideas in spiritualism and the new age for reasons quite different from the need to make sense of their own unusual experiences.

That is why careful phenomenological exploration of these experiences is so important (McCarthy Jones). People may use the same words to describe their experiences, and share a common discussion around their experiences, without experiencing a common event. There is great interest in whether specific training practices, of the kind found in local cultures like spiritualism, might affect voice-like experience. We share that perspective, and we believe that this material offers evidence that such training may in fact alter the experience of some individuals who hear psychotic-like voices. At the same time, others may train more ordinary inner experiences to feel more autonomous and more external. The VOICES scale offers a new phenomenological instrument which may help us examine these experiences more carefully, beyond the cultural representations that individuals provide.

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