Hearing voices need not be a problem in itself

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When people hear voices, it is whether those voices fit or are at odds with their life goals and values that governs whether they find them distressing. That is the conclusion of research published today, Friday 16 June 2017, in the journal *Psychology and Psychotherapy: Theory, Research and Practice* by psychologists Dr Filippo Varese, Dr Warren Mansell and Dr Sara Tai from the University of Manchester.

Dr Varese says:

"Hearing voices is often seen as a characteristic symptom of schizophrenia, but it is also common among people with other diagnoses, including bipolar disorder and posttraumatic stress disorder. And a sizeable number of people without mental health difficulties hear voices too. Which suggests that it is not hearing voices in itself that is a cause of concern.

"There is a lot of research on human wellbeing that says that achieving our goals tends to make us happy and being thwarted from achieving them makes us unhappy. We wanted to see if that applies to people who hear voices and that does appear to be the case."

The researchers surveyed 40 people who hear voices – 22 of whom were receiving mental health support in relation to these experiences and 18 who were not.

They asked the 40 people to complete surveys about their personal goals, the characteristics of the voices they heard, how the hearers reacted to
them and the extent to which the voices facilitated or interfered with the achievement of their goals.

When the results were analysed the researchers found that people's reaction to the voices (for example the distress they experienced in relation to their voices, often an important marker of need for care) was strongly correlated with whether the voices facilitated or interfered with the achievement of their goals.

This effect remained even after the researchers had taken account of other factors that frequently cause distress in people who hear voices such as the negative content of voices and their frequent occurrence.

"Most voice-hearers with mental health difficulties in our study experienced their voices as a hindrance to achieving their goals, and viewed their voices as distressing and problematic. But other voice-hearers find that voices facilitate their valued goals, and are therefore a pleasant and constructive part of their lives.

"In research with the same participants we previously published, what the voices said often seemed to relate to the hearer's goals, wishes and strivings. For example, in people wishing to find some proof of the afterlife, the hallucinated voice of a deceased saying "I am still here" would hardly be seen as a frightening or distressing experience.

"Our findings open up new avenues to understanding the complex experience of hearing voices, and suggest that interventions to improve the wellbeing of people who hear voices should consider more carefully the varied ways in which voices impact on the hearers' lives.

"We should not consider these experiences just as a symptom of mental health difficulties that needs to be eradicated. Rather, we should seek to help clients explore how their voices relate to goals that are important to
them and empower them to progress towards those goals. That would be a more meaningful and acceptable way of supporting them."


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