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From medicalization to psychologization: Perspectives from coping with 'voice hearing' in self-help groups

Introduction

The starting point for this paper is a basic contradiction I see in my empirical material, I try to understand at the moment. The material is about voice-hearers – that is people who hear voices, without this necessarily being regarded by them as a symptom of mental illness – and how they perceive and deal with voices in self-help groups. Five years ago a Hearing Voices Movement was set up in Denmark and now holds about 20 self-help groups enjoining voice-hearers across the country. The aim of these groups is to provide a space within which people can focus on their voices, discuss and give meaning to what they are saying and find ways to influence and improve the difficulties hearing voices can bring about.
I have conducted fieldwork in four such groups in Denmark and a fifth in England. Each group holds about six participants, many of which have a diagnosis of serious mental illness like schizophrenia (WHO 1993), and a couple of facilitators.
When I look at the part of my material, where the Hearing Voices Movement communicate their ideas to the public, the voice-hearing experience is framed with a striking order. However, when I turn to the part about the practice of these ideas within the groups, I see a just as striking disorder. As an attempt to understand this contradiction, I have become aware of a master-narrative within my material, that in particular makes people work to set bounds around themselves. An effort that may well seem central for all of us, since psychology is promoting the image of the bounded person in

western societies, as pointed out by Nikolas Rose in his book *Inventing Our Selves* from 1996. When there is still rum for a great deal of disorder within the hearing voices groups, I suggest, it may be due to an idea of trauma as the dramatic plot in the dominant narrative in my material. This is the empirical argument, I will return to in the final part of this paper. Before we come to that, I would like to get closer to the voice-hearing experience, and give you an idea about what it means to people to live with voices.

The voice-hearing experience

Voice-hearers often describe themselves as particular sensitive human beings. They describe how they are overwhelmed by sensations from other people as they enter a room or pass someone in the street, or from passing cars and birds or trees, they themselves pass by. The more experienced group members give detailed accounts of their dominant voices and their role in their personal lives, but everyone experience to involuntarily pick up voices from their surroundings and suffer from a feeling of being a kind of container for all these sensations.

Having been talking to numerous voice-hearers I have realized this is a rather overwhelming experience that absorbs much attention, time and energy. I have also realized, the experience involves dealing with deep emotions such as hope and fear, stigma and loneliness and a fundamental uncertainty about "what is at stake?" to speak in the hearers own words - when one hears whispering, muttering or strange noises, that may be felt to occur inside ones body or plain speech outside oneself, making nasty comments or threatening to hurt either oneself, family or friends.

Voice-hearers often experience to have their personal life invaded by voices. Voices disturb and interrupt social relations. It is simply hard to carry on conversations and hear voices at the same time. Voices can make it difficult to take care of ones home, as they

demand you to do or not do certain things. All in all, hearing voices seems to disturb the everyday life and makes it hard to chat with neighbours, complete an education, go shopping, take care of a job, a partner, kids and so forth. And voice-hearers attempt to "pass as normal" (Goffman 2009: 113) often put an extra burden on their shoulders.

Most voice-hearers speak of disturbing voices. A smaller number also describe positive, encouraging voices. Voices that works as a kind of danger signal and advise them to "listen to their inner self" and "take good care of themselves" when faced with unfair requests from those around.

Sometimes voices are there all the time, other times just now and then. Yet, emotions and issues caused by voices continuously influence peoples lives. When there is peace and quite, the hearers are still wondering what is happening and consider when the voices will return and how – and with good reason. Having been listening to people descriptions of their individual voice-hearing experiences, I find the multiplicity and variable character of the many different version of the experience sticking.

Hearing voices is classified as psychotic symptoms in modern western societies and thus associated with serious mental illness in need of medical treatment. If you tell about unusual experiences, such as hearing voices, within psychiatry, these voices are most likely transformed into the concept of schizophrenia – and thus medicalised, as demonstrated by Toril Terkelsen in her Ph.D. thesis (collection of articles) about how psychotic expressions is understood and controlled within psychiatry (Terkelsen 2005, 2006, 2009a, 2009b).

In contrast, I will argue the voice-hearing experience has been psychologized within the Hearing Voices Movement. The movement start from the premise, that hearing voices is not a sign of illness,

but a normal variant of behaviour, much like left-handedness and suggest, that voices only turn into a problem, if the hearer is unable to understand and cope with them. As I will try to show, the movement has adopted popular ideas about psychology and, in particular, a cultural idea about trauma, to change the status of voice hearing. I will start with the idea of trauma. It shows from the way individual voice-hearing experiences are framed and articulated, when recovered voice hearers tell their personal story.

The expression

If my description of the voice hearing experience still seems a bit confusing, it may be because it is confusing – multiple and variable. For that reason it is even more striking how ordered the individual experience become, as it is transformed into an expression (Bruner 1986) and told in public, when the Hearing Voices Movement communicate their ideas. I have chosen the story of the facilitator of my English hearing voices group Peter to illustrate the established way of telling ones story and, in particular, the master-narrative of trauma, that stories like Peters are constructed in relation to (Capps and Ochs 1995). Peter is a popular lecture in both user organisations and psychiatric services, and in addition to my personal talks with him, I have heard Peters story in different versions in numerous conferences in Denmark and England.

My name is Peter Bullimore. I am a voice-hearer and I always say that I am proud of being a voice-hearer. I have spent 10 year in the psychiatry system as a chronic schizophrenic. I do not believe in the concept of schizophrenia, but I am quite proud to say that I am a voice-hearer.

Peter usually starts up the story of his life with a few remarks like these.

Peter was born in the 50's and grew up with his two older sisters in an ordinary family in the North of England. At the age of 7, Peter experienced his first voice while he was playing ball. At first he thought it was like an imaginary friend. It was a comforting voice, telling him everything would be all right. Then, after a while, Peter started to get other voices too, and by the time he was 10 it had turned into numerous destructive and threatening voices. The voices kept coming and going until he was 13 when they went away. Peter never spoke of any of these experiences.

At the age of 17 Peter married and became the father of three and with the years he became know as a competent and successful businessman too. This image did not fit Peters inner feelings very well. During these years Peter was working all day, seven days a week and he always felt a pressure providing for his family and their high living standard. Eventually, Peter's voices came back and started to encompass his life. Peter stopped going to work. For three weeks he isolated in a world of voices, frightening visual hallucinations and anxiousness until he was admitted to the psychiatry ward where he stayed, on and off, for the next 10 years. The years in the psychiatric service did not offer Peter any relief. During his first admission he was told, he was a chronic schizophrenic and that he would never be able to work again. Peter got divorced from his wife, he lost contact with his friends, and he lost his business and was given a combination of several antipsychotic medications. Time and again, Peter was bombarded with voices; threaten him, telling him to stab himself or burn himself or harm other people, commenting on every move he made – and Peter's self-esteem reduced with the years. The medication never reduced any of the distress or anxiety caused by his voices (in contrast, Peter got the side effects), nor did the staff in the psychiatric service.

After almost 10 years, Peter got a new social worker, Sally, who put him in contact with a hearing voices self-help group, and he attended a couple of times. At that time Peter was as tortured by voices as ever and as he did not wash or shave in this period he appeared rather scruffy and smelly too. The people in the hearing voices group, on the other hand, where all clean and presentable and told about how they understood and managed their voices. This was a wakening for Peter - and he were happy to meet people with the same experiences and for the first time being invited to talk about his experiences too.

In the group, Peter was told to read 'Accepting Voices' by Marius Romme (see Romme and Escher 1994)*, the most inspiring book he ever read. It was about various voice-hearing experiences and ways to understand and find manageable relationships to ones voices. Reading this book made Peter realize that his voices were related to his life story and it was in the group, that he first spoke about how he were sexual abused by his female babysitter from the age of 7 to 13 – the period where he experienced voices as a child.*

Later that year, Peter was discharge from the psychiatric ward and Sally encouraged him to set up a hearing voices group in order to move on with his life. In the group, Peter found the courage to listen to what his voices were actually saying and for a couple of weeks he wrote down every word to find out what the content was about. In that way Peter found out about his dominant voice, the one, that were a little more critical and destructive and a little bit louder that the others and in a little while he was able to give it the identity of his abuser and thereby reduce his fear of it. As he could remove his fear of his voices he found himself able to alter his relationship with them so that he became able to manage them. Just as Marius had suggested in the above-mentioned book Peter read a couple of years earlier. Within a couple of years Peter

managed to come off his 'cocktail' of medication too – and finally put his life back on track.

In the first part of the story Peter emphases his individual experiences with voices and the difficulties, they brought about, but as he gets to the point where he got in contact with the psychiatric system, he merge into the form, that makes up the master-narrative in my material: The psychiatry, that does not offer relieve (but quite the reverse); the special person, who get you in contact with the Hearing Voices Movement; where you realized you voices are related to your life story and - with the help of a hearing voices group - become able to alter the relationship to your voices and recover. Like this, the personal stories of recovered voice-hearers usually refer to a shared ideology of voices as related to life story and stress the idea of trauma – usually sexual abuse – as the story plot.

This idea about trauma may seem obvious. History shows, however, a wide diversity of ideas about the nature of trauma, as pointed out by Ruth Leys (2000) in her study of trauma. The plot about trauma I see in the stories of recovered voice-hearers, like Peters, has the psychological meaning Freud, among others, ascribed to it. (ibid.: 3-4). With the development of psychoanalysis Freud introduced the unconscious as a human reality and a new field of knowledge was added to our understanding of the person (Rose 1995: 7): we have something inside of us, we don't know, but it is most important (Hacking 1994). Today, this idea is popularized (Leys 2000: 2) and supports the understanding that voice hearers act up to: we have got to identify and talk about the hard stuff to get better.

This specific idea about the nature of trauma is never spelled out when voice-hearers tell their recovery stories in public. Still, it seems to appeal to their audience. During Peters tale I have often heard professionals within the psychiatric service chitchat about

how obvious this strange thing about voices suddenly seem, and other voice-hearers state, how "everything just fell into place".

I will get back to the question of how a story like Peters can seem so convincing, and turn to how the ideology of the Hearing Voices Movement is actually practiced within the hearing voices self-help groups.

Shaping up the problem in therapeutic interactions

At first sight it looks as if the ideology of the movement is being interpreted in rather pragmatic ways in the groups in the sense, that people seem to make use of whatever ideas available to help them understand their experiences, without worrying to much about the exact fit between their practice and the ideology. I see an openness to new ideas and a great deal of different perspectives, and for quite some time it seemed to me as if voice-hearers made use of a potentially infinite range of interpretative frame for understanding their experiences.

However, when you have spent a great deal of time at group meetings you realize some things that are given significance, that are valued, that are problematized: that are worked upon. One might think that the individual perspective is what is most important in therapeutic dialogue, but often the therapeutic interactions seem to reinforce an official story version (Capps and Ochs 1995) and thus, some things are shaped as the problem that needs to be worked upon (Jöhncke et. al. 2004). One such thing I have become aware of is an ongoing preoccupation with personal boundaries. Questions of how to protect yourself from those around is a central theme in the therapeutic interactions and I'll provide a couple of examples of how this issue is brought up.

The meetings always begin with a round, where participants take turns and tell how they have been and, in particular, what have

troubled them since the last meeting. During this round, within a short dialog between teller and facilitator or a couple of questions or comments from other participants, the group seems able to turn the problem that has been brought up into something about personal boundaries. For example, a teller mention a problem with a dominating sister, a careless mother or unfair social worker in their daily round and this is turned into a problem of being "unable to say no" and "being cowed" and compared to the problem of the tellers voices. Thus, a whole range of everyday matters is made into a problem of 'being invaded' – in terms of the damage the sister, mother, social worker – and voices - does to the tellers personality. This process of "shaping up the problem" (Hodges 2001) is most apparent when facilitators once in a while become impatient with the usual fragmented character of the dialog and ask someone to get to the heart of the matter. What is this *really* about? Where did it all start? And the person in question is expected to represent the problem as a matter of having personal boundaries transgressed. It is not everyone who is able to work out, what it is really about. Not everyone can identify a trauma like Peters to explain what caused their voice in the first place. In these cases the facilitator will point out, that their personal boundaries were violated within the psychiatric service – qua humiliation, use of force etc. – causing the disturbing character of their voices. So, even if you do not have a trauma, your basic problem is still represented in the form of violated autonomy.

To sum up, the general idea is that voice hearers personal boundaries have been violated by a trauma, typically incest, alternatively by the psychiatric service. That is why they have disturbing voices and is unable to set bounds around themselves. And it is worth noticing, that people describing positive voices point out how their voices help them with just that.

Though the therapeutic dialog seem fragmented within the groups at first, the process of shaping up the problem confirms the culturally shared master-narrative of trauma and lay down one coherent solution to voice-hearers problem: they must work to set bounds around themselves.

Why is that most important? As shown in the introduction to the voice-hearing experience, voice-hearers are faced with al sort of challenges. Why is it necessary to protect your personal boundaries to meet the challenges of everyday life?
If we follow Rose's (1996) idea that psychology has become a dominant way of understanding ourselves, one answer is, that voice-hearers strive to live up to the normative image of the bounded autonomous person in western cultures.
Today, Rose point out, psychological theories lend themselves out as kind of popular-psychology, and strongly influence the social and cultural shaping of the person. Especially by promoting an image of the person through which we come to experience, understand and evaluate our 'selves' as bounded and autonomous. The image that voice-hearers strive to fulfil.
Rose also point out that this practice of popular-psychology seems to go hand in hand with the ideology of liberal societies and the history of liberal government. If I take a glance at the psychiatric field just in Denmark – at all the psychiatric patients I have come to know - I see a range of areas, where the practice of setting bounds around oneself is practised too. For example, as social workers – in the name of empowerment (Cruikshank 1999) - 'help people to help themselves' - to sit alone in their own apartment and eat the food they have made all by themselves…

Conclusion

Why talk about a shift from medicalization to psychologization?

It gives me the opportunity to describe what becomes of the voices-hearing experience when the context change from psychiatry – where hearing voices in the language of anthropologists is usually said to be medicalised – to the Hearing Voices Movement. When I say hearing voices are psychologized, I point out, that the normative image of the bounded autonomous person in western cultures inform the problem – of the unbound person – that have to be worked upon within the hearing voices group.
The perspective also enables me to relate this therapeutic endeavour to the wider society, as this particular understanding of the person seems to go hand in hand with self-government in modern western societies.

Why talk about trauma in particular?
It gives me the opportunity to answer the question of how the hearing-voices experience can seem so ordered, when communicated to the outside world, whereas the therapeutic interactions in the hearing voices self-help groups seem disordered. This is possible because trauma is the dramatic plot in the dominant narrative in the field of voice hearing. A plot, that seems to works well as the movement share its ideas with the world as well as a turning point for the individual. The trauma as a plot is comprehensible and seems meaningful. This may be due to that trauma represents a prototypic idea about how the mind of human beings works - and for that reason I plan to work on the trauma as a "cultural model" (Quinn and Holland 1987) in my future work with my material.

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