

“Maybe it’s kind of normal to hear voices”: The role of spirituality in making sense of voice hearing

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Abstract:	<p>First-person accounts of voice hearing are scarce. This research aims to explore the role spirituality in the sense-making process of hearing voices.</p> <p>Five semi-structured interviews explored experiences of spirituality and hearing voices. Qualitative data was analysed using Interpretive Phenomenological Analysis (IPA).</p> <p>Three superordinate themes were identified: Need for connection, Values about self and identity, and Making sense. The findings suggest a relationship spirituality and voice hearing, and relate to the need for belongingness and self-identity.</p> <p>Acknowledging the sense making process and engaging in conversations about spirituality are implicated. Future research could explore the role of spirituality in cross-cultural populations.</p>

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Table 1. Participant demographics.

Participant pseudonym	Gender	Age	Religion	Time since onset of hearing voices
Alice	F	24	None	11 years
Jeremy	M	22	Christian	3 years
Louise	F	20	Buddhist	10 years
David	M	35	Christian	3 years
Scott	M	52	Christian	47 years

Table 2. Summary of the super- and subordinate themes generated from participant's accounts.

Theme	Subthemes	No. participants contributing
Need for Connection	Finding a place to belong	5
	Disclosure to get help	4
	Understanding of others (or lack of)	5
Values about self and identity	Conflicts with beliefs	3
	Constructing new identities	3
Making sense	Difficult to express	4
	External to self	3
	Influence of others	4

Abstract

First-person accounts of voice hearing are scarce. This research aims to explore the role of spirituality in the sense-making process of hearing voices.

Five semi-structured interviews explored experiences of spirituality and hearing voices.

Qualitative data was analysed using Interpretive Phenomenological Analysis (IPA).

Three superordinate themes were identified: Need for connection, Values about self and identity, and Making sense.

The findings suggest a relationship between spirituality and voice hearing, and relate to the need for belongingness and self-identity.

Acknowledging the sense making process and engaging in conversations about spirituality are implicated. Future research could explore the role of spirituality in cross-cultural populations.

Keywords: Voices, sense making, spirituality, explanatory model, identity

Introduction

‘Voice hearing’ refers to the experience of hearing voices that no one else can hear. Hearing voices does not necessarily constitute a symptom of mental illness (James, 2001). However, within the context of mental health services, voice hearing is often perceived as a symptom of a disorder, typically psychosis (APA, 2013). Voice hearing can be experienced on a continuum; from benevolent to malevolent, or soothing to distressing (Boyd & Gumley, 2007; Clarke, 2013). The way a person makes sense of their voices influences whether they are experienced as distressing (Garety et al, 2001). The sense-making process involves a search for meaning, defining, and rationalisation, influenced by an individual’s interactions, past experiences, values, beliefs and social construction (Weick, Sutcliffe, & Obstfeld, 2005).

Voice hearing can be understood from a range of perspectives, including biological, psychological, social and spiritual (Cooke, 2017). Although spirituality is recognised as an important part of some people’s lives, providing solace and meaning, there is a paucity of research into the experience of spirituality as a way of making sense of voice hearing.

Spirituality and hearing voices

In defining ‘spirituality’ there is much debate focussed on the complexities and diversity involved (Moreira-Almeida & Koenig, 2006), though a recurring theme is its relation to the meaning of life (McCarthy-Jones et al, 2013). The following definition will be used throughout this paper:

“an inner experience of connection to something greater than oneself, a personal state of the sacred and meaningful” (Lukoff, 2007, p. 635)

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3 Spiritual discourse around voice hearing in Western cultures is an emerging concept.
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5 Clarke (2013) appeals for a movement towards acceptance and appreciation of the impact
6
7 spirituality may pose on mental health. A spiritual understanding of voice hearing can enable
8
9 coping strategies and social support (McCarthy-Jones et al, 2013); or reduce an individual's
10
11 control and aid in the development of 'dysfunctional beliefs' (McCarthy-Jones et al, 2013).
12
13 Individuals hearing voices may seek out spiritual or religious sources in the first instance,
14
15 with mental health services being their secondary option for help (Moss, Fleck & Strakowski,
16
17 2006; Pargament & Lomax, 2013). Jones et al (2003) suggest that many individuals view
18
19 religion as a source of strength and resilience. This evidence therefore conveys the possibility
20
21 that hearing voices can be both a positive and negative experience for some individuals,
22
23 dependent on their socio-cultural context and belief systems, as well as being an important
24
25 part of their self and identity.
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29 Spirituality can have a significant impact on the experience of hearing voices.
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31 However, there has been no qualitative study of individuals' experience of making sense of
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33 voices from a spiritual perspective. A better understanding of the role of spirituality in the
34
35 process of making sense of hearing voices could help to improve interventions, boosting
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37 spirituality as a resource as opposed to a problem. This study aimed to explore and
38
39 understand the experience of voice hearing from a spiritual perspective.
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45 **Method**

46 **Design**

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49 This was a qualitative, single incidence, semi-structured interview based study. Participants
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51 that hear voices explored how they made sense of this experience and the role spirituality had
52
53 in their sense making. Interpretative Phenomenological Analysis (IPA; Smith, Flowers &
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3 Larkin, 2009) informed both the interview questions and the analysis of the interviewees'
4 response. The theoretical foundations for IPA lie within the exploration of an individual's
5 relatedness to, or involvement in, a particular process; namely, there is an inference that in
6 adopting an IPA methodology the researcher commits themselves to exploring and describing
7 the means by which individuals will take to make sense of their experiences (Smith &
8 Osborn, 2008). As sense-making is the premise of the present research, adopting an IPA
9 methodology allows for the researcher to understand the proposed participant's lived
10 experience in more depth.
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20 **Participants**

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23 Five participants aged between 20 and 52 (mean 30.6) were recruited from adult mental
24 health services. Three males and two females participated, and all were white British (see
25 Table 1 for participant demographics). To ensure an appropriately homogenous study
26 population, purposive sampling was employed for in-depth analysis.
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32 **Procedure**

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35 NHS Ethics was granted by Sheffield Research Ethics Committee.
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38
39 The lead researcher (SL) conducted interviews. A semi structured interview schedule asked
40 participants about their experience of hearing voices, their understanding and the contextual
41 influences on their understanding. The researcher also asked about participants'
42 understanding of spirituality; its role in their life and contact with mental health services.
43
44
45 Interviews took place during a four-month period. All were audiotaped and lasted between 22
46 and 64 minutes (mean = 37 minutes).
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52 IPA protocols informed the interview transcription and data analysis (Smith et al,
53 2009). Close examination of individual transcripts involved making comments of a
54 descriptive, linguistic, and conceptual nature, from which emergent themes were drawn.
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3 Commonalities and differences amongst emergent themes were noted on collation and
4
5 comparison of the transcripts. Organisation of emergent themes allowed for super- and sub-
6
7 ordinate themes to be determined, and re-examination of the original transcripts allowed for
8
9 quotation data related to these themes to be drawn. Ongoing interaction with the dataset
10
11 enabled the exploration of the structure and relationships of these themes, allowing for
12
13 thematic organisation that best represented the information gathered. Transcripts were
14
15 reviewed by authors AG and CS, who conducted analyses on the data that was then compared
16
17 with the lead researcher's to increase reliability of the findings. Regular supervision and the
18
19 use of a reflective journal allowed for conversations that aimed to reduce the influence of the
20
21 lead researchers' natural biases, values and position.
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26

27 Table 1. Participant demographics.
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31 ***Researcher's position*** 32

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34 As this study was grounded in an interpretative protocol for its implementation and analysis,
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36 the lead researcher's socio-cultural position and own conceptions will undoubtedly have
37
38 shaped its process. As a researcher, there is an inherent flexibility to probe any interesting
39
40 areas that may emerge, and this is required to fairly make sense of an individual's personal
41
42 world. It is acknowledged, however, that the lead researcher's relationship with spirituality
43
44 and religion allows her to be open to it being helpful and unhelpful in times of need. The lead
45
46 researcher was raised as a Catholic, though experiences in later life led to some conflicts with
47
48 her faith. As such, there may have been some pre - conceived beliefs and attitudes towards
49
50 the role of spirituality, its significance to people and its role in sense making though this was
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52 minimised through the use of a reflective journal and discussion and review of data and
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54 themes within the research team.
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Findings

The following themes were generated from participants' accounts in response to the research questions. A summary of the super- and subordinate themes can be found in Table 2. All participants recognised spirituality being significant in their sense making of voice hearing.

Table 2. Summary of the super- and subordinate themes generated from participant's accounts.

Theme 1: Need for Connection

Subtheme 1: Finding a place to belong? Isolation vs belonging

A search for belonging to counteract isolation emerged from the data. This sense of belonging was sometimes provided by the voices but could also keep participants distanced from others. Some participants described becoming "*closed in a bit into me shell*" (Scott), whereas others described becoming "*utterly dependent*" (Alice) on their voices, which left her feeling unable to interact with her peers whilst at school. David isolated himself from his church community but needed to keep convincing himself of this:

"I still pray, but I'm not going to church. I'm not going to church"

Voices could also support participants in their search for belonging. Jeremy felt an increased sense of belonging within his Church community, because of hearing God's voice. He spoke about having never met another Christian that had not spoken with God, and heard God speak back, so voice hearing was perceived as an experience that connected him to group of similar others. He initially described feeling isolated, and immersed himself in Bible study, though his relationship with spirituality has changed:

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2
3 *“I think when I first became a Christian, I isolated myself. I read the Bible all the time. I was*
4 *practising my faith and I didn’t have that level of trust within human beings which I now*
5 *have. It’s honestly... I’ve never been as welcome as I have within a church.”*
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13 *Subtheme 2: Disclosure to get help*
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15 Participants described a process that determined whether they sought external help. For some,
16 disclosing their experiences was an important part of this process. Alice described how she
17 delayed talking about her experience because it was *“all I’d ever known”*, and others held
18 back on sharing their experience for fear that they were *“going crazy”* (Scott). David spent
19 some time reflecting on how he hadn’t felt as though he needed additional help as he had
20 already sought the help of God:
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29 *“He was giving me really good advice. He’s telling me to, I don’t, really good advice in day*
30 *to day, you know”*
31
32
33

34 Some participants felt grateful for disclosing their experiences to services. Scott described
35 that this helped him to make sense of his voices, *“because to me, I was going mad”*.
36
37

38
39 There was a shared concept that disclosure and seeking support was ultimately helpful to the
40 process of understanding their experiences. Though often there was an initial struggle and
41 internal debate, participants did not express any regret in their decisions.
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43
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46 *Subtheme 3: Understanding of others (or lack of) or being understood*
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49 All participants talked about being understood as being important to them whether they had
50 experienced this and or whether they felt misunderstood. Throughout the interviews, some
51 participants placed importance on the understanding of the researcher; David asked *“did you*
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3 used to be a Christian yourself?” and Louise sought clarity for the researcher’s
4 understanding of the local area to contextualise her experience more effectively:
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7 “Are you from [location]?” “Do you know like the reputation of some of the schools and
8 some of the areas?”
9
10

11 Other participants, such as Alice, spoke about how she felt she “couldn’t talk to [her]
12 friends” because they had not encountered the same experiences as her. Whereas Jeremy felt
13 that once he had explained his faith and his relationship with his voices, this had helped
14 others to understand:
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21 “I told her [care-co] everything Jesus has done in my life from day one. She’s never asked
22 me not to talk about my faith”
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27 Knowing that other people understood or appreciated their experiences was important to all
28 the participants. This related to their experiences of being misunderstood and the stigma
29 associated with some mental health difficulties
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34 **Theme 2: Values about self and identity**

35 *Subtheme 1: Conflicts with beliefs*

36
37 Most participants spoke about how their experience of voice hearing and their values of good
38 and bad or evil had conflicted with their spiritual or religious beliefs. Jeremy described how
39 he “always knew there was something wrong with the world”, whereas others talked about
40 how certain treatments should not work because “that would be like medicating God away”
41 (Scott). In a different way, David spoke about literal conflicts with his voices and values:
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50 “God wants you to, he’s too strict and stuff like that. Yeah. Um [pause] so yeah, I went
51 through a few weeks of talking with Satan”
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3 He spoke about feeling scared of God, as what he was saying to him did not match with the
4 writings in the Bible. Thus, he described talking with Satan who, in turn, built a greater
5 wedge between David and his faith. For example, Satan was:
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10 *“Um, saying that a good Christian wouldn’t think these things and stuff like that”*
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12 All participants who spoke about such conflicts did ultimately describe finding resolution and
13 peace. David found this by continuing to practice his faith in prayer; Jeremy articulated how
14 this process had changed his outlook:
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20 *“I’ve got redemption. I’ve got peace. I’ve got joy. And I’ve got love. And that’s what God is*
21 *at the end of the day God is love”*
22
23

24 This process of questioning their religious and spiritual understanding appeared as a
25 confusing and fearful time for participants. They began to question the origin of their voices
26 as well as their faith, creating a struggle with their sense of self and the lens through which
27 they viewed the world. Whereas some participants pondered different narratives for
28 understanding the self, this sense of conflict might have determined that there was no good
29 fit, and may supersede understanding.
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38 *Subtheme 2: Constructing new identities*

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41 Some participants discussed how their actions and experiences had created a conflict with
42 their preferred construction of self. David described that he was not a “good Christian” and
43 referred to this notion throughout his interview:
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48 *“It [stammers] it sort of, sort of [pause] it’s like [pause] before like, before the psychosis like*
49 *God was everything in my life, at the time. But now um it’s sort of becoming less important*
50 *which is, which is not a good thing I guess from a Christian perspective”*
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3 David's comment here demonstrates a process of self-reflection and shame shared by other
4 participants; identity as a Christian challenged by emergence of voices. His difficulty talking
5 about this: "[stammers] it sort of, sort of [pause] it's like [pause]" illustrates further the
6
7 impact that his experience has had on his sense of self, and the importance in having a robust
8
9 self-identity.
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13 14 **Theme 3: Making sense**

15 16 *Subtheme 1: Difficult to express*

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18 Participants found it difficult to share their experiences, particularly when asked questions
19 they had not been required to articulate before. When asked to describe their experience of
20 hearing voices, some participants gave conflicting accounts:
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26
27 *"[long pause] when um, the way they kind of developed it wasn't so much that they just*
28
29 *happened it was, how do you describe it? Well I know sometimes there'd be times where it*
30
31 *did just kind of happen"* (Louise)
32
33

34 Whilst others, like David, had a clear idea of the circumstances around the emergence of his
35 voices, yet continued to struggle to articulate the experience:
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38
39 *"Um [pause] well [pause] around 3 years ago I got involved with a church. Um [pause]"*
40
41

42 Here, David goes on to talk about how conversing with God was encouraged within his
43 denomination of Christianity and how he had *"started um [pause] I started uh, trying to talk*
44 *to God. I was getting replies"*. Therefore, whilst he had a clear idea and could make sense of
45 his voices' origins, the way this is expressed suggests uncertainty as well as difficulty
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47 revisiting where this began.
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3 Where participants struggled to express their experience of hearing voices this appeared to
4 affect their sense making. There was a recurring theme, however, for participants wanting to
5 articulate their experience yet concerns on how this might be perceived:
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10 *“Am I unusual?” (Scott)*

11
12 *“[pause] it’s bizarre. I know, [stutters]” (David)*

13
14
15 Participants found it hard to talk about their experiences; whether this was driven by their
16 sense-making or wanting to sound ‘normal’ to the researcher.
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20 *Subtheme 2: External to self*

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23 Some participants made sense of their voices by externalising their source. Jeremy does this
24 by distinguishing the voices he hears:
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28 *“So I have to utterly distinguish between the old voices that I used to hear, which were a*
29 *result of my mental illness. And the voices, the voice of God which I know I hear. Which*
30 *comes from the Almighty”*
31
32

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34
35 Distinguishing the two allows Jeremy to remain connected to his faith and the voice of God,
36 and disconnect himself from the other voices he heard, allowing him to retain a preferred
37 identity. Scott remains in the making sense stage; being open to different ways of
38 understanding his experience:
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42
43 *“I don’t know whether it’s um a spirit that I hear, whether it’s physically my mind that’s*
44 *become fragmented, or whether it’s um [pause] a spirit that I’m hearing, or a poltergeist or*
45 *[pause] I don’t I don’t know what they genuinely are”*
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51
52 Though it is clear that Scott does not have as strong a sense-making appraisal of his voices as
53 Jeremy, it is apparent that he is open to interpretation and is balancing this between
54 externalising *“a spirit ... a poltergeist”* and something more medical *“my mind that’s*
55
56
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3 *become fragmented*". Jeremy expressed a stronger affiliation to his faith than Scott so it is
4 plausible that he is less likely to consider alternatives when he is making sense of the
5 experience. Like Scott, Louise described a genetic understanding for her voices:
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7

8
9
10 *"but I think there's definitely something there genetically. It runs in the family because her*
11 *mum was diagnosed ... paranoid psychosis"*
12
13

14 She finds a way to make sense of her experience, whilst acknowledging that there is a shared
15 construct within her family. On the surface, this presents as less comforting than
16 understanding her experiences from a spiritual or religious source, yet Louise spoke with
17 sincerity and ease about her experience, reflecting that she has made peace with this
18 appraisal. Despite the differences in sense-making, the tendency for some participants to
19 externalise their understanding of their voices' origin may reflect uneasiness at attempting to
20 acknowledge otherwise.
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30 *Subtheme 3: Influence of others*

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33 Finally, some participants also referred to the influence that others had on their sense making
34 process. For some, this came from the way their families talked about mental health in the
35 home and experienced by others:
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38

39
40 *"the thing is when you've, when you've got a parent like that, who can just spontaneously go*
41 *off on one ... but since like I've grown up, we've like talked a lot more about mental health*
42 *like a lot more maturely"* (Louise)
43
44
45
46

47 Louise can reflect here that her earlier experiences of mental health influenced her views,
48 with conversations later in life shaping her ideas further. Alice described a similar
49 experience. When asked, what influenced her understanding of her voices, she responded:
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53
54 *"well my mum, I guess that's the easiest part ... I was like introduced to her voices from an*
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3 *early age*". There is a shared experience here of being introduced to parental mental health at
4
5 an early age, and both participants reflected that this influenced their own sense making.
6

7
8 Whilst some participants focus on familial influence, others place importance on the
9
10 influence of services. Whilst Alice describes how she used to make sense of her voices as her
11
12 mum had made sense of hers: "*I used to feel the same way, that these were spirits haunting*
13
14 *me*" she then describes how this changed:
15

16
17 *"I mean obviously since having therapy I don't really believe that anymore.*
18

19
20 She identifies a shift in her sense-making once she comes under mental health services.

21
22 Having earlier described, "*the idea of them being spirits was comforting to me*" it appears
23
24 that this has been altered. This was not a commonality among participant accounts, however:
25

26
27 *"[mental health service] have been quite good. They, they talk to you about stuff, well [care-*
28
29 *co] does, [care-co] talks to me about my faith and stuff like that"* (David)
30

31
32 Here David is recounting that he understands his voices from a spiritual source, and that his
33
34 mental health worker has been a positive influence in maintaining this conversation and
35
36 understanding.
37

38
39 As has been illustrated, making sense of experiences is not a linear process for the
40
41 participants. It involves navigating experience and forming coherent narratives that are
42
43 influenced by others and external factors. The sense-making process is an integral part of an
44
45 individual's journey with their voices and therefore influences on this are important to
46
47 acknowledge.
48

49 50 **Discussion**

51
52
53 The current study represents the first exploration of how spirituality may influence the
54
55 experience of making sense of voice hearing from a first-person account.
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3 Participants' narratives demonstrated a conflict in how they constructed their sense of self.
4
5 Their experiences brought forward new identities, which connected with religious, spiritual
6
7 and moral beliefs. Dennett's (1991) proposition of a philosophical view of the self suggests
8
9 the narratives construct a sense of identity. White (2007) rejects the idea of a core and stable
10
11 identity but instead talks about relational identity; whereby identity is socially and
12
13 relationally constructed. This implies that identity formation is fluid not fixed and changes in
14
15 the different contexts in which we belong. Narratives of identity are shaped by social
16
17 interactions, significant others and self-informed reflections (Jones and Coffey, 2012). For
18
19 example, when David refers to his sentiments "*from a Christian perspective*" this infers he
20
21 has an identity: 'I am a Christian' though his implication is that this is a stable identity.
22
23
24
25 When a preferred self is challenged, an individual must either reassemble their view of the
26
27 self or work out how the phenomenological experience best fits. Identities of those
28
29 experiencing distress often result in re-formulation within a context of mental illness
30
31 (Goffman, 1968). An individual, therefore, evolves from not only experiencing emotional and
32
33 psychological responses to an experience, but also stigma and other social consequences
34
35 (Jones and Coffey, 2012). This understanding of the self and acknowledgement of the
36
37 challenge it poses has implications for support for voice hearers. Jones and Coffey (2012)
38
39 suggest that a move beyond identification as 'mentally unwell' may be a further step in the
40
41 process towards a coherent sense of self without conflict. This was seen here with Jeremy,
42
43 who could differentiate the voice of God from the voices of mental illness. An effective
44
45 utilisation of services, therefore, could be to support individuals to make sense of their
46
47 experiences in a way that fits their values and therefore integrate their experience into their
48
49 repertoire of a preferred identity. This would provide an additional pathway to recovery then
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51 a limited recovery defined by symptom eradication only.
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3 Participants also identified a struggle between initially needing to isolate themselves when
4 they began to hear voices and a need for belonging and to be 'normal'. A shared perception
5 here is of connectedness to others; be that to people or with their voices. This struggle among
6 the participants is representative of Baumeister and Leary's (1995) belongingness hypothesis.
7
8 Baumeister and Leary (1995) suggested that the need to belong is a fundamental and
9 powerful innate motivation in humans, where a failure to satisfy belongingness can lead to
10 social isolation (Baumeister & Leary, 1995; Mellor, Stokes, Firth, Hayashi, & Cummins,
11 2008). It is possible that belonging encourages a feeling of social connectedness and can
12 stave off loneliness. Research has outlined that an unmet need for belongingness can exert
13 influence on subjective well-being (Mellor et al, 2008). Services should therefore concentrate
14 on improving individuals' sense of belonging and connectedness, whether this is with their
15 voices or at a societal level. Liaising with Hearing Voices Groups (HVG; Dillon, & Longden,
16 2013) and the use psychological interventions such as voice dialogue (Stone & Stone, 2011)
17 and voice relatedness (Hayward, 2003) are positive steps towards this approach and are in
18 line with the findings. Evidence has shown that individuals who hear voices value the
19 opportunity to meet others with similar experiences to their own (Ruddle, Mason, & Wykes,
20 2011) and participants in the present study also referred to the value of shared experience.
21
22 Descriptions of how voices are understood replicate Kalhovde et al's (2014) findings,
23 whereby the overall understanding from the accounts pertains to seeking a sense of
24 belonging. Parallels can also be drawn with Holt and Tickle's (2015) findings where three
25 overarching descriptive categories were found from participant accounts; the view of self,
26 search for meaning, and explanations for voices. Pertinent here are the shared findings that
27 the voices can endorse a negative view of the self. Furthermore, both studies explore the
28 sense-making process and factors that may emerge here. Of all six available qualitative
29 studies on the experience of voice hearing, including the present research, it is clear that
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3 individuals hearing voices seek to develop frameworks to make sense of the experience
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5 (Fenekou and Georgaca, 2010; Holt and Tickle, 2015; Jones, Guy, & Ormrod, 2003;
6
7 Kalhovde, Elstad, & Talseth, 2014; Minchin, 2017). The present findings support sense-
8
9 making as part of the recovery process (Van der Hart et al, 1989) with the themes drawn from
10
11 participant accounts aligning with Leamy and colleagues' (2011) findings of mental health
12
13 recovery processes; empowerment, connectedness, identity, meaning in life and hope and
14
15 optimism about the future.
16

17
18 This study found each participant faced different struggles, barriers, and comforts, so despite
19
20 the general themes drawing similarities across their stories, how they are distinguished is also
21
22 pertinent. The study supports the case that professionals should work to understand the
23
24 meanings that are ascribed to individual's voices if they wish to promote their recovery (Care
25
26 Services Improvement Partnership, Royal College of Psychiatrists and Social Care Institute
27
28 for Excellence, 2007) and alleviate any distress caused (Lakeman, 2001) and to ask about
29
30 spiritual beliefs and sense making. For example, in the present study Alice stated 'no
31
32 religion' on the demographics form, however identified as spiritual throughout her interview:
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34 *"I think erm [pause] the whole idea of spirituality is how I've tried to normalise it".*
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37 Developing shared formulations might help with conversations about spiritual beliefs and fits
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39 with the current psychological literature and guidelines stipulating the need and benefits of
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41 person-centred formulations (BPS, 2011; Johnstone & Dallos, 2013).
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45 **Methodological limitations**

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48 The small study population limits this research as IPA protocols recommend between six and
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50 eight participants, whereas this study only included five. This was in part due to recruitment
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52 opportunities and willingness to participate. As proposed by Malterud and colleagues (2015),
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54 however, the concept of information power can guide a sample size. The more information
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3 held by a sample that is in keeping with the study purpose, the less the number of participants
4 is needed. Smith et al (2009) also note that within an IPA protocol depth is more highly
5 regarded than breadth. Though rich data is provided from a purposely-homogenous sample,
6 generalisability of the findings to a wider population was not intended. Therefore, though the
7 sample size limits the study's findings, it is felt to be appropriate. All the included
8 participants were White British; therefore, experiences are likely to differ among individuals
9 from other ethnic cultures (see Minchin, 2017).

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18 The recruitment methods adopted for this study were open to bias. Whilst care co-ordinators
19 were made aware of the inclusion and exclusion criteria, it became apparent that potential
20 participants were being filtered and selected if they had expressed an interest in religion or
21 spirituality previously, despite this not being a requirement. This study also worked on a
22 'self-selection' basis, therefore opening itself to bias. For example, some participants began
23 the interviews by talking about their religion or spirituality as this is how the study had been
24 'sold' to them.

35 **Future research**

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37 Future research could build on this study to explore the role of spirituality and sense making
38 about voice hearing in other cultures. It would also be of interest to explore whether themes
39 found in the present research are replicated in a non-clinical sample. This may help to reflect
40 on the usefulness of distinct diagnostic categories for this experience. It is possible that
41 religion and spirituality will have a similar role for these individuals, though with different
42 effects. Finally, it may be valuable to explore the attitudes of clinicians towards
43 psychological interventions for hearing voices that are relationally based and to reflect
44 whether more focus on increasing a sense of belonging and integrating experiences into their
45 identity is related to better outcomes or recovery.

Conclusions

The present research provides supportive evidence for the role of religion and spirituality as a model for sense making about voice hearing, a basis for development of self and identity and potentially as a positive coping resource for individuals. The findings echo those of Minchin (2017) that encourages clinicians to value the expertise that service users bring to a clinical setting (Bassat & Sickley, 2010). Remaining a curious-observer will develop understanding of how an individual may make sense of their voices within a spiritual context, or indeed any social, cultural, or political context. As far as the authors are aware, this study is the first to examine the role of spirituality within the sense-making process of the voice hearing experience, and therefore holds pertinent implications for mental health services.

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