

Lived experiences of voice-hearing for men who have been imprisoned in the UK

A Phenomenological Inquiry

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ABSTRACT

Despite the growth of the Hearing Voices Movement, the phenomenon of voice-hearing is still seen to be dominated by positivist and reductionist literature, focussing on cause-and-effect frameworks with the aim of offering a fix or cure to people who have lived experiences of hearing voices. Many research studies have been conducted in both clinical and non-clinical populations, however there is currently no research into the experiences of voice-hearing for men who have been in prison. Although voice-hearing is not necessarily a detrimental phenomenon in subjective mental health, there are those that find their voice-hearing distressing. Therefore, there are psychological support services available to address these needs, if and when they become problematic. However, healthcare services that work with mental health difficulties such as psychosis or trauma, are considered to have the highest prevalence of voice-hearing experiences, still often driven from a diagnostic pathologising perspective.

Questions, therefore, arise around how men who have been imprisoned in the UK experience voice-hearing, the meaning that is attributed to this, and their understanding of psychological support available to them in the prison system. The present study seeks to explore these questions through the illumination of phenomenological inquiry. Semi-structured online and telephone interviews were conducted with three men who have lived experiences of voice-hearing and have been imprisoned in the UK. Issues discussed included self-identity, confinement, violence, survival and death, time, and service provision. The research also found the essential need for person to person relating and the importance of individual narratives, especially in the context of access to forensic and clinical mental health services. The research aims to express contributors' individual narratives and offer a humanistic and pluralistic understanding of the phenomenon, more in line with social justice values, drawing upon and contributing to the literature in the field of counselling psychology.

TABLE OF CONTENTS

ABSTRACT	i
TABLE OF CONTENTS	ii
LIST OF TABLES & FIGURES	v
LIST OF PHENOMENOLOGICAL TERMS	vi
ABBREVIATIONS	viii
ACKNOWLEDGEMENTS	ix
PART I: INTRODUCTION	1
1.1 OVERVIEW	1
1.2 RESEARCH AIMS	1
1.3 LOCATING MYSELF WITHIN THE RESEARCH	2
1.4 RELEVANCE TO COUNSELLING PSYCHOLOGY	4
1.5 THESIS STYLE AND STRUCTURE	5
PART II: LITERATURE REVIEW	6
2.1 OVERVIEW	6
2.2 PROCESS OF THE LITERATURE REVIEW	6
2.3 VOICE-HEARING: A 21 ST CENTURY CONTEXT	7
2.4 PATHOLOGY	9
2.4.1 Pathologising mental health	9
2.4.2 Pathologising voice-hearing in a mental health context	10
2.5 PSYCHOLOGY	11
2.5.1 Dominant psychological theories in hearing voices research	11
2.5.2 Voice-hearing in an experiential context	13
2.6 MEN AND MENTAL HEALTH	16
2.6.1 Men and mental health services	16
2.6.2 Constructions of masculinity and help-seeking behaviours	18
2.7 VOICE-HEARING AND TRAUMA	19
2.7.1 Consideration of different paradigms in the context of trauma	19
2.7.2 Voice-hearing and adverse childhood experiences (ACES)	20
2.7.3 Voice-hearing in Trauma Spectrum Disorders (TSD)	23
2.7.4 Voice-hearing in non-clinical populations	24
2.8 VOICE-HEARING IN MEN'S FORENSIC POPULATIONS	25
2.8.1 Mental health in the Criminal Justice System (CJS)	25
2.8.2 Voice-hearing in men's prisons	26
2.9 CURRENT TREATMENT APPROACHES IN PSYCHOSIS	27
2.9.1 Medical treatment interventions for psychosis	28

2.9.2 Psychological treatment interventions for psychosis	28
2.10 RATIONALE	30
2.11 RESEARCH QUESTIONS	32
PART III: METHODOLOGY	33
3.1 OVERVIEW.....	33
3.2 HUMAN SCIENCE.....	33
3.2.1 A brief insight into psychology as a science	33
3.2.2 The scientist-practitioner position	34
3.3 RESEARCH DESIGN	35
3.3.1 Research paradigms in counselling psychology.....	35
3.3.2 Rationale for choosing a phenomenological methodology	37
3.3.3 Hermeneutic interpretive phenomenology: Max van Manen.....	40
3.4 METHOD: DATA COLLECTION	41
3.4.1 Recruitment process.....	41
3.4.2 Sample.....	42
3.4.3 Interview: Setting and protocol.....	43
3.5 METHOD: DATA ANALYSIS	44
3.5.1 Reflections on methodological choices for my proposed research	44
3.6 ETHICAL CONSIDERATIONS	45
3.6.1 Ethical standards and guidelines	46
3.6.2 Validity and Rigour.....	47
3.6.3 An important note in ethics and reflexivity.....	48
PART IV: ANALYSIS	50
4.1 OVERVIEW.....	50
4.2 SEARCHING FOR MEANING THROUGH DATA ANALYSIS.....	50
4.2.1 Phenomenological Strategies	51
4.2.2 Hermeneutical Strategies	52
4.3 MEANING MAKING STRUCTURES WITHIN THE PHENOMENON.....	52
4.3.1 Summary of Emergent Themes	52
4.3.2 Unpacking Themes	54
4.4 SUMMARY	79
PART V: DISCUSSION	81
5.1 OVERVIEW.....	81
5.2 MEANING MAKING IN THE FACE OF THE PHENOMENON: DISCUSSION OF MAIN THEMES	81
5.2.1 Lived space.....	82
5.2.2 Lived body	84
5.2.3 Lived time.....	85
5.2.4 Lived human relation	87
5.2.5 Other.....	89
5.3 RESEARCH FINDINGS IN RELATION TO CURRENT DISCOURSE.....	91
5.3.1 Moving towards an ethical epistemology	91

5.3.2 <i>Being with</i> rather than <i>doing to</i>	92
5.4 LIMITATIONS OF THE RESEARCH.....	94
5.5 REFLEXIVITY	97
5.5.1 Personal	97
5.5.2 Methodological	99
5.6 CLINICAL IMPLICATIONS	100
5.7 CONCLUSION.....	103
References	105
APPENDICES	128
Appendix A: Ethics Approval and Permissions.....	129
Appendix B: Risk-assessment Form for Research Off-campus.....	135
Appendix C: Change of Title Request Forms.....	137
Appendix D: Flyer in LHAVN Newsletter	141
Appendix E: Information Sheet	143
Appendix F: Consent Form.....	145
Appendix G: Debrief Letter	146
Appendix H: Interview Protocol.....	147
Appendix I: Excerpts from Reflective Journal	149
Appendix J: Audit Trail.....	151
Appendix K: A Contribution.....	189

LIST OF TABLES & FIGURES

Table 1: Contributor Demographics	43
Table 2: Summary of themes	52
Figure 1. The basic form of the hermeneutic circle	53

LIST OF PHENOMENOLOGICAL TERMS

N. B. Preliminary remarks that can help clarify some definitions (this is not possible in full as this is what the whole project of *Being and Time* is attempting to answer).

- **Authenticity:** Dasein is authentic when choosing its own possibilities and acts on them, shutting out the sway of others and focussing on its *ownmost potentiality for being*. “Dasein is authentically itself only to the extent that, as concerned Being alongside and solicitous Being-with, it projects itself upon its ownmost potentiality-for-Being rather than upon the possibility of the they-self” (pg. 308). This means that Dasein (human being) is authentic when concerned about the meaning of its own being or life, which occurs alongside other people too, a concern that it projects into the future and so authenticity is a potentiality.
- **Being (Dasein):** A universal concept that transcends categorical distinctions in our apprehension of world. Being and world are as one as they cannot be separated. Being is the Being of an entity. But Being is not itself a being; there is a fundamental ontological difference between Being (das Sein) and beings (die Seiende) (this is the ontological distinction).
- **Being-in-the-world:** Dasein (Being) and existence (world) are not separate entities and therefore must be grasped together and replace terms such as subject, object, consciousness, and world. The primary mode of Being-in-the-world is Dasein’s knowing the world or addressing oneself to the world and discussing it.
- **Being-towards-death:** An orientation toward Being. Death is determinate in its inevitability, and holds one’s *ownmost potentiality for being*, moving towards an authentic perspective.
- **Disclosedness:** The world is disclosed to Dasein, and this disclosedness allows Dasein to be in the world and concerned with it.
- **Discourse:** The unfolding of language. Thrownness, projection, and engagement are three basic features of existence, which are inseparably bound to discourse. Discourse (die Rede) is existentially equiprimordial with state of mind and understanding. It is the articulation of intelligibility that underlies interpretation and assertion. Language is the way in which discourse is expressed.
- **Engagement:** Dasein is always a being engaged in the world, a never-ending involvement which is mediated through different projects with the self.
- **Epoché:** Husserl thought in order to get beyond the problem of the relation of mind to world (the problem of idealism or materialism), we need to bracket out the question of existence; we need to suspend the question of the reality or truth behind the objects of consciousness. This is the epoché.

Heidegger rejected this bracketing because phenomenology does not want to suspend the question of being, but precisely wishes to address the question of Being, the question of the meaning of Being for Dasein.

- **Fallenness:** Fallenness is being absorbed in Being with one another relating to having temptation, alienation, and entanglement when Being has fallen away from its authentic self and has fallen into the world.
- **Hermeneutics:** The science of interpretation – a systemised approach to interpreting the meaning of Being.
- **Inauthenticity:** Average everydayness - not facing up to and acknowledging the meaning of one's existence. It is the default condition in which we lose ourselves and our self-relations are mediated by others.
- **Ontic/Ontical:** Refers to that which pertains to the particular entity. Concerned with knowledge about entities that are not Dasein, it can be conceived as seeking facts about things.
- **Ontological:** Refers to the nature of structure of existence. Phenomenology is the way we access ontology in which Being is an issue for us.
- **Ontological-analytic:** The phenomenological analysis of Being. "Fundamental ontology, from which alone all other ontologies can take their rise, must be sought in the existential analytic of Dasein." (pp. 33-34). In other words, fundamental ontology must be found in the way we are in the world.
- **Phenomenology:** Involves two components, coming from the Greek *phainomenon* and *logos*. *Phainomenon* from the verb *phainesthai* = to show itself. Thus *phenomenon* = that which shows itself. Basic signification of *logos* is discourse. The *logos* lets something be seen, what the discourse is about.
- **Primordial:** At the beginning of, or fundamental to, that which is closest to the essential nature of Being.
- **Projection:** Projection relates to disclosedness of Being-in-the-world and Dasein understands itself in terms of the world, where one acts on choices and possibilities, essentially throwing off one's *thrownness*.
- **Temporality:** Time primordially exists as the Being of Dasein, which understands itself through temporality. Fundamental to the understanding of Being, only through temporality can the meaning of Being hope to be articulated. "Dasein's Being finds its meaning in temporality" (p. 41).
- **Thrownness:** We find ourselves thrown into a world and a situation not of our own choice or making. Related to fallenness - we are thrown into the world and we are in a condition of falling, not an ontic condition but the ontological-existential constitution of our Being.

Reference

Heidegger, M. (1962). *Being and time* (J. Macquarrie & E. Robinson, Trans). HarperOne. (Original work published, 1927).

ABBREVIATIONS

ACES	Adverse Childhood Experiences
AVH	Auditory Verbal Hallucinations
BPS	British Psychological Society
CoP	Counselling Psychology
CJS	Criminal Justice System
CPTSD	Complex Post-Traumatic Stress Disorder
DSM	The Diagnostic and Statistical Manual
HCPC	Health Care Professions Council
HMPPS	Her Majesty's Prison and Probation Service
HVM	Hearing Voices Movement
HVN	Hearing Voices Network
ICD	International Classification of Diseases
LHVN	London Hearing Voices Network
MoJ	Ministry of Justice
NHS	National Health Service
NICE	National Institute for Clinical Excellence
PTSD	Post-Traumatic Stress Disorder
TSD	Trauma Spectrum Disorders
VH	Voice Hearing

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PART I: INTRODUCTION

“...hearing voices is a phenomenon of great significance, both practical and theoretical, for a vast range of individuals, social and cultural groups, and humankind as a whole.”

(Watkins, 2008, p. 2)

1.1 OVERVIEW

This introductory chapter outlines the aims of the research. The study is situated explicitly and in a personal context, outlining the researcher’s professional interest in the phenomenon of voice-hearing (VH) experiences for men who have been imprisoned in the UK. A brief insight into ontology and epistemology is provided, with further exploration of philosophical underpinnings, and the ontological, epistemological, and methodical choices made in Part Three: Methodology. The introduction concludes, evidencing the research’s relevance to the field of counselling psychology and providing a structured account of the thesis chapters to follow.

1.2 RESEARCH AIMS

This study aims to explore the lived experiences of voice-hearing for men who have been imprisoned in the UK, and their understanding of psychological support in the prison system. The research aims to gain a more informed, up to date understanding of how men who have been in prison make sense of hearing voices, how they manage these experiences, and the psychological support available to them. There appears to be no examples of research into the lived experiences of VH for men, during and post prison, identifying a critical and significant gap in the literature. These objectives could further inform the fulfilment of a broader, holistic contribution to the advancement of strategies for establishing positive, safe, acceptable, and secure environments for men experiencing a phenomenon which is often found distressing.

Current discourse in VH appears to be changing, especially in relation to how these experiences are managed in prison settings. Consumer movements, such

as the Hearing Voices Network (HVN) and the international hearing voices network (InterVoice), suggest that the strategies and goals of dominant healthcare providers are not attuned to the needs of individuals accessing them (Escher & Romme, 2011). There has been greater interest in supporting men who report the phenomenon of VH, which can be seen in the expansion of hearing voice support groups run by mental health charities, such as Mind, in different forensic settings. In a research field saturated by quantitative measures, it is hoped that the epistemological assumptions and methodological processes employed by a counselling psychology (CoP) perspective, may add to this movement in a different and unique way. The research is the first of its kind and therefore denotes an important insight into the lifeworlds of an under-researched and potentially struggling population, conceptualising the research from a psychological vantage point and laying the groundwork for future inquiry across disciplines.

1.3 LOCATING MYSELF WITHIN THE RESEARCH

Research begins with a set of philosophical assumptions (Willig, 2013), which will now be illustrated. This research aims to explore the phenomenon of voice-hearing in the context of men who have been imprisoned in the UK. Therefore, my personal experience, presuppositions, and location within the research are important to make explicit, as this will determine what is reviewed, included, and interpreted within the narratives and discourses under study. As a clinician, I have spent many years working in a variety of roles in prison settings, predominantly in the men's estate and in every role, what struck me was the consistent and enduring distress these men encountered on a near daily basis. This distress was often met with a certain acceptance that nothing changes, coupled with an incredible strength and sense of humour, most notable in those experiencing severe and enduring mental health difficulties, including what would be classed as symptoms of psychosis in a clinical setting: i.e., hearing voices, delusional beliefs, visual hallucinations. For the most part, these 'illnesses' (inverted commas indicating language used within the dominant biomedical model in prisons, rather than the phenomenological approach the research sits within) were treated through medication and some access to therapeutic working. However, so often did I hear both officer and clinical staff state that the person

was not showing the correct signs of psychosis, or was not distressed enough by them, implying some kind of malingering.

The other commonality was that the individual had no mental health history, so therefore must be making up their experience for personal gain. However, it was often unclear what was meant by this as it can, respectfully, be argued that being sectioned under the Mental Health Act (1983) would not be considered a personal gain. The possibility of a different experience to what is described in the Diagnostic Statistical Manual (DSM), or perhaps even that prison as an extremely stressful environment may exacerbate someone's difficulties, or even expose problems that were not evident before coming into prison, were seemingly dismissed as naïve or the assumption that myself or my psychology colleagues were being somehow manipulated. More recently, there has been a move into a more inclusive and understanding paradigm, and for the counselling psychologist researcher, dissemination to the wider clinical world, away from the consulting room, is as important as conducting the research itself (Milton, 2010). It seems there is now an opportunity to further investigate the experiences for these men and the clinical implications for a humanistic and pluralistic approach to clinical treatment.

I believe in the humanistic values and ethical code held by CoP, and the social injustice that prisoners have become accustomed to, sometimes through basic needs being unmet, and poor access to psychological treatment. I also believe that denying this population a voice is essentially a further form of oppression and abuse, from an already stretched and underfunded system. Taking someone in their cultural, historical, and social context in the epistemological form of constructivism (Guba & Lincoln, 1994) seems essential in offering a more explicit position and an opportunity for this population to be heard. This being a different perspective to the positivist paradigm that is predominantly where many clinicians and others working in forensic settings seem to stand. Therefore, constructivist theory will be used in this research to critique existing literature's positivist and post positivist paradigms of how men in UK prisons who report hearing voices are understood and worked with.

Reflexivity throughout the research process is imperative, ergo it is essential that I remain aware of my motivations through a process of deep reflexive engagement with the phenomenon under study, as recommended by Kasket (2012). Drawing from existential psychology issues of pathology, power, mental illness, and trauma will be unpacked through extensive reading in the literature review. Furthermore, the method of hermeneutic phenomenology, further unpacked in the methodology chapter, was chosen in the hope of moving away from ill-fitting paradigms, gaining a closer exploration of how men who have been imprisoned make meaning of their VH experiences, and their understanding of psychological support in the prison system in idiographic and subjective terms.

1.4 RELEVANCE TO COUNSELLING PSYCHOLOGY

This study aims to provide an original and relevant contribution to the field of CoP, which emphasises the relevance of meaning, values, and subjectivity. Thereby, acknowledging a paradigmatic tension between the aims underpinning CoP (BPS, 2017), and the classical rationalistic approach underpinning the medical model (Blair, 2010). The broadening of understanding in human experience can be seen at the heart of CoP, resembling a genuinely critical psychology, valuing humanistic contributions (House & Feltham, 2016). Understanding that the production of knowledge is through one's engagement with the world, and that this knowledge is based in the context in which an individual is situated, becomes a pivotal principle for where counselling psychological research stands. The British Psychological Society (BPS) is currently in consultation and responding to the Sentencing Council on the overarching principles of sentencing offenders with mental health conditions or disorders, looking at offending pathways and identifying parts that need to be more psychologically informed (BPS, 2019). It is therefore relevant, and a responsibility of CoP as a profession, to offer an alternative to clinical diagnostic approaches and work with often forgotten therapeutic populations (Woolfe, 2016) to engage in this research area.

Van Manen's (1990) hermeneutic phenomenology emphasises that communication is pertinent to context, and dependent on how an experience is understood through its historical, social, and cultural context, will affect how a phenomenon is experienced. The phenomenon under study in the context

proposed has had little exposure in the academic and clinical worlds of health care providers. Currently no research studies are available exploring the lived experiences of VH for men who have been in prison, indicating a significant gap in our understanding as practitioner psychologists. An opportunity should therefore be given for a deeper inquiry into the experiences of VH in this unheard and struggling population, to better inform treatment choices of those who have such a significant impact on their lives and the clinical implications surrounding this.

1.5 THESIS STYLE AND STRUCTURE

Many sections of the thesis will be written from a first-person perspective, fostering an understanding from the researcher's narrative and worldview. This position is made explicit to ensure rigour and congruence throughout the work, as is essential in qualitative working, and the expression of engagement with reflexivity as a phenomenological researcher. Language is extremely important in phenomenological research, therefore those participating will be referred to as contributors, not participants (see method section for a more in-depth explanation). The contributors interviewed will be referred to as men who have been in prison, or men when in prison, and not ex-prisoners or ex-offenders as I believe this language to be stigmatising for individuals taking part in the research. Aside from this, the thesis will follow a formal structure. Part two will examine the literature associated with VH, men and mental health, trauma, and prisoner experiences, with critical reflections on the methodologies selected, leading to the rationale for the methodological choices made in the present study. Part three will address methodology and offer an ontological and epistemological rationale for the chosen method of hermeneutic phenomenological inquiry, which has informed the research design, analysis, and ethical considerations. Part four will outline the analysis, with findings presented in themes analysed from the data collected, supported by transcript excerpts. Part five will endeavour to discuss themes in relation to the research questions, offering a summary of conclusions and discussion of the research aims. Finally, there is an exploration of the original contribution to CoP, followed by a critique of the methodology, any implications made, and an offer of ideas for potential future research projects.

PART II: LITERATURE REVIEW

2.1 OVERVIEW

The chapter will present a critical overview of the existing literature in VH, establish the area of interest for the research study, and demonstrate how the research questions were formed. The positionality of the researcher will first be explored to illustrate the process of how the review was formed, followed by a brief definition of the current understanding of VH. The review will provide insight into existing research in relation to the phenomenon of VH including pathology, psychology, trauma paradigms, and VH in men's prisoner populations. Throughout this process a coherent rationale will be established, further contextualising the research within counselling psychology, ending with a clear progression to the research questions which have been formed in line with the most appropriate methodological framework.

2.2 PROCESS OF THE LITERATURE REVIEW

Van Manen (1990) proposes that ideas and presuppositions are formed at the starting point of research, therefore the literature reviewed is in part a presentation of the reflexive process that was followed. While reading about a phenomenon, it follows a logic that one would form assumptions and ideas about the information being reviewed. The purpose of this process then is not an effort to 'bracket off' my assumptions, or adhere to the epoché (see phenomenological terms, page vi), rather to acknowledge the potential impact my assumptions may have on the way the literature is exhibited. Strategies employed to conduct the literature review were derived from Morse (2015) for the purpose of a critical approach to the reading, with a focus on rigour, validity, reliability, and generalisability (depending on whether the research was qualitative or quantitative).

Initial research papers were found using computer searches on PsychINFO (renowned APA resource for literature in behavioural science and mental health), SocINDEX (most comprehensive and highest quality sociology research database), MEDLINE (provides authoritative information on the health care system and pre-clinical sciences), Psychological and Behavioural Sciences

Collection (comprehensive full text psychology database), and PsycARTICLES (definitive APA source of full text, peer-review scholarly and scientific articles in psychology) were administered using the following key terms: auditory hallucinations or hearing voices, men or males or masculinity AND offend* or crime* or prison* or jail. Exclusions included: substance or alcohol use, females, biological factors or medication, psychosis or schizophrenia without a focus on voice-hearing, hallucination proneness and no reporting of voice-hearing, non-verbal hallucinations. Searches yielded around 100 papers and following this it was clear that trauma research was also part of the narrative, therefore search terms for post-traumatic stress disorder (PTSD) and adverse childhood experiences (ACES) and voice-hearing were also included.

Analysis of the literature was critiqued from values held within CoP, emphasising a phenomenological and hermeneutical approach, offering a unique capacity to address interpretation and language in its historical, ethical, and relational complexities (McCaffrey et al., 2012). This process is essential to reflexive and critical intentionality when working with literature written from a nomothetic, medical, and pharmacological perspective (BPS, 2019). A final point to acknowledge, is that the literature reviewing VH (or auditory verbal hallucinations – AVH) is significant and vast, making it an impossibility to address all papers within the scope of this research. Therefore, the literature has been carefully reviewed and arranged to ensure that papers addressing subjects related to the research (e.g., VH pathology, VH for men, men in prison, and VH and trauma) have been discussed appropriately.

2.3 VOICE-HEARING: A 21ST CENTURY CONTEXT

“... the term refers to someone who hears a voice or utterance in the absence of any speaker; someone who, in psychiatric parlance, would be said to have experienced auditory verbal hallucinations (AVH). ...But there are other contexts – interpersonal, political, clinical – in which the statement ‘I am a voice-hearer’ has a deeper and more complex meaning.”

(Woods, 2013, p. 263)

Voice-hearers have been present for thousands of years (for a comprehensive history see McCarthy-Jones, 2012). From the medicalised view of mental illness

to contemporary views that acknowledge the existence of a continuum, AVH or VH have seen significant changes in definition and concept over the last century (Waters, 2014). AVH or VH (used interchangeably in this review where relevant) are reportedly a core feature within the psychiatric diagnosis of schizophrenia or psychotic illness (Schneider, 1959). Occurring in other disorders, notably post-traumatic stress disorder (PTSD) (McCarthy-Jones & Longden, 2015), borderline personality disorder (BPD) (Pearse et al., 2014), and those with no psychiatric history at all (Beavan et al., 2011), the phenomenon of VH is a widely researched and contentious subject in academic and clinical literature (Pilton et al., 2015). Significant changes were seen in the late 80's with the Hearing Voices Movement (HVM), instigated by Patsy Hague when she insisted to her psychiatrist, the voices she hears were very real in the sense that she could really hear them, often leaving her feeling powerless, overwhelmed and afraid (Escher & Romme, 2011). The HVM is characterised as an alternative to the biomedical model of mental illness, advocating for an alternative way of understanding the phenomenon of hearing voices through social justice, support, meaning and understanding, while rejecting stigma and the pathologising nature of the medical model (Romme et al., 1992). Escher and Romme (2011) summarise the HVM as follows:

- “(1) The hearing of voices is not **in itself** a sign of mental illness.
- (2) The hearing of voices is experienced by **many people who lack any symptoms** that would warrant a psychiatric diagnosis.
- (3) The hearing of voices is often **related to prior social-emotional problems** in the percipient's life history.
- (4) The hearing of voices **can cause serious distress**, although it is an experience **one can learn to cope** with and become able to change one's relationship with.”

(Escher & Romme, 2011, p. 387)

As the HVM started to gain momentum and the Hearing Voices Approach was personified throughout Western psychological research, a paradigm shift into a different kind of understanding became evident in aspects of the literature. The term ‘schizophrenic’ is noted as a label given to an individual *by* someone in psychiatry, whereas ‘voice-hearer’ offers an identity *outside* of this paradigm and in opposition to psychiatry and psychiatric terminology (Woods, 2013). The

remainder of this chapter aims to explore the literature around AVH or VH, specifically relating to men and men in prison, as it appears there is a significant gap regarding a potentially vulnerable and neglected population. Starting with pathology, including diagnostic criteria, I will explore voice-hearing with links to trauma and the prevalence in men's forensic populations. An overview conceptualising men and mental health will be presented, specifically around help-seeking behaviours and constructions of masculinity. Finally, concluding remarks and a research rationale for further inquiry into this phenomenon will be recommended. It seems important to note that I will be using VH as the descriptor of the phenomenon and although the review position is not that of a positivist paradigm, I have intentionally included AVH and diagnostic criteria in the search terms to ensure that important papers were not missed.

2.4 PATHOLOGY

2.4.1 Pathologising mental health

The psychopathological paradigm centres around the idea of normal and abnormal human thinking and behaviour. Based on the biomedical model, the Western understanding of illness or disorder, premises that problems are either physical (tangible) or psychological (intangible). Following a linear cause and effect design, assuming a causal relationship between disease and illness, models of illness adopted by society significantly influence decisions made about individual patients and the delivery of healthcare (Wade & Halligan, 2004). These assumptions follow Cartesian logic in which there is a separation between mind and body (Descartes, 1641/2007). In its infancy, the psychiatric profession had a clear target: the treatment of behavioural patterns and experiences considered to be outside of normality, in short, psychiatry dealt with 'madness'. Although there have been quite dramatic changes in the last few decades, e.g., mental illness now being thought of on a continuum, the boundary between what is 'normal' and what is 'pathological' remains problematic (Maj, 2012).

Dominant discourses in science and psychology still follow positivist epistemologies (specifically in the UK's National Health Service [NHS]). This paradigm searches for an objective truth, an unadulterated imprint of reality (Uba, 2012), negating the possibility of subjectivity. Our mental health systems, still

directed by positivist ideals, have embedded this approach into the fabric of society and categorisation of mental illness. The Diagnostic and Statistical Manual (DSM-V) (APA, 2013) and the International Classification of Diseases (ICD-11) are both used internationally to classify a person's mood, perception, and behaviour, assuming experiences can be studied using psychometric testing, leading to the diagnosis of an associated disorder. The most common of these classifications in the hearing voices literature are schizophrenia spectrum disorders which will be explored below.

2.4.2 Pathologising voice-hearing in a mental health context

Schneider (1959) included AVH of three different types in the diagnosis of schizophrenia, all of which became part of the DSM and the ICD. These were: thought echo (hearing one's thoughts out loud), running commentary hallucinations (commentary on the person's behaviour), and third person in which two or more voices talk about or to the patient. In its current conceptualisation, psychosis is defined by both the DSM and the ICD as requiring the presence of hallucinations and delusions, with impaired reality testing remaining central to formal diagnosis (Arciniegas, 2015). The biomedical model diagnoses AVH as part of a mental disorder, schizophrenia spectrum disorders being the most prevalent, with psychopharmacological medications central to treatment planning and individual content largely deemed as irrelevant (Lonergan, 2017). Although the National Institute for Clinical Excellence (NICE) recommend that talking therapies are included as a pivotal part of the treatment for psychotic disorders, it has been noted that a considerable population with psychosis diagnoses are not being given access to these interventions (Jolley et al., 2012). Despite psychosocial and pharmacological efforts to treat AVH, many who hear voices remain seriously troubled (Kalhovde et al., 2014). Therefore, a clearer distinction should be made between AVH as part of psychotic disorder and AVH experienced in a different context.

Phenomenological approaches have also attempted to understand AVH, seemingly more so from a transcendental approach assuming one can 'bracket' out assumptions. One prominent theory, proposed by Sass and Parnas (2003), refers to an *ipseity* or a pre-reflective self-awareness, that in schizophrenia for

example becomes fragmented, resulting in a disembodiment or self-alienation. Further to this, Nelson et al. (2009) refers to a basic rupture of experience, however it has been argued these are not isolated to AVH as these experiences are not necessarily seen in other voice-hearing populations (McCarthy-Jones et al., 2013). A further limitation can be identified as this model is focussed on those with a diagnosis of schizophrenia, which only considers a third of those who experience AVH (McCarthy-Jones, 2012). More recently, a chapter by Ratcliffe (2019) in *The Oxford Handbook of Phenomenological Psychopathology* reviewed the status of phenomenological understanding of AVH. Key scholars were discussed, and topics such as how voices are located (Nayani & David, 1996), and the minimal self/or experience of selfhood, proposing that AVH is not an isolated component of illness (Sass, 2014; Zahavi, 2014), were addressed. Although trauma and psychosis (discussed in section 2.7) were also examined, it seems that AVH theory and research is still being inquired into from a psychiatric diagnostic perspective. Ratcliffe (2019) stated that we cannot rely entirely on phenomenological research in the investigation of AVH, to which I agree, however there must be a question in the exploration and rigour in research from a phenomenological psychiatric perspective, as it could be argued that the two are epistemologically incongruent. As stated below by McCarthy-Jones et al. (2013):

“...there needs to be a dialogue between research methods based on the principles of philosophical phenomenology and the standard semi-structured interview which is the mainstay of qualitative research.”

(Conclusion section, para. 6)

Therefore, perhaps there is a qualitative need to approach VH research from a different, and more subjective perspective, further addressed in the experiential literature in section 2.5.2.

2.5 PSYCHOLOGY

2.5.1 Dominant psychological theories in hearing voices research

Psychological theories of VH have undergone considerable scrutiny and to the present day, there is no one theory that uncovers or establishes how or why an

individual hears voices that others do not. Throughout the literature, broadly speaking, biological and cognitive explanations appear to dominate, depending on the scope and experience of VH they are attempting to explain. Biological models have argued that psychosis (and therefore its symptoms) is linked to structural changes in the brain (for example changes in neocortical grey matter, Nakamura et al., 2007), or disturbances in the neurobiological framework (Arciniegas, 2015), maintained through stress reactions and emotional dysregulation, following the widespread understanding that schizophrenia spectrum disorders are based in biological illness. There are an overwhelming number of studies holding a biological focus, therefore I will now present dominant psychological cognitive models in the literature.

Seemingly, two cognitive theories appear the most prevalent. The first being 'vulnerability models' (Stanghellini, 2000), largely informed by cognitive theory which attempts to explain the experience of hallucinations by identifying the cognitive psychological factors responsible, such as dissociative processes, source monitoring and disordered thinking (Berry et al., 2017). The second model sits in parallel with vulnerability, focussing more on distress maintenance (Mawson et al., 2010). In their review exploring cognitive voice appraisals and implications of distress, Mawson et al. (2010) reported 26 studies linking cognitive appraisals that were identified as malevolent, powerful, rejecting, and disapproving towards voices as indicators of distress in psychosis. The implication perhaps is that these studies attempt to explain more of a maintenance model of distress, rather than an explanation for hearing voices. Varied explanations, for example attachment models related to distress from voices (see Berry et al., 2011; Dudley et al., 2018), and biopsychosocial models, have also endeavoured to explain the phenomenon suggesting that multiple, interacting factors are at play dependent on the context of an individual's life, how they may interpret situations, and biological vulnerability (Barker et al., 2015). Although allowing for more contextual explanations, these theories are still focussed on why voices are heard, rather than a phenomenological inquiry of how they are heard and the meaning for the person.

Cultural background also has a significant influence on how we interpret and express our experiences. Western psychiatry has been criticised for not

considering hallucinatory experiences in different cultures and sub-cultures, which can often unhelpfully lead to misinterpretation, assumptions, and a cultivation of cultural imperialism (Fernando, 2000). Cultural differences are apparent in the manifestation of psychosis. For example, Stompe et al. (2006) noted in their discriminate analysis study on psychotic symptoms that 15-30% of a 1080 sample showed that psychosis expression was culture dependent. Societal reactions to psychotic phenomena can be varied as cultural representations, such as values, beliefs and attitudes, impact upon concepts of reality (Larøi et al., 2014), and therefore how hallucinations and unusual experiences are interpreted (Luhmann et al., 2015). Rates and experiences of VH may differ depending on an individual's age, sex, gender, exposure to trauma within the developmental lifespan, interpersonal relationships, and cultural context (Shinn et al., 2020). Thus, no single psychological theory can be seen to explain the phenomenon. Perhaps, a move away from explanation is what is needed to a more profound uncovering into this transdiagnostic, enriching and varying phenomenon that many of the population experiences in such vastly different ways.

2.5.2 Voice-hearing in an experiential context

The Division of Clinical Psychology (DCP) states that while there have been some benefits found in the admission of antipsychotic medication in the treatment of psychosis, the limitations of the medical model in managing psychotic phenomena show increasing calls for a paradigm shift in the contextualisation of human distress (DCP, 2013). A literature review conducted by Beavan et al. (2011) noted there has been a move away from the pathological model definition of VH, and that an important element of this was individual meaning for those with VH life experience. However, pathological models can often still be seen to dominate the literature. For example, although stating it is important to consider cultural context, Waters (2014) proposes that 'true' AVH should be differentiated from other phenomena such as altered consciousness, auditory distortions, and delusion of reference; claiming that only large sample sizes have the potential to enhance novel clinical interventions and developments. However, the researcher also concedes that due to their multidimensional nature AVH can be difficult to

assess and understand, thereby showing that sample size is not enough to build on the understanding of AVH and inform the clinical implications surrounding this.

More recently in their systematic review into hallucinations across diagnostic classes, Waters and Fernyhough (2017) offer ideas that hallucinations are a cross-diagnostic human experience, that sit between both non-clinical and psychopathological boundaries. They acknowledge that there is no one dimension to AVH and posit that hallucinations can be an everyday experience in those who have no diagnosis of mental illness, alongside those with a wide variety of psychiatric diagnoses. As an example of this, Woods et al. (2015) conducted a phenomenological survey of 153 participants who self-reported their experiences of AVH, with and without a psychiatric diagnosis. They noted similar results to previous studies finding reports of multiple voices, variance in acoustics, and associated negative affect, predominantly for those with self-reported diagnosis. However, as a survey in phenomenology, there seemed to be little established in terms of meaningful experience, and their own critique offered the idea that there was no way to check the 'truth'. This is a move away from phenomenology entirely, indicating a potential issue around the acknowledgment of biases within the survey as a whole.

There were also several qualitative papers identified (e.g., Lewis et al., 2020; Knudson & Coyle, 2002; Rácz et al., 2017), important to consider given the process of reflexivity and my own methodological choices. For example, Fenekou and Georgaca (2010) explored the experiences of hearing voices of 15 patients in a psychiatric inpatient unit, using grounded theory. The study highlighted the importance of interpretation and the development of individual frameworks in a way of making sense of experiences, indicating that investigation within other vulnerable populations may also yield important, rich data worth exploring. Mawson et al. (2011) also aimed to provide a deeper understanding of voice-hearer's interpersonal contexts. Participants were recruited from a mental health service with the caveat of having experienced VH the week prior, and semi-structured interviews were conducted. The authors reported that Interpretive Phenomenological Analysis (IPA) (Smith, Flowers & Larkin, 2009) yielded five main themes, describing voices in the context of social relationships, identity, the relation to the self, and central issues of control, highlighting an interface between

voice hearer's social relationships and coping. Geekie (2013) has also offered insight into the lived experiences of client's understanding of psychosis in psychotherapy. Three broad categories were identified through the participant's narratives around the nature of psychotic experience, the personal meaning held, and the narrating of experiences. Psychological, biological, and social causes were discussed from the participant's view, with an elucidation towards an explanatory model, which may differ from the clinician's understanding. Geekie (2013) states the importance of personally meaningful narratives, highlighting the need for further in-depth qualitative approaches to research in the psychosis literature.

"Participants in my research, and others with whom I have worked clinically, welcome the opportunity to discuss their experience in depth and to develop an understanding of the experience that is personally meaningful to them...shedding light on the experience that is often lacking in the professional literature."

(p. 188)

Critique of qualitative research requires an appraisal of rigour at different levels, rigour in documentation, procedural rigour, and ethical rigour (Burns & Grove, 2001), demonstrating the plausibility, credibility, and integrity of the research. Therefore, one significant issue to consider is that of critical reflexivity. Although Mawson et al. (2011) discuss their reflexive positionings by 'bracketing' assumptions and beliefs, according to interpretative phenomenology, the suspension of presuppositions is not believed possible as description and interpretation cannot be considered separately (Heidegger, 1927/1962), identifying a potential deviation from the stated epistemology. Another issue was, the presupposition the authors were attempting to suspend, that VH experiences required active coping strategies, stating 'bracketing' enabled them to ensure participants were not directed to issues of coping, unless researchers were led there during interview. However, one of their themes was entitled 'Friendships facilitating the ability to cope'. Although the theme is based around social interactions, there could have been an acknowledgement of how the 'bracketed' conception may have influenced their focus on analysis for rigour to have been attended to on a deeper level.

In another example of phenomenological research, Kalhovde et al. (2014) interviewed fourteen people aiming to understand how those with mental illness manage troubling voices and sounds in their daily lives. Using a hermeneutical methodology, they found participants attempted to live life without voices by trying to block them out, rather than access limiting healthcare services. Although claiming to be from a phenomenological epistemology, methodological issues were identified. The authors claim to be influenced by Gadamer's (1960/2004) philosophy of *Truth and Method*, in which the aim is to know the other person and their horizon, and to recognise the other person's claim to truth. There appears, however, to be only a superficial engagement from the authors as they continue to use pathologising language, like mental illness, and critique the research through positivist frameworks such as *validity* and *results*, pulling into question procedural and ethical rigour.

Gadamer, concentrated on how language reveals *being* (Langdridge, 2007), inferring that language is an important aspect of understanding experience. Given the language often used, even in some qualitative research, relating to quantitative methodology an epistemological assumption of positivism could be made in some of the identified research. It could be argued that positivist paradigms are incongruent with phenomenological positioning but appears to be a common methodological issue identified within the analytical process of IPA being performed by quantitative researchers who deviate from the stated epistemology (Tobin & Begley, 2004). This is important to note when considering the dominating approach, specifically in the context of men and men's mental health, now explored in the section below.

2.6 MEN AND MENTAL HEALTH

2.6.1 Men and mental health services

The Adult Psychiatric Morbidity Survey for England (APMS, 2014) reported that 1 in 5 women met the criteria for a 'common mental disorder' in comparison to 1 in 8 men, potentially indicating an underreporting in men enduring mental health difficulties. According to this data, men seek less support with mental health than women. However, when there is an over-emphasis on independence and self-reliance, the coping mechanisms needed to manage distress tend to be

underdeveloped in male populations (Ridge et al., 2011). Gender differences in psychosis have been studied extensively, and although differences in a number of variables, such as negative symptoms, premorbid and social functioning, and neuropsychological profile, have been identified there is still a disparity in incidence and prevalence (Ochoa et al., 2012). It has been reported that incidence is higher in men. According to a meta-analysis into sex differences in schizophrenia, men were at higher risk of developing a psychotic disorder (Aleman et al., 2003), however, higher incidences of AVH in both clinical and non-clinical populations have also been reported in women (Shevlin et al., 2007). Morgan et al. (2008) using an epidemiological sampling of 1090 cases of psychosis found that women reported lower levels of disability, a more benign illness course, and better integration into their communities than the men, perhaps linking to an experience of hostility in environment (for example higher levels of substance use in men as reported below). There is little evidence for genetic and neurodevelopmental factors, however there is also garnered support for the 'oestrogen hypothesis', which emphasises a possible neuroprotective effect in women (Falkenburg & Tracy, 2012).

There is a gender disparity that exists in help-seeking for mental health problems, with research showing that women are more likely to disclose and seek help for psychological difficulties than men (WHO, 2009). Research also often seems more forgiving of women's mental health, whereas men's challenges appear to be categorised as an external process, with a focus on aggressive behaviour or suicide attempts (Ridge et al., 2011). However, this could be a skewed picture, as it is based on those who are more likely to seek help, rather than the majority of men who do not. Some have argued that the social construction of binary gender ideals lead professionals to bias by omission, through diagnosing women and ignoring men due to the assumptions made about expressions of distress (Smith et al., 2018), especially regarding so-called 'male' traits such as hostility and aggression. Through these stereotypes of masculinity, it cannot be assumed that health care providers are meeting the specific health needs of men. There remains an incomplete view of gender differences in psychosis which could impact upon the requirements for addressing men's mental health needs, perhaps due to constructions of masculinity created in Western society (Spector-Mersel, 2006). This would suggest that a more holistic view, including biological,

psychological, and social viewpoints, is needed when considering men's mental health.

2.6.2 Constructions of masculinity and help-seeking behaviours

The role of masculine norms indicates that men can be reluctant to seek help, especially when those norms speak of dominance and resilience, which conceptualise the accessing of mental health services as an admittance of weakness or an inability to cope (Smith et al., 2018). Medicalised literature regarding the concept of 'maleness' is overridden with physical and behavioural problems (such as testicular cancer and poor diet, or substance abuse, and violence) often dismissing reflections of emotional capacity and psychological wellbeing (Fleming et al., 2014). Gorski (2010) suggests that it may be specific norms of masculinity that affect help-seeking behaviour, such as self-reliance, emotional control, and violence. When men experience problems, it seems there can be an expectation they are more likely to express these difficulties in line with male stereotypes, such as using alcohol or substances, or reacting in a way that is aggressive or threatening (Smith et al., 2018). There is therefore an emphasis on self-reliance and the ability to contain or 'fix' any difficulties themselves. Wenger (2011) argues that this overreliance on coping disallows men's ability to effectively find ways of managing distress. Without help-seeking, the distress experienced can further escalate into feelings of hopelessness and loss, evidenced in the truly awful statistics of men's self-inflicted death, especially in forensic settings (Prison Reform Trust, 2019).

There seems to be a common theme that men are understood psychologically and emotionally at quite a basic level, with the focus on hierarchy and the image of dominant and resilient hunter-gathers, without the consideration of the social pressures of masculinity, poor emotional stability, and the ability to seek help (Kingerlee, 2012). Hegemonic masculinity legitimises dominant ideals of the male position in society, marginalising other forms or constructs of being a man (Connell & Messerschmidt, 2005), perhaps contributing to a one-dimensional view and lack of understanding about men's subjective distress, and therefore how they are managed within healthcare systems. However, the idea of hegemony is questionable, as it remains unclear whether men actually adhere to

hegemonic ideals. There are certainly challenges for practitioners to abdicate these assumptions and consider men's vulnerability and emotional needs.

Within the research reviewed, the understanding of the social construction of gender and maleness has been considered, recognising the construction of gender is achieved through people in their individual context (Moynihan, 1998). Qualitative studies tend to view masculinity as a multi-faceted construct, evolving as a social, cultural, and historical phenomenon (Seidler et al., 2016), in contrast with the positivist view that paints masculinity and maleness as an unmoving and unitary construct (Moynihan, 1998). This can certainly be seen in the research into men and trauma paradigms, which tend to focus on behavioural impact and consequences of PTSD post-conflict. As will be shown below, several studies found in relation to men and hallucinations were specifically related to combat, or chronic PTSD. Many were mixed sex, however none of the literature could be identified with a specific focus on men's lived experience of AVH or VH.

2.7 VOICE-HEARING AND TRAUMA

2.7.1 Consideration of different paradigms in the context of trauma

The dominant paradigm seeks to objectify and categorise distress, cutting off the persons personal, cultural, historical, and socio-economic context (Dillon & May, 2003). In the DSM V trauma is described as "exposure to actual or threatened death, serious injury, or sexual violence" (APA, 2013) and in the ICD-11 as "exposure to a stressful event or situation of exceptionally threatening or horrific nature likely to cause pervasive distress in almost anyone" (WHO, 2019), with only the ICD-11 including a category for complex post-traumatic stress disorder (CPTSD). The identifiable symptoms and aetiology of trauma, however, has been highly contested (McHugh & Treisman, 2007). Authors instead have argued that trauma results from a set of circumstances that a person experiences as physically or emotionally harmful, significantly impacting on different areas of well-being, and against the pathologisation of human experience (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014).

Psychological trauma is another potential indication for the occurrence of hallucinations and strong links have been identified between VH and traumatic

experiences, be that in childhood and adolescence or later in life (Waters et al., 2017). There may be an increased vulnerability to VH in people who are exposed to adverse life experiences, and more significantly, interpersonal trauma. Longden et al. (2012) noted in their in-depth literature review into trauma, dissociation and VH, that increasing research evidence suggests that reactivation of traumatic events, or acute psychological distress may precipitate VH experiences. Trauma is therefore prominent in the literature, and although not a phenomenological term itself, is an important part of the discussion in the varying contexts that trauma is identified.

The biomedical paradigm of trauma in mental health seems outdated and the potential of re-traumatisation must be considered when working with those who are vulnerable. There has been a fundamental shift in the approach to clients, moving away from asking 'what's wrong with you?', to 'what's happened to you?' (see Power Threat Meaning Framework, Johnstone et al., 2018). Removing blame aims to empower and elevate the person to a place of possibility, instead of imposing, aging, and pathologising models of psychiatric and psychological treatment. Trauma informed healthcare can work to improve client experiences of therapeutic intervention, for staff working in services, and the relationship between staff and clients accessing mental healthcare (Sweeney et al., 2018). VH transcends the boundaries of the dominant positivist paradigm, recognising that although it is not uncommon in trauma-related problems (Shinn et al., 2020), it is not limited to them. Alongside paradigms within the psychosis literature the multidimensional nature of the experience of VH should be considered as a central focus. However, in parallel to pathological and psychosis literature, it is paramount to first explore VH in the context of traumatic experience to further understand the phenomenon and the research surrounding it.

2.7.2 Voice-hearing and adverse childhood experiences (ACES)

There are many research papers and investigations into ACES and the psychiatric diagnosis of psychosis (e.g., see Hammersley et al., 2007; Longden et al., 2016). It would not be possible to include them all, therefore this review has aimed to mainly explore the literature relating to the phenomenon of VH, however the inevitable cross-over of other psychotic features must be

acknowledged. An expanding body of research has shown that childhood trauma has been prominently identified in those with a history of disturbing VH experiences (Read et al., 2005), with associations found between childhood trauma and schizophrenia (Read et al., 2005), PTSD, and AVH (McCarthy-Jones & Longden, 2015). Vallejos et al. (2017) conducted a cross-sectional study of 51 men, all with a diagnosis of schizophrenia, evaluating ACES in relation to social demographics and schizophrenia. Their results showed that 94% of participants had reported at least one adverse experience, and 63% suffered four or more disruptive childhood events. Although a relatively small sample size, there is a potential indication that individuals who suffered adverse experiences during childhood, may be at higher risk of developing complicated mental health conditions.

Varese et al. (2012) conducted a meta-analysis examining 41 studies investigating associations between childhood adversity and trauma, and psychosis outcome. The review noted that although there was no evidence to suggest that one specific childhood trauma was a stronger predictor of psychosis than another, findings showed that exposure to ACES should be considered an important determinant for psychotic experiences. Findings indicate that such significant childhood disruptions can have substantial and detrimental effects on determining adult psychiatric problems (Fryers & Brugha, 2013), meaning that these factors should be part of the treatment considerations when working with these populations. Further to this, Bentall et al. (2012) hypothesised that specific childhood adversities would correlate to specific positive symptoms in psychosis, with associations found between childhood rape and AVH, and children who had been in institutionalised care and symptoms of paranoid ideation. A number of considerations would need to be attended to in regard to the lifespan of someone with psychotic features. Perhaps the definition of childhood rape could include sexual abuse, as this would likely impact on many other aspects of the self, such as beliefs about the world, paranoia, and attachment to name but a few. However, some of these limitations are acknowledged by the authors and continued research is clearly needed in this area.

Conducting a review of the quantitative literature, McCarthy-Jones (2011) critically reviewed studies investigating the association between AVH and

childhood sexual abuse, noting that those with AVH were more likely to be survivors of childhood sexual abuse than those without. Anketell et al. (2010) sampled 40 individuals with PTSD and found that 40% associated hearing voices to their past experiences of childhood trauma. Although not directly reflected in a traumatic event, a trauma context could be identified. Similarly, Connor and Birchwood (2012) suggested that VH is like an emotional mirror, reflecting elements of traumatic childhood that are strongly associated with feelings of shame and depression, two significant mental health phenomena that can certainly be seen in the prison population in the UK.

Corstens and Longden (2013) investigated 100 people who heard voices, the majority with a diagnosis of schizophrenia, looking at emotionally overwhelming events utilising various coding techniques. Themes associated with adverse events, leading to problems between emotions and identity were noted, including difficulties related to sexual identity, self-esteem, shame and guilt, anger, and attachment. They reported that 94% of the sample could relate their difficulties with AVH to earlier emotionally overwhelming events. Although it seems important not to generalise, it must be considered that the scale of this sample could indicate that many individuals in the VH community, may align their own experiences with those in the study, indicating there may also be a similarity to overwhelming childhood events and VH for those within custodial settings. Nevertheless, there are perhaps too many variables to consider, and epistemological viability must be taken into consideration, with analysis likely to yield an alternative interpretation dependent on researcher critique and reflexivity.

Although the aim of this research is not to find casual links, what can be identified in the ACES literature is a clear disruption in how individuals relate to themselves and their understanding of being in the world. Researchers are consistently striving to build understanding and better foundations in how trauma starting in childhood can have such a significant impact on a person, some of which can be seen in the reports of people experiencing voices in distressing forms. What we can almost be certain of, is that the likelihood of a person in prison having experienced a traumatic event is relatively high, given that those in prison are more likely to experience mental health difficulties (Committee of Public

Accounts, 2017), and so it could be argued that the prevalence of VH in the prison population may mirror this.

2.7.3 Voice-hearing in Trauma Spectrum Disorders (TSD)

Moving into trauma spectrum disorders (TSD), these are disorders strongly linked to trauma exposure, such as PTSD and dissociative identity disorder (DID), as noted in a review of the literature conducted by Shinn et al. (2020). Although VH is typically associated with psychotic symptoms, links have also been identified in other trauma-related conditions such as personality disorders, substance misuse and neurobiology (Gibson et al., 2016), indicating a breadth and depth of experiences uncovered by health research. Multiple studies have reported associations between VH and TSD. During the initial literature search, now also evidenced by Shinn et al. (2020), most of the research into VH and PTSD was conducted with male combat veterans (see for example Brewin & Patel, 2010; Crompton et al., 2017; Mueser & Butler, 1987). While VH appears to hold an associated morbidity with TSD, there is a lack of clarity with quantitative studies of VH in TSD with participant reports of VH ranging from 5% to 90% (Shinn et al., 2020).

Research comparing trauma and schizophrenia spectrum disorders, have reported that those with TSD, experience voices in a similar way, in that they are as frequent, distressing, vivid, and as real as they are in clients with a schizophrenia diagnosis (Jessop et al., 2008). Further to this investigation, in their critical review into AVH in schizophrenia and PTSD, McCarthy-Jones and Longden (2015) argue that the phenomenological experience of AVH is similar in both diagnoses. Again, often having direct or indirect links to previous traumatic or emotionally overwhelming events. They posit that patients diagnosed with schizophrenia have almost identical experiences to those with PTSD, concluding that there is a central need for trauma-based interventions in AVH for individuals with PTSD, and those who have a diagnosis of schizophrenia.

Many people experience traumatic events leading to diagnoses of TSD, and no one group is immune to stressful and major life events. However, social determinants are likely to increase the risk of these experiences, particularly

persons who are living in poverty and those who are part of a minority group (DCP, 2017). Enduring racism and other forms of discrimination enhances the likelihood of developing a mental health difficulty, especially for young black men who are more likely to receive a diagnosis of psychosis and are more likely to be detained (Metzl, 2011). The trauma of post colonialism must be considered to try and avoid stereotyping, discrimination, and misunderstanding within services, arguing further for a paradigm shift towards trauma-informed care both clinically and in research. Certainly, an important argument to note when considering men's prison populations as presented in section 2.8.

2.7.4 Voice-hearing in non-clinical populations

VH has been identified as a relatively common experience with prevalence ranging between 0.6% and 84% in the general population (Beavan et al., 2011). It is becoming increasingly recognised that VH transcends diagnosis and even the assumption of a clinical or psychological issue, extending to people in the general population (Beavan et al., 2011; Johns & Van Os, 2001). As stated by Van Os (2009) "...the complicated, albeit ultimately meaningless, Greek term suggests that schizophrenia really is a "thing", i.e., a "brain disease" that exists as such in Nature...this is a false suggestion..." (p. 368). An increasing number of researchers have acknowledged that experiences of AVH are transdiagnostic, in that they can be identified in both clinical and non-clinical populations (Waters et al., 2012). Over half a century ago, Strauss (1969) argued that hearing voices can be conceptualised as being on a continuum. Supported later by the works of Romme and Escher (1993; 2000), a shift has been seen in looking at VH from an objective perspective to a more subjective one.

More recently a study conducted by Lawrence et al. (2010) investigated hearing voices and associated distress in a non-clinical population through online questionnaires, yielding 184 participants. The authors noted the scores for anxiety and depression were significantly lower in comparison to the clinical population under study, positing that those in the general population who hear voices appear to experience less distress, although distress as a general term may not be appropriate due to the complex interplay between what is meant individually by this terminology. Arciniegas (2015) noted that perceptual

phenomena have also been reported by neuropsychiatrically healthy individuals, especially when occurring with preserved insight, indicating their manifestation is not necessarily pathological. Further to this, Waters et al. (2017) argue that AVH are not always accompanied by other aspects of what would be considered part of a psychotic disorder such as lack of insight, disturbed beliefs, or reality testing. A wider lens is needed to encapsulate the broad range of experiences for people who hear voices, capturing the multidimensional layers of the phenomenon and moving away from the narrow-visioned view of someone who has a disorder, be that psychotic or traumatic.

2.8 VOICE-HEARING IN MEN'S FORENSIC POPULATIONS

2.8.1 Mental health in the Criminal Justice System (CJS)

It seems widely accepted that individuals with a mental health difficulty are over-represented in the CJS (Morgan et al., 2012). However, when thinking about men and health, it is the biological or medical aspects that are often forthright. There is a recognition of a male overrepresentation in vulnerable groups such as substance misuse disorders, those with forensic history, and the homeless population; for example, 95% of the prison population in the UK are men (Sturge, 2018). While incarcerated women only make up 5% of the prison population, it has been noted they are twice as likely to report any issue with their mental health (Committee of Public Accounts, 2017), and in 2018 the government launched the new Female Offender Strategy to try and address the needs of this population stating a higher level of need (Ministry of Justice, 2018). The implication again is that men struggling with significant psychological distress are being neglected.

Often the literature is in relation to medicalised disorders, more significantly around hallucinations and violent behaviour (e.g., Gerlock et al., 2010; Rudnick, 1999; Scott & Resnick, 2013), with little recognition of men's population's reflective ability and emotional resilience. There appears to be a wealth of research into hallucinations and hospitalised psychiatric patients or community groups, the majority quantitative, but some qualitative examples can be found. Holt and Tickle (2014) conducted a review of qualitative research into first person experience of hearing voices. Seven studies were analysed, and themes identified included power of voices, impact on relationships, and identity, with an

emphasis on meaning making. However, all studies were hospital or community based and given the exploration into prisoners in this review, there appears to be very little research into auditory hallucinations in prisons. A systematic review and meta-analysis of risk factors for violence in psychosis analysed 110 studies (Witt et al., 2013) and reported on 45,533 individuals, either diagnosed with schizophrenia, bi-polar or other psychoses. Out of the 8,439 individuals who were classified as violent, 1,582 experienced AVH. Although findings showed a strong link between criminal history and violence risk in psychosis, non-violent offences were excluded and only two studies conducted in prisons were identified, indicating a further need for exploration into different aspects of psychosis.

2.8.2 Voice-hearing in men's prisons

From the literature reviewed, with the caveat of it being across English language literature, it seems clear that most papers reporting on the phenomenon of VH were performed utilising quantitative methodology. Few, during or post prison experience papers could be identified, with those available mainly written from a psychiatric perspective in the USA (see Schwarz, 1936; Taylor, 2000), and certainly no research exploring experiences of VH for men who have been imprisoned were found. Studies of prisoner hallucinations have often focussed on predisposition (Launay & Slade, 1981), malingering (see McCarthy-Jones et al., 2012; McCarthy-Jones & Resnick, 2014; Pollock, 1998) or command hallucinations as a precursor to violent behaviour (McNeil et al., 2000; Shawyer et al., 2003), while qualitative investigations into prisoner experience are seemingly regarding societal reintegration, addiction, and often focussed on women when reporting on mental health care (e.g., see Douglas et al., 2009; Plugge et al., 2008; Shamai & Kochal, 2008).

One in-depth qualitative study by Bosworth et al. (2005), co-authored by four prisoners, explored the participants accounts of being in prison, discussing differing aims and aspirations of researchers and research participants. Data collection was conducted via letter and the article combined differing opinions into one voice, with the authors stating this demarcation was to address barriers between participants and paternalism. Letter writing as a way of participating may offer a more open dialogue, with the time available to think and respond

(Bosworth et al., 2005), perhaps more honestly than with a researcher in front of you. However, acknowledged by the authors, rapport building and miscommunication of meanings/ideas without the presence of tone could be a methodological issue. Another important point is that of reading capability. 'The Literacy Project' in the U.S. reports three in five inmates struggle with reading, and in the UK, Clark and Dugdale (2008) suggested 60% of prisoners have trouble with basic literacy skills. Prisoner writing capability was not considered, and so perhaps data gathering through interview may have also been beneficial.

Throughout the literature review, VH is well documented in vulnerable populations, e.g., those with psychiatric diagnosis of psychotic disorders or PTSD, especially within psychiatric inpatient populations, or even regarding symptomatic VH in non-psychiatric populations in different communities. The question as to why there is no significant research basis for VH in prisons must therefore be asked. Perhaps the joint stigma of both criminal justice and mental health has been too great to allow for not only objective, but the subjective, exploratory nature of qualitative research to shine through. Despite considerable and valiant efforts into assessing causation and treating AVH, quantitative, pathologically driven research appears to have struggled to comprehensively develop a fundamental and intrinsic understanding of how people experience VH. The argument for a less pathologising approach, therefore, seems key to developing a wider and more inclusive appreciation of the phenomenon. An opportunity should be given for a deeper exploration and conceptualisation into the experiences and occurrences of VH in this unheard and struggling population; to inform those who have such a significant impact on their lives and the clinical treatment implications surrounding this.

2.9 CURRENT TREATMENT APPROACHES IN PSYCHOSIS

Current treatment interventions for psychosis include approaches from both medicalised and psychological perspectives. NICE guidelines (2014) for psychosis and 'schizophrenia' in adults outlines the use of antipsychotic medication in conjunction with access to psychological therapies. The guideline also mentions taking time to build empathic relationships, working transculturally, and the consideration of peer support and self-management.

2.9.1 Medical treatment interventions for psychosis

According to the biomedical model of mental ill health, psychosis is a biological illness of the brain and should therefore be treated pharmacologically with antipsychotic medication, be that oral or intramuscular (NICE, 2014). The aim is to reduce or eliminate psychotic symptoms with the assumption that this will 'cure' the patient of their ailment. The APMS (2014) estimated the prevalence of psychotic disorder in around 0.7% of adults aged 16 or over. Antipsychotics are used extensively within NHS Trusts around the UK, and it is estimated that 85% of inpatients are prescribed an antipsychotic (Paton et al., 2003) with a further estimated 40-50% receiving combined antipsychotics (Paton et al., 2008). The prevalence of mental health problems is approximately two-four times higher among prisoners than in the general population with 4.3% of men and 11.7% of women accessing antipsychotic prescription (Hassan et al., 2013).

Antipsychotics are believed by medical practitioners to be effective in preventing relapses of psychosis, however there is evidence to suggest that long-term use may cause irreversible harm to patient's physical wellbeing (Read & Williams, 2019). Adverse effects include weight gain, cardiovascular effects, sedation, dizziness, dry mouth, dyskinesia (uncontrollable muscle movements), and even sudden cardiac death (Taipale et al., 2020). The side effects are substantial as is the overestimation of effectiveness. Despite persistent use of antipsychotic medication, Stroup et al. (2000) reported that around 50% of patients still experience symptoms of psychosis. Further to this, in their meta-analysis, Rubio et al. (2020) noted that relapse was not necessarily prevented for individuals on continuous anti-psychotic treatment. The question then becomes about over-use and over-reliance on medications that do not have a significant enough evidence-base and the consideration of alternative methods.

2.9.2 Psychological treatment interventions for psychosis

Under psychological and psychosocial therapies, NICE (2014) recommends various interventions, namely, cognitive behavioural therapy for psychosis (CBTp), family intervention (FIp), and arts psychotherapy. Third wave cognitive approaches such as Acceptance and Commitment Therapy (ACT) and Compassion Focussed Therapy (CFT) also have an emerging evidence base for

working with psychosis (Wright et al., 2014), specifically CFT which addresses underlying issues of self-criticism and shame (Gilbert, 2009).

CBTp is based on cognitive explanations of psychosis and makes the assumption that a person's interpretation of events can influence our belief systems, how we feel about ourselves, others and the world, and how we behave in response to this (Gould et al., 2001). An RCT of 90 patients over nine months showed a significant reduction in both positive and negative symptoms of psychosis (Sensky et al., 2001), and large-scale meta-analyses have shown that CBTp has been successful in improving mood and social functioning (Wykes et al., 2008), and has been effective in improving mental state (Pilling et al., 2002). The therapeutic relationship and a collaborative approach are highlighted as an essential role in CBTp (Wood et al., 2015). This could indicate that although there is a strong demonstration of improving mental state, and both positive and negative symptoms, that perhaps there is a need to explore the efficacy of other therapies that hold a relational model at their core, for example existential or attachment models of psychological intervention.

NICE (2014) also recommends family interventions as treatment for those with psychosis. Family systems theory (Kerr & Bowen, 1988) denotes that the family unit is a complex social system in which members influence each other's behaviour. Flp is based on systemic principles that psychosis is contextual, and therefore the relationships the service user is involved in should also be considered important for treatment. As stated by the DCP (2021) in the guidelines for family interventions in psychosis, the research base for Flp is extensive and has shown a positive impact on relapse prevention and re-hospitalisation rates in the UK. The meta-analysis conducted by Pitschel-Walz et al. (2001) showed a two percent improvement in relapse rates when family interventions were collaborative with the person diagnosed, and some studies showed a relapse reduction rate of 50-60 per cent over the usual treatment pathway (McFarlane, 2016). Findings show that Flp is an important part of service users' treatment plans and can offer longer-term benefits for families as a whole system.

Although not included in the NICE Guidelines, other approaches are gaining momentum such as Open Dialogue and the Hearing Voices Approach. Based on

systemic principles, developed in Finland, the Open Dialogue approach includes the entire family in any therapeutic interventions or decision-making processes. The aim is to bring together those around the person in distress, emphasising that psychotic experiences are meaningful, working together developing a shared understanding, rather than a focus on symptom reduction alone. Results have shown positive outcomes, including reductions in psychotic symptoms, antipsychotic medications and hospital admissions, with an increase in return to work (Seikkula et al., 2006). The Hearing Voices Approach is a peer, survivor led movement, motivated by the works of Romme and Escher (1989), which questions the dominant biomedical paradigm in favour of promoting experts by experience. Corstens et al. (2014) conceptualise psychotic experiences as meaningful, significant and an interpretable response to someone's context and life events. The focus is a more holistic approach that advocates for uncovering understanding and meaning-making in how people perceive their voices, with notions of recovery rooted in changing someone's relationship with their voices in which they become less damaging or threatening.

2.10 RATIONALE

The range of literature exploring the phenomena of VH covers both quantitative and qualitative research methods. Quantitative methods rely on hypothesis testing and can be helpful in the collection and analysis of data, highlighting content and patterns that can be generalised to the wider society (Cohen, Manion & Morrison, 2011). Due to the positivist or post positivist epistemology in which quantitative methods are rooted, studies rely on clear and objective guidelines, allowing for the replicability of methods, speaking to the reliability and validity of scientific research. Another strength is the identification of researcher bias and what Denscombe (2003) described as *researcher detachment*, as the researcher is seen as an observer looking in. This can be both an advantage and disadvantage, as it can also be difficult to obtain an in-depth understanding of a phenomenon or population through statistical analysis alone (Hammarberg et al., 2016). This understanding would be more in line with qualitative research, which draws from a range of different epistemologies, and also has its advantages and disadvantages. Despite the depth it can offer, qualitative approaches have been criticised for issues with efficacy and offering findings reflective of the population

under study. Authors have also argued that qualitative methods have abandoned procedures of scientific enquiry and investigation, as they have no way of verifying 'truth' (Cohen, Manion & Morrison, 2011). However, qualitative data collection such as observation, field notes, in-depth interview, and focus groups can offer fuller, richer descriptions of experiences of the participants involved, creating a wider understanding of behaviour, and uncovering data about real life people and situations (Maxwell, 2013). Qualitative research focusses on intersubjectivity with the researcher as an active agent, exploring shared understanding, interpretation and lived experience, making sense of social phenomena, and uncovering meanings for the people involved (Willig, 2013).

The proposed study is looking to explore the lived experiences of VH for men who have been imprisoned in the UK, and their understanding of psychological support in the prison system. The review of research does not necessarily provide an estimate, however, is important to consider when thinking about how to study this population. Therefore, a qualitative research approach has been taken and will be described in depth in the Method chapter. The main research aims are to gain a more informed up to date understanding of how men who have been imprisoned make sense of VH, the meanings surrounding the phenomenon, how they manage these experiences, and the psychological support available to them when incarcerated. These objectives could further inform the fulfilment of a broader, holistic contribution to the advancement of strategies for establishing positive, safe, decent, and secure environments for men experiencing a potentially distressing and overwhelming phenomenon. Research into lived experiences of VH for men who have been in prison, appears to be absent, identifying a critical and significant gap in the literature. Counselling psychology as a profession can offer alternative ideas to clinical diagnostic approaches to treatment and a deeper exploration into the subjective lived experiences of often forgotten populations (Woolfe, 2016), echoing the humanistic and pluralistic value of phenomenological research. Thus, the following research questions have been devised:

2.11 RESEARCH QUESTIONS

- How do men who have been imprisoned in the UK make meaning of their lived experiences of voice hearing?
- What is their understanding of the available psychological support in the prison system?
- What are the implications for professionals in their work with these men?

PART III: METHODOLOGY

3.1 OVERVIEW

When starting my doctorate, I had an idea of the research project I hoped to develop. Unfortunately, as Covid-19 swept the world over, the possibility of the original project moved farther away as the National Research Centre for Her Majesty's Prison and Probation Service (HMPPS) ceased all research applications. Initially, I felt quite defeated having contributed so much energy and time into navigating the research to this point and successfully gaining permission from the prison Governor where I was hoping to recruit. Following many discussions with colleagues, peers and of course my research supervisor, an alternative sample idea became feasible. Following the literature review and the epistemological stance taken, in line with the original research idea, the updated titles and research questions remained as an exploration into the lived experiences of VH for men who have been in prison. Therefore, the inclusion criteria of the sample changed from currently in prison, to having been in prison, with the exclusion criteria remaining the same. Ethically the risks became reduced as I was no longer going into a prison establishment and interviews would be taking place online or by telephone. There was also a significantly reduced psychological risk for contributors as they were no longer in prison. Therefore, stressors and difficulties of everyday prison life, often the source of significant anxiety and increased risk, were no longer a factor. This reduced the possibility of potential harm, and perhaps even increased the possibility of feeling able to contribute to the research by being in a more stable environment.

3.2 HUMAN SCIENCE

"Human Nature is the only science of man; and yet has been hitherto the most neglected."

(Hume, 1739/2015, p. 209)

3.2.1 A brief insight into psychology as a science

In order to follow the rationale of the epistemological stance taken for the selected method, we must first look at how knowledge has interacted with the sciences.

From antiquity to modernity, science has been understood not only through natural and human sciences, but also through a multiplicity of disciplines including the arts, agriculture, ethical and philosophical endeavours (van Doren, 1991). René Descartes (1596-1650) proposed that human reasoning could be located outside of the self, with consciousness seen as an independent and discrete entity, separated from the body (often referred to as the Cartesian split) coining the famous phrase *I think, therefore I am* (Descartes, 1641/2007). Although aligned through the *cogito*, Husserl (1931/1999) critiqued Descartes for the oversimplification of the human mind. Husserl rejected Cartesian ontological dualism through proposition of the epoché, positing there will always be presumptions, ideas and beliefs held about the world, being and the body. Despite criticism by fellow philosophers, institutions of scientific endeavour are largely based upon Cartesian principles. What science cannot achieve is expelling myth from knowledge, as it needs context and narrative to achieve its own enterprise (Grenz, 1996). Moving into the modernist era of the 19th and 20th century, the very nature of science has taken a narrower discourse focussing on rigour, exactness, reliability, and rationality (Chalmers, 1999). Dominant discourses in Western psychology have been classically rooted in and are still largely aligned with modernist assumptions and values, implying an explanatory inquiry governed by rationalism and logic (Marshall, 2019). However, philosophical underpinnings in the quest for knowledge and the art of epistemological undertakings have seen movement away from objectivism, towards constructivism, subjectivism, and postmodernism, which I would argue, is significantly evidenced in pluralistic and humanistic psychological frameworks such as CoP.

3.2.2 The scientist-practitioner position

“The identities of the reflective and scientist practitioner are critically embraced in their attempts to investigate the human predicament as it unfolds within and outside the consulting room.”

(BPS, 2019, p. 6)

CoP is grounded in values of client empowerment, subjective experience, and alliance in the client-therapist relationship, understanding the client in their social, relational, and cultural context (Cooper, 2009). The scientist-practitioner model

offers an integration between science and practice in psychology, inclusive of ideas around the reflective-practitioner as one must constantly inform the other (Jones & Mehr, 2007). The model enables a symbiotic synthesis of applying psychological knowledge to clinical work and practice-based evidence in research. Embedded in this model, CoP emphasises the relevance of meaning, values, and subjectivity, thereby acknowledging a paradigmatic tension between the aims underpinning CoP, and the classical rationalistic approach underpinning the positivist paradigms, and medical model (Blair, 2010).

3.3 RESEARCH DESIGN

3.3.1 Research paradigms in counselling psychology

A paradigm can be considered as a set of beliefs that represent a view about the nature of the world and an individual's place in it (Klein & Myers, 1999). Paradigms represent the worldview as defined by the holder. Creswell (1994) identified how these beliefs define a research paradigm, summarised by a certain set of assumptions: the ontological (what is the nature of reality), epistemological (what can be known), axiological (what is the role of values), and methodological (how can the researcher find out what they believe to be known). These assumptions will guide the researcher in the design of the study, and in the instruments, methods and participants used (Denzin & Lincoln, 2005). Ontology considers the nature of being and can be conceptualised through different worldviews: from realism, a single reality existing independently from the human mind, to relativism which suggests there are many people and therefore many realities, indistinguishable from subjective experience (Denzin & Lincoln, 2005). From a relativist perspective, reality cannot be separated from experience because they are one and the same (Guba & Lincoln, 1994), multiple interpretations of the world come with multiple realities. Within this, bounded relativism assumes that shared realities can exist in a group (i.e., moral, cultural), however this may differ across groups as realities are thought to change through historical and culturally divergent interpretations of the same phenomenon (Moon & Blackman, 2014).

There has been a long standing ontological and epistemological debate in the field of CoP, questioning whether reality exists outside of human consciousness,

or only through consciousness and experience, and how this can be understood and explained. Epistemologically, psychological sciences have been classically rooted in positivism: believing there is a single universal reality that exists for all of us, which can be systematically investigated to discover a universal truth (Crotty, 1998). Dissatisfied with the positivist stance, the post-positivist framework is conceptualised through a critical realist ontology and an objectivist epistemology (Annells, 1997). Arguing that because human assumptions and understandings are essentially flawed, the nature of reality can never be truly captured or understood (Patomäki & Wight, 2000). Both perspectives link cause and effect, aiming to predict and control a phenomenon that can be identified, studied, and generalised, operating from a nomothetic and etic perspective (Ponterotto, 2005). However, this statement about the nature of knowledge does not recognise that humans interpret or make meaning of themselves and the world around them. Therefore, methodologically, one cannot lend oneself to scrutiny through objective analysis, as all a researcher can do is interpret the actions of an individual through their own understanding of what they think that person's world is actually like.

Opposing positivist and post-positivist paradigms, phenomenological and critical psychologists would argue that psychology as a human science, therefore unlike the natural sciences, requires a different theoretical and methodological approach operating from an idiographic, emic perspective (Knudson & Coyle, 2002). This moves us into the exploration of qualitative research paradigms. Although both quantitative and qualitative approaches can be considered empirical due to the collection and analysis of data, qualitative methods describe and interpret experiences of human subjects in context-specific settings, rather than the hypothetico-deductive method of objective investigation (Ponterotto, 2005). Social constructionist epistemology, coined by Gergen (1985), reflects the notion that knowing and meaning are not created in the individual mind, but through collective shared assumptions, shaped by language and other social processes. Human experience is mediated through historical, social and language contexts, suggesting that the same phenomenon or event can be described in different ways, offering a different perception or understanding without one of those ways being 'wrong' per se (Willig, 2013). Research from this perspective is concerned with the structures of social reality, with psychological

theory as a product of society in that particular time and context, thereby a construction of reality, rather than a reflection of it (Losantos et al., 2016). Similarly, critical theorists emphasise the social-historical context, how conceptualisations of reality are based on power relations, mainly focussing research on helping to emancipate oppressed groups (Ponterotto, 2005).

The phenomenon of VH could potentially be explored through the social constructionist lens, however the research question is focussed on individual lived experience, and so a constructivist epistemology steeped in meaning-making within individual historical, social, and cultural contexts appeared a more rigorous fit. The constructivist paradigm espouses a hermeneutic approach, maintaining that meaning is embedded in the interpretation of language and social actors, and must be brought to the surface through the act of deep reflection (Schwandt, 1994). According to Guba and Lincoln (1994), constructivist philosophy is also pluralistic and relativist, suggesting a multiple conflicting construction, of which all are potentially meaningful: pluralistic in that reality can be expressed in a variety of symbols and language systems, and relativist in that there is no pre-existing unique 'real world' (Schwandt, 1994). The role of the researcher requires prolonged interpersonal contact, facilitating the construction of lived experience and the phenomenon under exploration (Raskin, 2002). Concerning axiology then, it would be farcical to think that one could remove one's own researcher biases in these interactions, which would be the case for postpositivist paradigms, as meaning is shaped by intentionality. The constructivist epistemology is the position held by the present researcher, an ontologically grounded relativism.

3.3.2 Rationale for choosing a phenomenological methodology

Quantitatively driven pathological models of research, based in hypothetico-deductive methodology, can still be seen to dominate the prisoner and voice-hearing literature but have struggled to develop a deeper and intrinsic understanding of how people experience VH. The argument for a less pathologising approach therefore seems essential to developing a wider and more comprehensive appreciation of the phenomenon. Many methodologies can be identified within qualitative research, three of which (Grounded Theory,

Narrative Analysis and Phenomenology) were considered in the initial stages of the project. Grounded Theory (GT) is a methodology of analysis, grounded in systematically gathered and analysed data for the development of theory (Strauss & Corbin, 1994). Glaser and Strauss (1967) posited that the aim of GT endeavours to discover an underlying theory arising from the systematic analysis of data, calling for the researcher to enter the field without any preconceptions, allowing theory to emerge. I am suggesting a different theoretical perspective, that VH cannot be explained away by a methodologically reductionist paradigm, but rather we need to adopt a phenomenological/hermeneutical approach that takes seriously the meanings attributed to it by those effected. This is a shift from explanation (as the location of a cause) to interpretation (as understanding a meaning). There is an identified tension between the epistemological position I hold and GT methodology, as I believe that one cannot just suspend one's beliefs and presuppositions, so it is not wholly possible to abandon preconception and so, for these reasons GT was discarded.

The second methodology considered was Narrative Analysis (NA), as the approach is predominantly concerned with people's lives and experiences, asking questions of how and what, in line with a constructivist epistemology. Mishler (1995) offers a framework for understanding the different approaches within narrative analysis, offering a typology based on three aspects of narrative. Representation: a focus on how the narrative represents the order of actual events/episodes; structure: interest in understanding how a story is put together; and context: focus on the cultural, social, psychological, and interactional contexts in which narratives are produced, told, and consumed. Although these elements appeared to be a good fit for the research question, NA is typically focussed on how people make sense of experience in relation to their story or how they encode it into a narrative, as opposed to the experience of the phenomenon itself (Griffin & May, 2012). The research is looking to uncover lived experiences of the phenomenon of hearing voices and the meaning for the individual, not necessarily in specific order or context, therefore NA was eliminated as an approach.

The focus will now turn to the epistemological underpinnings of phenomenology, which can be divided into two schools of philosophy: continental and analytical.

Analytical is concerned with objectivity, deductive reasoning and seeking to prove something as true or untrue. Continental philosophy has two branches, transcendental and existential, and is concerned with questions of existence, and synthesis between things (Hein & Austin, 2001). Transcendental philosophy founded by Edmund Husserl (1859-1938), stipulates personal prejudices and presuppositions can be suspended while discovering and describing the lived world through a technique known as epoché (Finlay, 2008). Although it is possible that what Husserl means by epoché is that what is suspended is not one's subjectivity (i.e., Husserl [1931/1999] states in the *Cartesian Meditations* that the ego, the I, is not subject to the epoché), but rather the question of the ontological status of appearances. That is, the question of reality or truth behind appearances is put on hold rather than the subjectivity of the researcher. Husserl critiqued the positivist method by stating that reality can only be studied as it appears to us (Langdridge, 2007), and that knowledge is structured through our personal engagement with the world. Personal engagement with the world must mean that we cannot bracket out our subjectivity. The bracketing is about the objects of knowledge, not the subject. Methodologically, this approach looks to acknowledge individuality and the environment the research participant is situated in.

Martin Heidegger (1889-1976), took issue against Husserl's focal point of the epoché, arguing that interpretation and description were inextricably linked, proposing that the world is constantly in alteration and that human beings discover themselves through this interpretation of *Being-there* (Dasein). Heidegger (1927/1962) opposed the notion that interpretation can be minimised, arriving through the phenomenon at something 'pure'. Heidegger developed the notion that description always involves presuppositions and pre-comprehension of a phenomenon, so necessitates interpretation, therefore phenomenology has to be hermeneutical (Romano, 2015). These fundamental differences have given way to two types of phenomenological research, descriptive and interpretative. While descriptive phenomenology looks to reduce the impact of interpretation, interpretative phenomenology acknowledges within analysis, the parts are as important as the whole, oscillating between them, in a process known as the hermeneutic circle (Willig, 2013). Phenomenology can be seen as the plural structure of a phenomenon; seeking to describe exactly what is experienced,

rather than adding to or subtracting from the experience (Ashworth, 2008). The focus is about uncovering experience as opposed to discovering. Considering methods in phenomenology, IPA has been critiqued as phenomenologically tenuous, engaging with phenomenological concepts only on a superficial level (Zahavi, 2020). Van Manen (1997) warns against slavishly adhering to a set of analytical rules and techniques. Therefore, IPA was also discarded as it can be prescriptive about specific analytical steps. In line with constructivist epistemology, hermeneutic phenomenological method through creative engagement with the principles of phenomenology, captures the essence of human lived experience, creating a practice illuminating the phenomenon as it is uncovered.

3.3.3 Hermeneutic interpretive phenomenology: Max van Manen

Hermeneutic phenomenology aims for a holistic view while reflecting on subjective aspects of experience (Hein & Austin, 2001), promoting open dialogue and a sensitive listening by the researcher. Therefore, the study takes a hermeneutic phenomenological methodology aiming to uncover idiographic, subjective narratives of the lived experience of VH for men who have been imprisoned in the UK. Van Manen (1990) posits that research itself is a ‘caring act’ (p. 5) paying specific attention to what it might be like to have that experience and is thus particularly suitable for the exploration of human embodied experience. In concurrence, Willig and Billin (2011) support that hermeneutic phenomenology speaks to our relationship with our bodies, time, the physical environment and with other people, lending itself to the inquiry of embodied human experiences. They state that “the kinds of research questions this method is best suited to address are concerned with lived experience and meaning-making” (p. 119). Therefore, the research questions in this study align with hermeneutic phenomenological method, focussing on meaning-making for contributors’ lived experiences of VH having been in prison.

Phenomenology has a preoccupation with both the ontic and ontological nature of being in the world (Heidegger, 1927/1962): ontic referring to how life is experienced every day, ontological referring to the deeper structures that inform our life. This requires the researcher to be open and involved as both a

researcher and an individual, holding an observed awareness of the position we inhabit; verbally, cognitively, and emotionally, in a meticulously embodied way. Regarding the heuristic approach and how the method can be implemented, van Manen (1990) proposes that careful attention should be paid to the following features, not just within the analysis, but throughout the research process as a whole:

- “(1) turning to a phenomenon which seriously interests us and commits us to the world;
- (2) investigating experience as we live it rather than as we conceptualise it;
- (3) reflecting on the essential themes which characterise the phenomenon;
- (4) describing the phenomenon through the art of writing and rewriting;
- (5) maintaining a strong and oriented pedagogical relation to the phenomenon;
- (6) balancing the research context by considering parts and whole.”

(van Manen, 1990, pp. 30-31)

In summary, the method rejects the empiricist ontology of realism, and instead offers ideas within the realm of relativism, felicitous with a constructivist epistemology, and qualitative methodology. The following section will further describe the data collection process, and a more detailed description of how Max van Manen’s hermeneutic interpretative phenomenological method was employed.

3.4 METHOD: DATA COLLECTION

3.4.1 Recruitment process

Permission to approach the London Hearing Voices Network (LHVN) was given by the service lead and formed part of the ethics application. Approval was granted from the University of East London ethics board following an ethics application and risk assessment form, and title change requests were submitted; the first to incorporate the new data collection method in line with Covid-19, the second to ensure the maintenance of rigour through the importance of language in qualitative research (Appendices A-C). With approval for advertising on different forums as discussed with the Director of Studies (DoS), several hearing voices groups, identified through the HVN, were emailed a research flyer providing provisional information about the aims of the research, and instructions on how

to take part. The LHVN also agreed to advertise the research flyer in their newsletter (Appendix D). Email advertisements were sent, and phone calls made to organisations and charities working with men who have been in prison such as Bristol Drugs Project, Phoenix Futures and Koestler Arts, and a video advert of the research was posted to social media sites such as Twitter and Facebook to improve contributor access to the research. Several organisations responded, and permissions were granted (also attached to Appendix A) to advertise to individuals who met the inclusion criteria: a) those who identify as men, b) have been imprisoned in the UK, and c) who have had experiences of VH within their lifespan. When a potential interviewee was identified, introduction phone calls were made, contributors were then emailed the info sheet (Appendix E), consent form (given to contributors prior to second title change, Appendix F), and debrief form (Appendix G), and the scanned or photographed consent was then emailed back to me.

3.4.2 Sample

Recruitment was a challenging endeavour that spanned the best part of eight months. Initially, five contributors agreed to take part in the research, however due to various complications, two of those willing to interview eventually declined, leaving a sample of three. Many efforts were made to recruit further (repeatedly following the steps evidenced above), however given the thesis timeline this became no longer possible. Creswell and Poth (2019) indicate that the number of participants in a phenomenological study could range from one to over 300 and Vasileiou et al. (2018) state that within the phenomenological approach, the effect on sample size is mediated through the richness of the data obtained from an individual informant. Dukes (1984) recommends between three and ten participants for a phenomenological study, and van Manen (2014) speaks to the importance being of the rich accounts of lived experience, thereby sample size not being relevant in hermeneutical phenomenology. With these authors in mind, the sample size of three was accepted following a discussion with my DoS, and the limitations of this will be addressed in the Discussion section.

Three individuals chose to take part in the study and table 1 (below) describes the demographics of the contributors who agreed to interview. All contributors chose to interview with their given name, aliases were agreed, and names have

been omitted to retain anonymity (BPS, 2018). In line with the inclusion criteria, all contributors were those who identified as men, have been imprisoned in the UK, and who have experiences of VH in their lifespan. Exclusion criteria included those who did not understand written and spoken English, and those who were being treated or held under section of the Mental Health Act (1983). Please see table below for pseudonyms, ages, pronouns, and ethnic background.

Table 1: Contributor Demographics

Pseudonym	Age	Pronoun	Ethnic Group
C1 – “Vincent”	54	He/Him	White British
C2 – “Darren”	53	He/Him	White British
C3 – “Micah”	34	He/Him	Black and White British/Caribbean

3.4.3 Interview: Setting and protocol

Interviews were between 50-80 minutes. They were conducted and recorded through either Microsoft Teams or via the telephone, alone in the researcher’s home. Each interview was immediately uploaded to Microsoft Stream, therefore at no point were recordings saved to a personal computer. Recordings were however saved to the UEL OneDrive as a back-up. Careful consideration was given to how and where the interviews would take place, especially as one contributor was living in a hostel, with little allowance for private space. Phone calls were made following contributors’ initial interest in the study to talk through the information sheet and consent form and to provide the contributors with a space for questions and time to think about continuing with the interview. Paperwork was provided via email or, on request, printed and sent out manually, including debrief forms with information about mental health support and crisis services. Confidentiality was maintained as no personal information was written on the forms at the time of sending, contributors then scanned or photographed consent forms which were sent electronically and saved onto the UEL OneDrive.

Interviews were semi-structured in application, supporting phenomenological methods in research (Willig & Billin, 2011), with four main research questions (see interview protocol, Appendix H), conducive to the phenomenological

approach as these would not restrict the data. As a pilot study was not possible due to the limited responses from interviewees, the interview protocol was emailed to the HVN and charity organisations for feedback. Following this, the first question was altered from 'tell me about your experiences of voice-hearing' to 'can you tell me a bit about when you first started hearing voices', enabling further rapport building through a more open and less directive question. A range of prompts were also added to encourage the interviewees to stay as close to the phenomenon as possible. I soon learned from the first interview that these questions were unlikely to be given in the protocol order and trying to do so would have felt incongruent with the epistemological position, plus an imposition on the flow of conversation. Being sensitive to changes in mood, or a reluctance to speak about certain aspects of their story was of essential importance to staying open and attentive, allowing me to honour the hermeneutic phenomenological method. The process of data collection according to this method is a holistic one (van Manen, 1990), with special attention paid to writing, rewriting, interpretation, application, navigation, and reflexivity. Therefore, experiential descriptions of the data and recorded reflections (see Appendix I for example) contributed to how I negotiated my position in the context of researcher, developing my understanding and the uncovering of the phenomenon. Anonymity has been maintained through scrubbed transcripts and all raw data will be deleted after completion of the programme.

3.5 METHOD: DATA ANALYSIS

"The experience of phenomenological reflection is largely (though not exclusively) an experience of language, and so phenomenological reflection on pre-reflective life would be much better described in terms of an experience of writing".

(van Manen, 2006, p. 716)

3.5.1 Reflections on methodological choices for my proposed research

Through the heuristic, hermeneutic phenomenological inquiry as suggested by van Manen (1990), this research study has aimed to uncover the ideographic, subjective narratives of men's lived experiences of VH when they have been imprisoned in the UK, and their understanding of psychological support in the prison system. The research is inductive, starting with the collection of data in

which theoretical inferences are made (as opposed to hypothetico-deductive research, which is coordinated so one may prove or disprove a hypothesis) (Willig, 2013). According to hermeneutic phenomenology, language is of significant importance when looking to understand experience (Langdrige, 2007). Therefore, individuals volunteering for the study will be referred to as contributors, as they are contributing to a deeper understanding of the phenomenon of VH, not participants taking part in a causal or corollary relationship. As Van Manen (2014) suggests, the common practice of sampling participants in research is not compatible with phenomenological inquiry.

To capture the embodiment of contributors, in line with a constructivist epistemology, the four existential lifeworlds as proposed by van Manen (1990) of lived space (spatiality), lived body (corporality), lived time (temporality), and lived human relation (relationality or communality) are the basis for analysis, offering a reflective grounding for exploring the narratives generated from interviewing contributors about their lived experiences (see Appendix J for audit trail). Uncovering how contributors experience their lifeworlds, and in essence what feels 'true' to their reality, aligns itself with phenomenological research. To ensure an openness to the phenomenon, lifeworlds are viewed as an organising framework, rather than a specific paradigm to be imposed. Therefore, the alternative organising category of 'other' has been added to incorporate material, mainly relating to psychological support. Having evaluated relevant literature and critically reflected on my own positionality, ontologically and epistemologically I feel at ease with the methodological decisions made and will now reflect on the ethical considerations.

3.6 ETHICAL CONSIDERATIONS

"A strong and rigorous human science text distinguishes itself by its courage and resolve to stand up for the uniqueness and significance of the notion to which it has dedicated itself".

(van Manen, 1990, pg. 18)

3.6.1 Ethical standards and guidelines

The project has followed the ethical research principles outlined in the British Psychological Society's 'Code of Human Research Ethics' (BPS, 2014) and the 'Code of Practice for Research Ethics' (UEL, 2015). Furthermore, sensitivity to ethical issues in research is not as simple as reading policies and adhering to guidelines. It involves a profound consideration of contributors' contextual, emotional, environmental, and physical positionality (McCosker et al., 2001). As defined by the BPS (2018), research ethics refers to the moral principles guiding research from inception through to completion and publication of results and is held under the key ethical principles of respect, competence, responsibility, and integrity. Ethics is concerned with the act of questioning and considering what the implications of actions, behaviours and situations are, rather than defining something as either good or bad. Ethics is therefore neither a scientific nor a moral endeavour but one of questioning. Ayala, (2010) proposed that the capacity for ethics is a question of attributes of human nature, whereas moral codes are products of cultural evolution. However, from a psychological sciences perspective, one must be aware of the researcher vantage point and the professional guidelines that one is operating under, it is therefore appropriate to consider the impact of the researcher from a relational and contextual point of view.

There are of course questions of power, especially in the form of ideological power, considering the dynamics between interviewees and researcher position, and therefore how to mitigate these. Power in interview is multifaceted, and so the real or perceived power dynamics that occur, are essential to the research process (Anyan, 2013). When interviewing a potentially vulnerable population, and when thinking conceptually about my positionality as a researcher, harm to individuals taking part in research must be avoided at all costs (BPS, 2014). The nature of the project was fully disclosed to interviewees and informed consent was acquired in accordance with BPS (2014) guidelines, with particular attention paid in case of literacy difficulty. Contributors were also informed of supportive services available to them in the community should they experience any distress post interview. Risk to researcher from the environment or repeated exposure to difficult narratives was also regarded, with appropriate utilisation of personal therapy and research supervision. Along with the minimisation of harm,

preparation for the maximisation of research could benefit from dissemination to HMPPS, conferences and peer reviewed journals aimed at professionals working clinically with prisoner populations.

Another essential aspect of ethical consideration is that of social justice issues, centred at the core of CoP. Belyani and Marshall (2020) posit that phenomenology is in line with social justice values, allowing the construction of meaning making, and perhaps conversely suspending our own social justice agenda. This suggests that the paradigm held, is social justice in itself, privileging subjective experience of the person or community, over labelling and diagnosis. From a phenomenological perspective, research is how we question the way we experience the world, and to know the world is to consider how we live in it, this inseparable connection is known as intentionality (van Manen, 1990). If research then is an act of care, wanting to know what is essential to our being in the world (van Manen, 1990), through research we can continue to strive towards an ethical epistemology.

3.6.2 Validity and Rigour

Qualitatively, validity and rigour should be an inherent part of the research process, from conception all the way through to publication. Epistemological understanding and the conception of psychological method (be that from a relativist or realist ontology) holds significant weight in the ethical considerations of research (Willig & Billin, 2011). As a researcher it is essential to consider the balance of power, language used and rigour required at different levels, demonstrating the plausibility, credibility, and integrity of the research. The phenomenological approach circumvents imposing concepts which may frame experience in a detrimental way and affords a respect for the contributor's voice in the mutual co-construction of the interview as well as in the data analysis, aligning research design and epistemological position. When incongruent, the possibility of false meaning and internal conflict may occur (Reid, et al., 2018), alienating the researcher's belief system and therefore fragmenting procedural and ethical rigour, essential to qualitative value and design.

Another point of reflection has been regarding trauma paradigms and the nuances involved when considering research with individuals who will have potentially been through a traumatic event. It is acknowledged there are tensions within the research methodology when discussing trauma, as 'trauma' itself is not a phenomenological descriptor of experience. It seems therefore epistemologically appropriate throughout the research process to consider what has happened for an individual (especially in relation to power), the meaning that holds for them, how trauma responses have impacted upon them, and the strengths they hold (Johnstone et al., 2018). From my own experience of working in prison, so often these men are having something done *to* them, that taking any other approach, other than a humanistic, plural, and subjective one to exploring their lived experience, could potentially be harmful and perhaps even retraumatising. This is one of many reasons in which ethical understanding and rigour has played a pivotal part in the entirety of my research journey. Bosworth et al. (2005) wrote: "By forming coalitions with those inside, by listening to them, and by bearing witness to their experiences, scholars may draw attention to their basic humanity" (pp. 261-262). Being aware of reflexivity and my own experiences of working with prisoners, this sentiment seems very relevant when ethically considering the stated methodology of hermeneutic phenomenology. It seems that scholars are often writing on behalf of themselves about those incarcerated, given the dominance in empirical research conducted in custodial settings. Perhaps it is time for this forgotten and often neglected population to be given the opportunity to be written *with* and not just *about* (Bauman, 2002). The methodological choices I have made give rise to this opportunity, with the individual as the subjective focus, co-constructing and uncovering the phenomenon of VH that so often appears to be misunderstood.

3.6.3 An important note in ethics and reflexivity

All contributors shared an important story. However, it seems necessary at this point to discuss one in particular. Very sadly, Vincent passed away from an accidental medication overdose about a month after the interview had taken place. Following a long process of ethical reflection and discussions with my research supervisors, I decided to keep his interview as part of the project, maintaining a continued awareness of the colouration this may have on my analysis. Vincent had been keen to talk and share his experiences with me, and

as it can be seen at the end of his interview, was interested in other people's experiences and what I would find in my conversations with fellow contributors. He shared a hope with me that he would one day be in contact with his family again, and that he might find his purpose moving forward into the future. Vincent wanted others to hear his story, and so I have honoured this by including his interview in the analysis, thereby enabling the expression of his voice. To retain anonymity, Vincent's identity will not be revealed, and as an acknowledgment of his taking part, I have written a contribution to him which can be found under Appendix K.

Having explained the theoretical and philosophical underpinnings of the selected methodology, framing the procedural steps for data collection and analysis, and exploring ethical considerations, a detailed exploration and arrival at phenomenological themes will now follow in the analysis chapter.

PART IV: ANALYSIS

“The perfect book would be ‘blank,’ as it tries to preserve what it can only destroy if it tried to represent it in language.”

(van Manen, 2006, p. 719)

4.1 OVERVIEW

Based on the theoretical underpinnings of the chosen method, the analysis sets out themes identified through the subjective accounts of the contributors. Following an explanation of phenomenological and hermeneutical strategies, the search for phenomenological meaning will be discussed through key statements that reflect the research phenomenon. Subsequently, as stipulated by van Manen (1990), themes will be clustered into the organising categories of the existential life-worlds; spatiality (lived space), corporality (lived body), temporality (lived time), relationality (lived human relation). There was an added category of ‘other’ to allow for contributors to express their understanding of psychological support available in the prison system. Themes are co-constituted meaning structures and have been subjected to continual examination to enable a building upon with the purpose of illuminating the phenomenon under study.

4.2 SEARCHING FOR MEANING THROUGH DATA ANALYSIS

Qualitative methods can be particularly useful when exploring new areas, complex issues and how individuals make sense of the world around them (Smith & Osborn, 2003). Willig and Billin (2011) state that the method selected in this type of study is:

“A version of the phenomenological method that is particularly suitable for the exploration of embodied human experience....it seeks to capture and portray the quality and texture of research participants’ experiences and to explore its meanings and significance....” (pp. 117-119).

To write, the author must be faced with a blank page or space of text, hoping to see what cannot be seen (Blanchot, 1982). This certainly seems concordant with phenomenological writing, as phenomenological method consists of creating one’s own path, not in following one (Heidegger, 1927/1982). Through the

consideration of individual contexts, congruence must be maintained between the researcher's epistemological position and the research undertaken. Therefore, it is worthy to note that although attention to the phenomenological method has been adhered to, a different researcher may have yielded themes unlike the ones unpacked below. Hermeneutical research is not one of didactic replicabilities, but an opening up of the richness of experience, which also aligns with the humanistic and phenomenological approach within the paradigm of CoP.

4.2.1 Phenomenological Strategies

The aim of phenomenological data analysis is to “transform lived experience into a textual expression of its essence – in such a way that the effect of the text is at once a reflexive re-living and a reflective appropriation of something meaningful” (van Manen, 1997, p. 36). Phenomenological descriptions should be rich and evocative, enabling in the reader such an involvement that when reading, something they too have experienced could come to light (van Manen, 1997). Understanding the process of analysis is important to define in thinking how the reader may consider this chapter. Van Manen (1990) proposes three approaches in the identification of phenomenological themes: “1) a wholistic or sententious approach, 2) a selective or highlighting approach, 3) a detailed or line by line approach” (p. 93). Although both the parts and whole have been considered throughout the research process, for the purpose of analysis, this study uses the selective approach for isolating thematic statements.

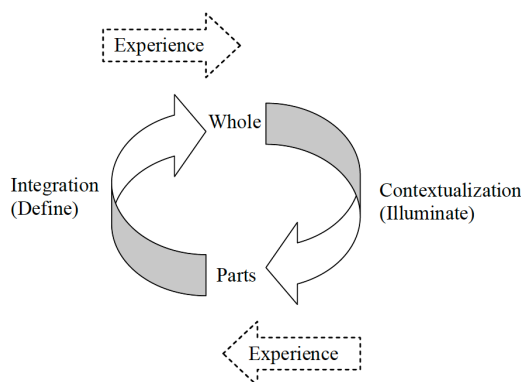
In the selective approach, transcripts are read numerous times, and phrases, sentences, accounts etc. that disclose meaning about experiences of VH for men who have been imprisoned, and psychological support in the prison system, were highlighted and marked out on each transcript. In line with the adopted methodology, data are expressed through the pluralistic nature of the emergent themes within the context of the contributors' narratives, in relation to the four lifeworlds. Throughout the stages of analysis there was a consistent, ongoing interpretation of the research texts, comparing and contrasting pre-suppositions with a process of consideration, opening up, reflecting upon, and referring back to. Discussions were had with the DoS and an independent person proofread the analysis section, identifying third party roles in overseeing the analysis, the

building up of themes, and the narratives surrounding them, in line with a reflexive approach. For the purposes of clarity, the research process is referred to in a linear fashion, for example the writing of the method and then analysis, however it is important to note that hermeneutical phenomenological engagement is a cyclical and ever evolving process which considers the parts of a phenomenon as well as the whole as reflected upon below.

4.2.2 Hermeneutical Strategies

In phenomenologically informed research, the hermeneutic process is characterised by a vacillation between constructing the framework in which the ontological analytic takes place and uncovering meaning-making in the face of the phenomenon. This process is illustrated diagrammatically in Figure 1.

Figure 1. *The basic form of the hermeneutic circle (Bontekoe, 1996, p. 4).*



Themes are attended to descriptively, as is the process in hermeneutic phenomenology. It is through the modes of communication with the contributors (in this case the interviews) that identifies primordial meaning structures. The aim is not a reductive generalisability of the data analysed, rather a dynamically iterative process (Finlay, 2013), uncovering the richness of subjective lived experience, which will now be explored through explication of emergent themes in the following section.

4.3 MEANING MAKING STRUCTURES WITHIN THE PHENOMENON

4.3.1 Summary of Emergent Themes

The following table summarises the themes uncovered through the cyclical process of analysing transcripts, writing and re-writing, to allow the phenomena

to emerge through descriptive representations. It is important to note that although themes have been written in the organising framework of the existential lifeworlds, it is the phenomenon that informs the lifeworlds and not the other way around. This feature distinguishes the method from others, such as content or template analysis, which would hold a set of rules and assumptions, informed by a different epistemology and ontology. The framework pertaining to methodology will be further explored in the discussion section. The summary table serves as an introduction to the themes which will then be presented under their own subheadings, followed by extracts from the transcripts and phenomenological descriptions including how the contributors made meaning from their lived experiences. Within phenomenological practice this is known as the *unpacking of themes* (Finlay, 2013), emphasising the unfolding of the narratives and the creative process of handling the data.

Table 2: Summary of themes

Lived Space (Spatiality)
I. Prison as Home: Confinement, Fear and Safety
II. Conceptualisations of VH: A Personal Journey
Lived Body (Corporeality)
III. Means of Survival: Persecution and Protection
IV. Masking Pain through Substances
V. Complex Emotional States
Lived Time (Temporality)
VI. Embodied Traumatic Experience: From Past to Present
VII. Suicidality: Being-Towards-Death
VIII. Time
Lived Human Relation (Relationality/Communality)
IX. Hope in the Meaning of Being
X. Searching for a Shared Understanding
Other
XI. Importance of Individual Narratives
XII. Issues within Mental Health Services in Forensic Systems

4.3.2 Unpacking Themes

(Spatiality)

I. Prison as Home: Confinement, Fear and Safety

The concept of home brings forth images of safety, security, a place which resonates with our existence, and where we hold an understanding of being-in-the-world. Van Manen (1990) refers to home as a space we return to; a protecting structure of walls, doors, and roof where we can experience rejuvenation and feel ourselves. With the absence of the idea of a stable home, there was a safety in being in prison, something that had been inadequate in the contributors' lives, a sense of stability which was sometimes missing from their accommodation in the community. Although characterised by choice, there is certainly a sense that the contributors sometimes felt they had none, and that a prison sentence was the only option in finding the help so desperately sought after. Vincent described how he would purposefully throw a police officer on the floor so he would be sent to prison and receive the treatment he felt he needed.

"I never hit him, but I used to throw him on the floor, so that's enough to get arrested and put in prison. (**R:** Mmm) 'Cause they used to think it's, they'd call it police assault, but it ain't really, it's just me being, tryna get...get get treatment." (180-186)

Darren spoke of a difficult life surrounded by crime and drugs. Both he and Vincent talked about prison as an awful and dangerous place to be, but there was also a sense of safety within the structure and confinement.

"Yeah, well it did, it saved my life, know know what I mean? (**R:** Right, yeah. Can you say a bit more?) Well, you know, because I was I was drugged and...crime and things like that, so every time I went up up the jail, it saved me from drugs, smoking, and like crime, you know." (Darren: 1100-1106)

"I hate prison by the way, and I hate all of that, can't stand the place, but...it kept me alive." (Vincent: 190-191)

For Micah, he had been to prison a few times before and he discussed feelings of enjoyment if he was well in himself. There was an element of camaraderie in

the space inhabited by people who knew each other, and a sense of gratification in the fighting and group process.

“...but then if I'm alright, you know if I'm feeling better, then the total opposite happens like because I used to like fighting and stuff and then I...I...and like and prison and I tended to know quite a few people in there, with the people I used hang around at that time...” (295-298)

Whereas Vincent described the space as an isolated solitary one, however one he would make by choice.

“I do solitary confinement anyway when I'm in prison. I prefer it.” (592)

Although prison appeared to be a necessity at different vantage points, safety was a rare feeling between the essence of fear and confinement, that was palpable in the descriptions and present in the underlying narratives. Fear is an essential state of the meaning of Being and being in prison could be seen as a loss of authenticity as fear constitutes the loss of being. The *telos* or purpose of our being cannot be revealed in confinement and uncertainty, and therefore the authentic self cannot be conceived in the state of modification of being in prison, in which the reality of the self is so often distorted. Contributors discussed feelings of fear and anxiety within the realms of their experiences in prison. Micah talked of feeling unable to leave his cell and the noise being so significant it felt like it was travelling *through* him.

“...it's voices like ther...there people plotting, plotting against you. They're plotting to do this and they're...and um not to leave your cell and to and like just like people are going to like people after me and and stuff like that you know I mean, and when you're in and there's so much noise, do you know what I mean, and I...it goes through your head and you're like, and like people, will be shouting through to people, to each other (**R:** Uh-huh) and you, and you think, oh are they shouting to me, telling me they're gonna do this to me tomorrow, do you know what I mean...ugh, yeah. So, yeah, it...it, it's wo...it's worse, it it'd be, it would be a lot worse for people, who have, who hear voices that are...that go to young offenders like, like me.” (Micah: 355-366)

Darren divulged having to be careful in what you say and to whom, giving the impression of anxiety and mistrust about his surroundings, and Vincent compared

prison to living in the community and the ability to escape the feelings of confinement and fear.

“It was horrible, like you know, because you got to be careful what you say up there. You know 'cause there's there's there's, they'll they'll point the finger at, you and then then they'll all be after you know what I mean, they'll all be out on you” ... “Like like, you know, yeah, it's not very nice up there, it's a fucking rubbish game up there.” (Darren: 1293-1297; 1307-1308)

“...At least out here you can escape it or go and have a drink or do something, in there it's just total fucking on you...” (Vincent: 590-592)

The journey into prison, during, and then out again was different for each person, as was their understanding of the space (both physically and emotionally) they inhabited during these periods. Each prison sentence added a new layer to the contributors' stories and the understanding of their conceptualising frameworks, characterised as very personal for each interviewee.

II. Conceptualisations of VH: A Personal Journey

A theme which emerged strongly for all contributors was that of their personal journey and conceptualising frameworks of being-in-the-world. Contributors seemed to feel uncertain or unsure of their purpose in the world, which, was interpreted as moving away from the authentic self. Verhoeven (1972) proposes that a central methodological feature of the phenomenological inquiry is that of *wonder*. Wonder can be described as the moment when one is perplexed or in awe in which phenomenological writing finds its starting point (van Manen, 2005). A characteristic of wonderment is the authenticity of our experiences, and although sometimes brimming with uncertainty, the contributors built an understanding of their own journeys and subjective selves.

Vincent's framework was heavily based around a cosmological understanding of speaking to Jesus and hearing the Devil. He described disturbing experiences and feeling very frightened,

“And I can feel this great big thing coming in and it's scary as fuck. I'm shouting out “Jesus, Jesus, help me, help me” 'cause it's that scary...” (406-407)

and also experiences of enlightenment.

“I, I...Jesus is obviously within me...and he’s the one that says...keeps me going.” (248-249)

Contributors’ understandings and experiences of the voices they hear also stood out as significant. All suggested they heard voices that others do not, and these were both internal and external to the self. Heidegger (1927/1962) suggested we comport ourselves towards Being, not just academically, but as an embodied experience, reflexively positioning our understanding as ontic entities, who’s Being bears the character of existence. Phenomenologically there lies an ambivalence between ambiguity and lucidity which was present in the contributors’ recognition of their own reality.

“(R: It doesn't make sense?) No, it don't make sense no. (R: So, what do you think is happening?) I think I'm going insane or sommet or or like I'm I'm having a breakdown or sommet or I don't know.” (Darren: 725-732)

“...Erm [pause] yeah, I...and it weren't just voices it was also str...well strange beliefs [laughs], like erm, like in my mum's house I thought I was possessed. Sounds funny, but er it's scary at the time.” (Micah: 18-20)

“So yeah that’s, but the voices are always, kind of...sometimes they’re in your head, sometimes they’re out loud, you know. Err it’s like...I, I...it...sometimes it’s a mixture of people talking, but they’re, I think they’re talking about me.” (Vincent: 278-281)

Although there appeared to be positive elements of either comfort or protection, all contributors described experiences of distress, with implications of harm to themselves or harm to others. Each contributor understood their voices in a different way. Darren explained that he accepts the voices he hears, however unwillingly, as he finds them difficult and referred to *she* during our interview a few times.

“I just I just I just accept the voices that's it like you know. But I don't don't like it though. But, you know, she's telling me to do stupid things like...and I don't want to” (780-782).

Micah spoke of an in-depth paranoia, relating to poor mental health and a cyclical pattern to his voice-hearing.

“I was studying an electrician course, I was doing electrical installation. And it was in my second year and I started getting really paranoid at first, it was just mainly paranoia, and then it was like voices I hear that tell me things that like people...well just like people were thinking s...things about me that I was bad and and like, I, I I just I had to drop out of college. Erm, and ever, and ever since I'd go through bouts of it and I still go through bouts of it, but it's like I'll go through a period of being fine not hearing any voices, not...and like, like I am now, like fairly stable apart from still that [service] thing coming up, and then I hit a big depression and then that's when it will all start over again. I, I me...I mean, it happens like two, three times a year, probably. It seems to be like a bit of a pattern with it.” (48-58)

He also spoke of what his voices demanded of him and the consequences that led to his last prison sentence.

“...or like hurt other people and which is like, at one point I was so paranoid, I er, I ended up going to prison right because I thought someone was...meaning to do me harm and I hit...hit them, erm which I ended up going to prison for ABH and er and it turned and it turned out that it wasn't...that I, that I actually hit them for no reason...” (Micah: 92-96)

There was certainly a confusion and uncertainty surrounding the phenomena each contributor experienced, and feelings of distress were also prominent, especially when involving different sensations such as feeling or seeing something that others do not.

“...another thing, thing that I get is like, I got a phone ringing in my pocket, when I ain't got a phone in my pocket. (**R:** Right.) Like you know, I don't know it's like weird. There's like, I I feels like, like a vibration in my pocket and there's nothing in there, like terrible. Terrible.” (Darren: 698-704)

“Yeah, even on the tele...I've heard, I've heard the TV talking to me, once. (**R:** Mmm, and what was that like?) It was fuckin' horrible because it was the Devil talking through the people...” (Vincent: 281-287)

“...I start...hear...like hearing voices sometimes I don't know if it's my own voices sometimes, I don't know if it's like just my voice in my head and then erm, other times I pick on other people and I get to the point where,

er, I've hallucinated before, like d'ya know what I mean, seein...like seeing things and seeing things come out of the TV and stuff like that..." (Micah: 73-77)

Another aspect of this theme was the idea of knowing oneself and finding a way of being-in-the-world. Vincent expressed a frustration with not knowing why he was in the world, or what to do with himself, concealing the meaning of Being and although turning away from authenticity, finding an unwavering perseverance of existence.

"...I don't know what I'm doing, I I got no purpose...(R: Mmm.)...apart from existing. Each and every day just existing and getting by, that's it." (1016-1021)

Darren expressed the essence of coming apart and feeling insanity within the context of his voice-hearing.

"...it's like I'm I'm hearing sommet but there's nothing there, like you know. (R: Yeah.) Like I do it, do it quite a lot lately, you know what I mean, 'cause it's like what's that? Nothing, right, there's nothing there. (R: Right.) But, but yeah, it's driving me nuts. You know, because like I'm I'm just just falling apart slowly but surely." (623-634)

Contributors also talked about how they had missed out on life, wanting something meaningful, rooted in societal norms and the history of human need.

"...just realising that I'm actually, that I am, that I am unwell, because obviously I can, you compare yourself to people who work. Like, doing the things that you want to be doing like working, married, got kids and all that stuff, and like that all gets me down a lot..." (Micah: 748-751)

"...I'm a grandad, and you know I, I haven't, haven't seen my grandchildren, I'm I didn't see my son. I've missed out on life, I've never been married...(R: Yeah)...and it's all due to this." (Vincent: 56-62)

Each contributor discussed different modes of being, interpreted as the authentic and inauthentic (or fallen) self, which had implications for the experience of hearing voices and meaning-making in the space they inhabit as subjects who live in the world. When the experience was confusing and difficult to describe, this leant towards a disconnection to themselves and the social world around

them. Although their reality of voices, bodily sensations, and unusual beliefs was often a challenging and frightening one, it seemed purposeful and important, indicating perhaps more of a sense-making in this state of being, than when unknowing and unsure how to live in the framework of other people's social norms.

(Corporality)

III. Means of Survival: Persecution and Protection

All of the individuals who contributed to the research had been subjected to personal experiences of violence. Each experience of violence was different within the narratives and was relayed through different descriptions and emotional reactions, brought out in a visceral embodied response. Micah referred to his time in a young offender's institution and the constant daily fighting, exacerbated by VH and living in fear that he would be attacked at any one time. Similarly, Darren discussed how he had spent most of his life in prison and survived a lot, not wanting to "come out in a body bag" (157). Imagery was a strong part of their storytelling, and the sharing of the experience focussed on ways of being, expressions of anger, specific occurrences, and searching for safety. Although there may have been many features within the narratives, all were very significant corporeal events. Vincent referred to an incident where he was stabbed in the back by someone he knew.

"I got stabbed recently, about, what, four years ago by a girl right in the back...(R: Mmm)...talking to her one minute, nicely and that, you know...all of...she must of carried that knife to get...with the intention of stabbing me, and she did, right on my spine, could have crippled me."
(119-126)

Religion was spoken about explicitly with Vincent, as his cosmology was a way of meaning-making amidst the violence and unpredictability. He would often refer to Jesus and the Devil as a sense-making exercise, forming the notion that dangerous interactions with others were part of the Devil's greater plan to take his soul. In this excerpt Vincent noted how he could be deadly, experiencing the Devil as an expression of anger and must therefore laugh it off, walking away from altercations.

“...yeah he’s on my ca, on my case, the Devil...but then the Devil knows that he ain’t having me right, so what he’ll do next, and this is how he works, he’ll use demons...through people...yeah? He’ll put em in position, like bullies, or whatever it is, he he knows that I’ve got it within me to kill someone, right, because of that anger. I’ve...that’s why I’ve gotta tread lightly...take a punch, yeah so what, blah blah, and walk off. At least I’m still haha, you know...it’s like that, my life’s a bit like that.” (411-417)

Safety and protection were a considerable part of the contributors’ rhetoric and arose at some point in all interviews. Protection of the self meets a real and corporeal need to survive, which is evident in how stories were shared and also links into a later theme when discussing hope and change for a more positive future. Protection was noted in a number of forms, be that through family members, “...and I, I felt a bit safe when I come up my mum's you know.” (Darren: 250), with friends in prison as Micah described, or through the understanding of faith.

“Well, if I didn't have Jesus Christ I wouldn't be here. [Pause] He’s the one that protects me, he’s the one that actually...and not only that I’ve got Archangel Michael, I seen him once, um, he come flying down, and there’s this great big beast like...” (Vincent: 71-74).

Survival was also present in all interviews and contributors had their own ways of managing this. The covering up or pretence of being something you are not, was present as a form of protection, almost a given in each story that throughout life, both inside and outside of prison, you had to learn to protect yourself in a very physical way. Darren referred to having to create an outer character, one who was able to protect him from his surroundings, especially when in prison because of how fearful it can be.

“I I had to pretend I was erm, a warrior up there, but I ain't, do you know what I mean because I, I I was scared up there...” ... “I had to protect myself right, that's what I mean. (R: Yep.) Like you know, because there's...it's full of idiots, prison [laughs], you know what I mean, you you you, you give them a roll-up, they stick a knife in your back.” (1210-1211; 1222-1229)

He seemed to show surprise in how he had managed to come this far in life,

“Yeah. I have, I've survived a lot yeah. Yeah, I don't know how to be honest with you, but yeah. You know, like gone, gone a long way.” (Darren: 824-825)

showing a determination, which was evident in all interviewees, surviving in the face of adversity.

IV. Masking Pain through Substances

The use of substances was significant throughout all narratives. According to Heidegger (1927/1962), addiction can be seen as the movement away from the ontological analytic of Being and a masking of the authentic self, known as *fallenness*, in which Being is lived by the world rather than choosing oneself. Corresponding as a form of self-evasion and an inauthentic mode of relating to others, addiction is absorbed by the object, energising an individual's desire for immediate gratification, rather than projecting meaning onto it. Drug use from an early age was present in all contributors' lives and they had built an understanding of their conceptual frameworks around this. Micah discussed how he thought his substance use contributed to the development of his voices.

“...like 15 I was smoking a lot a lot of weed. (R: Mmm.) A lot of weed, and I think that was a big contribution, con...contribution to it personal...obviously...” (98-103)

Micah also explained the different modes he would find himself in, dependent on the type of substance he was using during that period of time and how his thinking changed.

“...with um drugs that are like uppers, like cocaine, crack whatever, if if I touch stuff like that. I get, I go straight to the...when, like when it's wearing off like the come down, whatever, I...the p, the paranoia's there ten-fold and it's, and then, yeah. It's sort of, it's like I can't smoke weed now, if I smoked a spliff now, I would, I would totally be so paranoid, I wouldn't be able to leave the house. I wou...wouldn't be able to...uh every single negative thought that I can have would run through my head and it would just go in there, and I would just be like, sometimes in the foetal position like, just waiting for it to go, and stuff, know what I mean. But it, I, whereas like with opiates like that, with opiates it's like...I I, that all started from when I broke my leg in a car crash, and then um when I'm getting given opiates

I, I noticed that it it was helping my head as well. And that's how I got addicted to opiate." (653-664)

Darren referred to the first instances of his noticing voices and how he covered it through continued drug use to block out thoughts and worries of madness.

"...I started hearing them ages ago, like you know, I mean, but I just I guess I was, 'cause I was taking amphet and I just thought that erm, I was like erm, high on drugs. So, I took more drugs to blank it out like, you know. 'Cause like, I don't like, I don't like hearing voices, like you know, 'cause it's like, it's like I'm going mad, you know, and I don't wanna go mad just yet." (42-46)

He also noted that alcohol and drugs were used as a form of protection for the self in order to avoid the very painful feelings he had been enduring throughout his life due to the abusive devastation he had been through as a child, and when he suffered the loss of his baby son.

"...like but, I put the brick wall up all my life, taking drugs and fuckin' drinking." (Darren: 587)

Alcohol often had a role to play in the breakdown of life and how the individual interacted with others and the world around them. Vincent talked of acting like a lunatic while under the influence of alcohol and embellished on his perception of the damage it can cause, before describing the hold of opiate-based substances which aided the dampening of the voices he hears.

"...if you notice, everybody, when they drink, they change, yeah they change nasty. It's the Devil. The Devil's piss I call it. I don't drink no more. Well, when I went onto heroin, and heroin, I lov...I loved heroin because it, it was everything to me..." ... "...I keep tryna come off it, and when I come off it that's when the voices are even worse, because I can't handle life...and that's the truth." (354-357; 381-383)

Substance use has played a key factor in the contributors' lives, which became ever more complicated as a result. The avoidance of life and hiding from heavily painful emotional states was clear within each interview, and significantly in relation to their VH experiences. The aim for all interviewees at one point or other was to try and stop very damaging, persecutory, and commanding voices, that

would result in a becoming of something or someone that was not recognised as themselves.

V. Complex Emotional States

Mental health difficulties, especially around anxiety and depression were present in the narratives from each contributor, but Micah especially discussed suffering from panic regularly, and being worn down by his depressive states, noticing feelings of lethargy and finding menial day to day tasks extremely challenging. He recalled going through phases a few times a year, oscillating between mood states, and struggling with heightened levels of fear.

“...I get a lot of anxiety, panic attacks and stuff like that. I get em...yesterday I had um panic attacks all day and yeah um yeah, it's just, it is a struggle and yeah, the voices, but it's it's it's scary. But it's above...but it's always after a while being worn down by depression...” (145-148)

Thinking about engaging with services and how demanding this can be, especially when one is struggling with mental health difficulties alongside many other challenges of life, can be perceived as an issue of the mind. Darren notes the struggles he has, while Micah articulates it as weak mindedness.

“...it's just just no good for my mental health because I'm trying to open up a chapter in my life and I'm struggling with that.” (Darren: 310-311)

“...I just don't know it was cursed and you'd feel wea...weak weak minded, you'd feel weak minded do you know what I mean. Like, well 'cause it's like, well, things that most people find not stressful or not there, with me it's like oh God, sometimes it's like even going to the toilet, I'm like nooo I've got to go again [laughs]...” (Micah: 773-777)

Low self-esteem and low confidence were also apparent at points in the contributors' lives. Vincent and Darren referred to being introverted and shy in the way they engaged with people, feeling unable to give voice to themselves, and Micah relayed battling with confidence dependent on his mood state.

“...‘cause I lost my voice. D'ya know I was so introverted, I used to whisper...(R: Yeah)...tiptoe around and whisper. I don't do that so much no more.” (Vincent: 938-943)

“...I've been a bit a bit of a shy person erm, back in the day. You know what I mean, 'cause I used to glue sniff look, you know, and things like that so I didn't really used to say a lot...” (Darren: 909-912)

“...And then it's them han...hand handlin' your mood swings and all that stuff, do you know what I mean. But um...um, yeah. I I lose the self-confidence because it's, my self-confidence is so low now...” (Micah: 510-512)

The complexity of fluctuating emotions is sadly quite common in people with challenging histories and life stories. These difficult histories will now be outlined below in the unpacking of contributors' traumatic experiences.

(Temporality)

VI. Embodied Traumatic Experience: From Past to Present

Violence, abuse, and neglect can be seen in all the contributors' lives. Traumatic experience is of such significance in forensic settings that unfortunately the instances described are not unexpected. Abandonment, sexually and/or physically abusive acts have been identified by each interviewee as a substantial part of their early life and has informed their understanding of who they are in the present, thrown into their situations, and being forced to re-examine who they trust, and how to consider a sense of safety.

Darren especially spoke about how the sexual abuse at school he endured had gravely affected his life, to the point that he finds coherency in the expression of these events almost an impossible task. A number of times, he pointedly stated not wanting to be “Jim ‘Il fix it” (64, 222, 400, 969). A reference believed to be alluding to Jimmy Saville in the events that happened with his teacher at school.

“Well, I I was at school and my teacher, you know, wronged me off, and (R: Hmm.) I kept it inside for 37 years, and and now I've got a broken heart because of it, because I should have opened the chapter years ago.” (74-79)

Micah recalled a disturbing time he and his brother had in foster care, a place that is supposed to hold a sense of safety and wellbeing, which was shattered having resounding critical effects, likely in part impacting on the future challenges he has faced.

“...well mmm, when I was in foster care, I was er...I was er be...beaten a lot like daily, me and my brother. Erm, at one place w...I had a little bit of sexual abuse as well...” (112-114)

There are significant levels of trauma identified in prisoners in the UK, each contributor voiced traumatic experiences they had been through and how this related from past to present. Micah recalled making links from his childhood to the self through processes in therapy, and how events in life have resulted in bodily dissociation and loss of time.

“Yeah, I had a lot of dissociation. Erm, I had some not that long ago, actually I...er...where everythin...where it's like a bit of out body experience and it yeah, really scary.” (31-33)

Darren linked the abuse at school with his life of offending activities,

“...but I I built up my criminal record because of what I went through look...” (1124)

while Vincent addressed a physicality in injury when describing his ordeal.

“I got persecuted, I got fucking...kicked shitless, this is where all my trauma comes from...” (99-100)

Trauma can be identified throughout the lifespan of the contributors, not only in childhood, but also later in life, from being in prison, living in hostels, in interactions with those who would wish them harm, including communications within their voices. Traumatic experiences can lead to detrimental bodily and emotional reactions, including suicidality and wanting to remove themselves from a damaging world.

VII. Suicidality: Being-Towards-Death

Instances of suicidal ideation, intention or attempts were discussed at multiple points in all interviews. The instances referred to, were not just those for the contributors, but also family, friends, and others outside of their social circles. Risk of suicide is very prominent in prison, with men aged 35-60 in the highest risk category. Although Vincent did not take his own life, there is still a question around how he came to the circumstance he was living in, and whether accidental

medication overdose is ever really what it claims to be. Vincent spoke of his brother who had taken his own life and knowing many friends over the years who had succumbed to the same fate. He discussed understanding how people can come to this point, and how he would take his own life given the right circumstances, and perhaps felt this should have been his outcome.

“...my brother commit suicide, loads of people commit suicide that I know, and it’s because they can’t take it no more. I should’ve committed suicide many a times.” (258-260)

All three contributors verbalised an aspect of their voices which were hurtful, and potentially dangerous, directing them to kill themselves. There seemed to be a distance between the descriptions given and the emotions felt, as when discussing something that any human would find incredibly distressing, there was a detachedness about how suicide was narrated. Both Vincent and Micah stated very matter-of-factly what their voices say, and for Micah the impact of his distress.

“...a lot of things like, just tell me like to kill myself...” ... “Yeah well, the impact has been, suicide attempts...” (Micah: 88; 272)

“[Pause] Yeah, these voices they want me to kill myself and stuff like that. That’s why people commit suicide.” (Vincent: 30-31)

One contributor appeared to let his feelings be seen perhaps more-so than the others. Darren would speak about becoming angry with his voices and telling them to leave him alone, however it was still clear that taking life was a part of their communication.

“Ohhh I don’t like it man, I don’t like it. Don’t like it, you know there’s voices like, telling me to do myself in and things like that, or you know.” (605-606)

Many different attempts on life were taken, and often suicide was approached in a very pragmatic manner. Darren especially recalled many ways he thought of or tried to end his life over the years. At the beginning of the interview, he refers to throwing himself off a bridge and recounted several suicide attempts, which was in part the reason for seeking help. In the excerpt below he reveals a

recklessness and uncaring nature towards his life which he implies is due to the abuse he endured at school.

“You know, but I didn't know how to. I didn't kn...I didn't learn nothing at school, I knocked off, I pinched bikes. You know, and and, I rode around on my motorbike, it didn't matter like, tryna to do myself in and things like that because of it, taking drugs, you know, trying to die 'cause of it. But, you know, I found it hard to just throw myself off a bridge or, or cut my throat, or put a bullet in my head like you know.” (Darren: 83-88)

Phenomenologically, death is an ontological given. The anticipation of death reveals our own-most potentiality for being, this is the possibility of one's authentic existence (Heidegger, 1927/1962). Our ontological constitution is therefore made visible with this anticipation, uncovering an authentic understanding of the structure of Being. If everyday fallenness is an evasion of, or anxiety in the face of death, then it is possible that searching for it, is an acknowledgment of the authentic self.

VIII. Time

Temporality is the horizon in which Being is understood. Without time there is no Being, and yet as part of the human condition we question the very nature of time itself. Time is understood as subjective, which seemed very poignant when considering how much time has been spent in prison for the interviewees. Although as a conglomerate they have not been in prison for between five and twelve years, there was a significant amount of time that has been spent in different prisons around the UK. This fragmentation of the continuous flow of the way one experiences the world altered perceptions and changes in the environment, and contributors had to construct alternative temporal schemas to adapt to the ontological changeability of prison life. Micah spoke about what it would be like to have to go back.

“...it's more of the worry of prison, whereas before I wasn't scared of going to prison apart from that one ti...one time with the ABH, the other times it, I wasn't that bothered. But yeah, it's like now I...yeah, now I like it it would worry me yeah.” (484-487)

There was also something evident in the stability of an adult at a later point in their lifespan when perhaps there is more reflection on past events, and therefore

more stability in the present. Darren remained unsure as to whether he encountered the voices he heard in prison as he tried to move away from them.

“...the voices, voices...like I, I can't remember I ain't been in prison ten years, so I can't remember when I, if I heard the voices then. (R: OK yep.) I tried I tried to put that behind me like, you know. (R: Yeah, yeah that makes sense.) Because um, it weren't a very good experience. (R: No of course.) Like, like to be honest with you. It, it...worst time of my life.” (1313-1327)

Another aspect of time was the idea of travelling-through-life, not only as time but also as a measure of distance to compare oneself to, with the underlying concern that times would not change, and this would be a lifetime condition.

“...I had visions of...at my age, having to go up to a copper again, and throwing him on the floor, and doing it all over again, and that's how far, far I've travelled...all my life, and it's, it's just, you know, it's not very far is it? [Pause].” (Vincent: 646-648)

“...I can't handle life. I've, I, I haven't worked for 30 years, I've had three passports, I've told you I haven't been nowhere. (R: Mmm.) But that's how, how it's been for me, and, and I'm 54...my father, my mother died at 52, my father died at 62, I ain't got long left.” (Vincent: 382-389)

“Yeah, and when you're and when you're when it's happening as well, you're thinking like it's going to be there for a lifetime...” (Micah: 231-232)

Creating a better future for the self and those around you takes a certain positioning in relation to one's lifeworld. Making meaning was often interwoven in the fabric of everyday life and living in the present moment, however a future focussed orientation could be seen in the contributors' narratives, linking to the next theme in searching for ways to actively engage in the world.

(Relationality/Communality)

IX. Hope in the Meaning of Being

Although there were times that an element of hopelessness was underlying in the interviews, something that shone through was the aspiration for change and the searching and wanting for hope. 'Hope springs eternal' seems like an appropriate phrase, as despite everything these men have been through, there was a

lightness and humour about how they told their stories. Contributors adopted an optimistic attitude and a future orientated focus when they spoke about the concreteness of actively engaging with and being-in-the-world. For all contributors, reaching for hopefulness through cosmology, family, services, or independence was striking, and a clear motivator in the idea that one day their lives could be different. Micah states how he handles things better now and has also remained in the community for 12 years, he expressed how he has managed to stay out of prison.

“Um...I'm thinkin...well, I think a lot of it was, well...just stop, stoppin' what I was doing 'cause it it was um...and and, like...now, I've grown out of a lot of stuff, but for a while it was...it was...not getting caught [laughs].” (470-472)

For Vincent, there seemed to be an acceptance about his life, and looking forward again, discussing travel and family as he had spoken about before, but also searching for something for himself.

“...my main port of call I think you've heard it, is I've I've got a purpose, I think I've got a purpose ahead of me, I need to find out what it is.” (1049-1051)

Reaching out for help and building a further understanding of being-in-the-world was at the forefront for Darren. He had, several times, talked of opening a chapter, accessing services, speaking with medical professionals, and learning how to communicate with others. In this excerpt, he talks of not knowing fundamental life skills and a referral his GP had made.

“So it's it's...e...e...he'll, they'll teach me to go shopping and things like that like, 'cause I don't know how to go shopping. You know, the only shopping I knows to do is put a car through a window like you know. (R: Yeah, different kind of shopping then [laughs].) [Laughs] Yeah, like I invented ramraiding because I weren't at school I think, know what I mean.” (1452-1454)

Towards the end of the interview, Vincent summed up how he was feeling in the present moment with a simple statement.

“...I’ll be honest with you, I’m...in myself as it stands right now, I’m quite happy.” (1111-1112)

All contributors communicated a want for change, for something different and although finding this tumultuous, were using their strengths and resources to build further understanding of how they live in the world. Given Vincent’s death, these excerpts have been poignant in revealing his narrative and the concrete plans he set for the future, wanting to share his life with someone, however also remaining aware that he appeared quite comfortable with the concept of death.

X. Searching for a Shared Understanding

In a fundamentally existential sense, human beings search for experience of the other and an understanding that can be shared between people and communities. Imparting how we are to others, and the meaning of our Being, is at its core to be human. Hermeneutic phenomenology denotes that language has its roots in the existential constitution of Being, meaning that the intelligibility of being-in-the-world discloses itself as discourse, and language is the way discourse is expressed. During all the interviews each contributor sat with silence, and there were also noted speech tags (for example all contributors said, “do you know what I mean?”), perhaps evidencing the want for understanding, reassurance, and validation of the realities they were presenting. Wanting to make a connection is a fundamental part of our relating to others, something that had been taken away from Vincent at a young age.

“Well, I started off in a detention centre at the age of 12, I was in children’s homes...um...my family had just all dumped me off...” (26-27)

In a previous theme, it was noted that Micah was in a dangerous environment in foster care, and Darren although at home, had a traumatic time relating to others at school. During all interviews the want for human relation was clear, and contributors recalled different relationships in their lives. Some examples were of self-to-self relating, self-to-other relating, and self-to-voices-relating. Within his cosmological framework, a significant relationship for Vincent was the understanding of Jesus as a companion and friend.

“Jesus has been my best friend. (R: Hmmm. Mmm.) And he still is. And, and I pray to him every single, not a, not a day goes by, that I don’t think of him.” (235-240)

However, he also referred to a time when they have had a detrimental impact, stating feelings of being misunderstood by those around him, more specifically professionals responsible for his care.

“I’ll tell you right, I got funding for rehab ok (R: Yep) and I only lasted two weeks, because I was in the garden, shouting at Jesus and the Devil, and people didn’t understand me. (R: Mmm.) So, they kicked me out. That’s, that’s what I’m getting at, they just don’t understand...” (985-995)

Micah and Darren recalled difficulties in their familial relations, hoping for an understanding of who they are and for Darren, why he had reacted to his family situation in such a challenging way throughout his life. He reflected with a resounding sadness, that he wanted to explain the things he had done, and the way he related, especially to his children.

“...it was a long, long time coming. But erm, you know, I I think I, it's for the best like and I've done I've done it for my kids as well 'cause I want my kids to realise, you know what I mean? Like they, they needed to know like why, why, you knows, I I, I used to go out a lot, you know what I mean and stay out all night and things like that, like and stealing and things like that.” (1344-1348)

Similarly, Vincent talked of his son and grandchildren and feeling like he had missed out on their lives, in part due to the relationship with his ex-partner, however also due to his lived experiences of VH, mental health, and substance use.

“...Yeah, I want to see my grandchildren before they’re too old, because once they get to a certain age, that’s it, they won’t know me...as a grandad, and then I’ve missed out on that as well...” (1065-1067)

Micah had previously reflected upon his experiences of paranoia and how this thinking ruined his intimate relationships, however this excerpt is in quite a jovial manner, talking about the communication with his mother and, particularly when he is feeling low, how he finds her wanting things from him quite exasperating.

“...It's like, it's like, it's like when I go shopping, you know like it it, if go shopping and like my mum will write little list, that'd be fine, but then she'd be like oh and and this and I'm like mum no stop I'll do that tom...I'll do that tomorrow. [Laughs] And it, but I'll get so stressed out...” (620-623)

When thinking about self-voice relating, different aspects have been identified throughout the interviews. Sometimes offering protection of the self from others causing harm, sometimes demanding the cause of harm, but all trying to communicate something to the contributors. Darren told of how his voices would interrupt him, and were also present during our interview, and that when they were escalating, he would have to stand up for himself.

“Well, I'm just getting angry with them like you know. (R: Yeah.) Like you know what I mean, telling' them to leave me alone. I'm working on sommet...” (1595-1600)

Each interviewee shared a completely different journey, and although some similarities could be identified, the lived experiences of human to human relating seemed often central to the deep hurt felt by contributors. Either by feeling unwanted or misunderstood, finding challenging relationships, sometimes (as seen in previous themes) leading to personally directed violence both to and from contributors, but fundamentally wanting someone to hear their story, highlighting the essentiality of individual journeys and narratives.

(Other)

XI. Importance of Individual Narratives

Within this theme, personal narratives were seen as an important component in understanding individual purpose, relating to others, accessing treatment and in general being-in-the-world. There was a storytelling and critical reflectivity to each interview, a certain discourse, a way of narrating and exploring each contributors' lifeworld in the search of meaning-making. A subjective experience, and yet a thread of commonality in the dialectic or even the ontological analytic showed that meanings and modifications of Being were revealed. Vincent mentioned that his journey was his own and nobody else's, and very poignantly stated:

“...we know about ourselves, we live with ourselves...” ... “...different people suffer differently.”
(856; 1153)

With all of the intelligibility, evidence-based research, theory, and different clinical modalities and frameworks, this statement speaks to the core of what it is to be human, to connect, to experience becoming by being-in-the-world.

Accessing treatment by telling their stories seemed like a valuable instrument in meaning-making, and feeling concern towards who they have been thought of as people, was apparent for each contributor. Micah spoke of gaining a clearer understanding when entering into a therapeutic relationship while in a psychiatric hospital.

“...First I, I just thought I, it I personally didn't know why I was like I am, and like I've been like, in, I've I've been to like psychiatric wards four times...” ... “...And like when was in there, I started therapy and and like, she went through my life and stuff. And then it, and then she showed me how it, how the trauma linked up to everything as well.” (122-124; 134-136)

Having an understanding of self and being his own person was crucial for Darren to mitigate his difficult feelings and move on from his abuser.

“...when you've got to tell them next thing you know, you're going down, down a sad road, you know it's embarrassing.” ... “Yeah, I got to tell the story, because I don't want, I don't I don't want I don't I don't want to be branded to that idiot all my life, you know, know what I mean, I had to do it for a reason.” (598-599; 1028-1030)

Often referring to financial problems and how those who have a monetary understanding are better at existing in the world, e.g., stating “they've got a higher vibration...” (712), Vincent would show his disgust for the other, and how in keeping himself apart, not accepting anything from people, this would feel a safer state to be.

“...I mean everybody I've met, sometime along the line, they'll always come, it'll always come to that money, it'll always come, oh you owe me this, you owe me...i it, don't matter what you do, it's best not to take nothing off nobody.” (686-689)

However, he also hoped for further contact, and to meet good people who could offer some kind of support, an apparent dyad between despair and hope, which brought a wondering of what this meant when accessing the treatments, he so readily wished for.

“...I think meeting good people is what I need to do. I did, I I, when I was recovering, when I came here I went to meetings, but you can’t do it no more. I used to go to meetings like AA and all that, th, th, that was quite good.” (Vincent: 927-930)

Access to treatment for the difficulties identified within the lifeworlds was a clear and unwavering need for the interviewees. Taking into consideration their individual life stories was also noted as an essential part of how they would interact with the services available to them. The complexity of the human condition is evident in the descriptions given by the contributors and paramount when exploring their experiences of complex and challenging systems, discussed in the next theme.

XII. Issues within Mental Health Services in Forensic Systems

The complexity of writing about the prison system is often a challenging one, especially when it seems so clear that all contributors found very little help and support while in prison. The rigidity and over-pathologising of mental health problems has been recognised in the field of psychiatry and psychology, and yet there still seems to be a barrier to clinical, formulation based, psychological support for men in prison. Contributors spoke of differential diagnoses they had been given, their experiences with medication, and the difficulty of accessing any intervention, not just psychological, but any mental health help at all. Micah, when illustrating his observations relating to his own lived experiences, described the way men who hear voices are treated in prison as an act of cruelty.

“...when I’m in prison in like adul...in adult adult prisons, I’ve noticed a lot of people who are like...wh...hear voices, a lot worse than me, like schizophrenic and stuff like that. And prison is not the place they should be in...(R: Yeah.)...it it’s just like, some of its cruel, like you see they come out and they cut themselves right up and they, and the screws, they go, they go to the hospital, they get bandaged up then they’re back on the wing in general population. I remember like speaking to the screws before

and they're like so many of these people shouldn't even be here." (802-813)

There were educational avenues which two contributors accessed, although Vincent described classes as unhelpful. Darren learnt to read and write in prison, and it seemed there were crisis services available such as the Samaritans, however in consideration of psychological support found within the prisons these men inhabited, it seemed clear that it was significantly limited. Both Vincent and Micah very clearly stated the absence of availability and resource.

"There is no support in prison. You're in a cell that's it. You're then thrown out with nowhere to live, and you, you're back...in fact you're worse off coming out then whe...I didn't want to come out...because I had nothing to come out to." (Vincent: 872-875)

"Well, there wasn't any." (Micah: 383)

Darren spoke slightly differently about the potential for psychological support, and treatment in general as he referred a number of times to putting himself back in prison so he could receive help, however also noted not finding the help he was hoping for and feeling saddened by this.

"You know, it was down to them to suss something out, but they didn't like, you know. (R: Ok.) You know they so, they're say so-called professionals or, like you know, but erm, you know obviously, not not, it wasn't that good." ... "Nah, there was no help at all, like, know what I mean, I ain't gonna lie. Gutted about it really." (1183-1189; 1331-1332)

Diagnoses were prominent, more-so in Vincent and Micah's stories, speaking of different labels that had been given and changed in their lifespan, personality disorder and PTSD being the most prominent. Vincent alluded to a commonality in the diagnosis that people received and how he thought that his initial diagnosis was incorrect, and Micah reflected a similar situation.

"Well yeah, they...personality disorder they give that to everybody, they haven't, haven't diagnosed me properly. I know I've post-traumatic stress syndrome, they should've picked that up. Bi-polar is another one I've

got...in fact I got, I got a dose of everything. [Pause] It's all, it's all a dose of everything all combatted into one..." (Vincent: 847-851)

"...now I've been diagnosed with PTSD (**R:** Mmm.) at first it was border...borderline personality disorder but erm they, but now obviously er, but now they said that it's PTSD." (Micah: 139-144)

Darren appeared afraid at the concept of being open about hearing voices as his assumption was, he would be considered a danger and locked up in secure hospital. This kind of assumption is still present in mainstream society, especially thinking about how voice-hearing and prison experiences are reported in the media, and for Darren had discouraged him from reaching out to people as he describes in the account below.

"You know, it's like I'm going insane, and I don't want to speak to professional people when I'm like, insane. (**R:** What is that you're worried about would happen?) I don't, I don...I don't want to end up in the, like Broadmoor or somewhere like that, you know." (1474-1480)

A main aspect of treatment for all men was having the correct medication, both for mental health help and for substance use, which seemed to be a difficult task. Even within the dominant paradigm of diagnostic models, medications such as opiate substitute treatments still seem to be somewhat misunderstood, meaning that the rationale for prescription and the rationale for adhering to medical treatment, can be conflicting between doctor and client. Micah describes his understanding of buprenorphine (an opiate substitute), and how he finds it helpful to manage depression, rather than what it would have been originally prescribed for.

"Like it works better than the antidepressant that I'm on. But it's, but it's just yeah, but it ain't been approved but it's a lot of...like if you read on, like if you, if you, say later you typed in Google like buprenorphine to depression, uh for depression, it'll come up and it'll tell you like about it." (700-703)

All contributors had received psychiatric or psychological support (or both) during their lifespan, but the majority of these experiences were outside of prison and were not always positive. Something that stood out was the narrative around medication. It seems that finding the correct medication is often a challenge and

that significant assumptions are made about the person's subjective lived experience as Darren states below.

"I need proper medication things like that to sort my mental health out. But I, I don't, I don't know how to go to the doctors and explain myself."
(Darren: 588-590)

For Vincent, he recalls his interactions with a psychiatrist and how he knows himself and his body, so therefore would not take antipsychotics. He describes an almost comical scene in which he is trying to communicate with the psychiatrist.

"[Pause] Well...I sit in front of a psychiatrist, he becomes the pupil, and I become the psychiatrist...and that's how it is [laughs], and I'm laughing at...my head off in myself, at, at, 'cause I can see him, I can see, I see everything about...I I can read him. (**R:** Can you say a bit more about what you mean?) Well, I can read everything he's doing, and and some psychiatrists ain't very nice. They just think people are...they actually...actually give people the wrong medication, and sometimes, they know what they're giving them and that ain't good for p, people."
(819-829)

Finally, each contributor spoke to their experience of trying to engage support with their mental health. Systems are not always set up in a way that addresses addiction and mental health together, which makes the life of those who access services a complicated one. Mental health services will often refuse to engage with someone until their substance use has been addressed and as Vincent perturbingly reflected, the reaction can sometimes be a dismissive one.

"Yeah, come back when you, when you're off drugs. That's all I ever get, and they don't realise that drugs is a lifetime condition. So, yeah I'll see you at the end of my life. I'm only getting help when I saw, the main...since I saw S**** [psychologist], whatever her name is, S**** *****, I'm only getting this kind of help now because of her..." (973-977)

Darren and Micah also shared their thoughts. Darren thinking, he should not have told anyone what was going on or ask for help in the first instance, and Micah reflects on how life may have been, had he been sent to hospital to access therapy instead of prison.

“Yeah, I ain't gonna lie to you, it's broken my heart like, you know, because I couldn't...you kn...I I feel like I shouldn't have said nothing.” (Darren: 536-537)

“...if I was...if I was put in a...put in a hospital and I was...went through therapy, stuff like that. And then, I think I...I think that would have been a lot more helpful.” (Micah: 846-848)

The message woven into the fabric of this theme is that services both inside and outside of prison need a flexibility and understanding in people's subjective narratives before creating treatment plans based on imposing, outdated models of medication and mental health care. Although medication has appeared to offer some relief to contributors, there are also instances of being incorrectly prescribed, and unheard in what they think might be helpful to manage themselves. Access to psychological support in prison has been described as practically non-existent, but something contributors would have found helpful, which also speaks to the lack of resources distributed into forensic healthcare. Flexibility in psychological working could be seen as fundamental to the rehabilitation principles proposed by service managers and even at government level, as it seems so many of these men are left behind, fending for their own survival. Although contributors had not been in prison for some time, the impression they gave is that not much had changed, perhaps it's about time that men experiencing potentially distressing phenomena such as VH, are given the space to think and talk about how to meet their basic human needs, uncovering a greater understanding and clarity about how to authentically live in the world.

4.4 SUMMARY

In this chapter the main body of analysis has been presented through the creative construct of phenomenological themes, elaborating upon the narratives of the contributors as stipulated in hermeneutic phenomenology. Themes were drawn out and expanded upon from the lived experience descriptions shared by the contributors in interview. It is important to note the complex interplay between myself and the data, guided by the epistemological stance I have taken as a researcher in the field of CoP, which will have inevitably informed the analytic process. This is by no means to say that the themes are random or arbitrary, but

followed the in-depth process of writing and re-writing, as performed in phenomenological methodology, which will now be reflected upon and unpacked in the discussion chapter.

PART V: DISCUSSION

“Embodiment is the human experience of simultaneously having and being a body. The term conceptualizes the body as a dynamic, organic site of meaningful experience rather than as a physical object distinct from the self or mind.”

(Hudak et al., 2007, p. 32)

5.1 OVERVIEW

Following the analysis of the main themes, the discussion chapter aims to expand on the uncovering of meaning by unpacking themes in alignment with the researcher’s epistemological underpinnings, and again addressing the research questions in the context of current discourse.

- How do men who have been imprisoned in the UK make meaning of their lived experiences of voice hearing?
- What is their understanding of the available psychological support in the prison system?
- What are the implications for professionals in their work with these men?

Limitations identified in the research will be acknowledged and addressed with suggestions made for potential future projects. The reflexivity sub-section will consider both personal and methodological reflexive issues, and finally implications for counselling psychology and the impact on clinical working will be critiqued.

5.2 MEANING MAKING IN THE FACE OF THE PHENOMENON: DISCUSSION OF MAIN THEMES

The phenomenological method espouses a sensitive listening by the researcher and a promotion of uniqueness, reflexive practices, primordial awareness, and a holistic approach to the phenomenon under study, subjectivity therefore being a central structure (Willig & Billin, 2011). It is rooted in questions that search for meaning, constructing themes that sustain inquiry, and awaken the impassioned care, focussed on involvement in the phenomena being experienced (Moustakas, 1994).

Phenomenology facilitates a journey, a discourse into another's situational relationship with their lifeworld, only to be understood from the perspective of one's own. It is an attitude towards phenomena that does not merely address a practicality in uncovering ontic understanding, but an ontological analytic of becoming, of existence, of what it is like to *be* in the world. Holding a commitment to intersubjectivity, this sub-section will now expand on the main themes as outlined in the analysis. Particular attention will focus on the lifeworlds with the understanding that the existential dimensions are an organising tool, rather than an imposing paradigm. Therefore, the twelve themes highlighted in the analysis will be unpacked and discussed in relation to the existing literature and used to critique the four lifeworlds and the category of 'other'.

5.2.1 Lived space

When discussing lived space in this context, we are thinking not of mathematical measurements, the length, height, or dimensions of space, but of *felt* space (van Manen, 1990). The space that encompasses us when feeling lost or scared; thick, dark, and unwieldy or alternatively the space we inhabit when we feel safe and comforted, which may have a lighter characteristic, with the associations of freedom and hope. Each being will inhabit a different kind of space at any one time, and for the contributors, space held a variety of meanings, both physically and emotionally, within their personal journeys and experiences of the phenomenon under study. Lived space is not static, but a dynamically and ever-changing movement and development of self and world, connected with the course and temporality of life (Fuchs, 2007). It is different depending on mood, purpose of task, or the environment a person is situated in. Contributors described the feeling of lived space in prison as a harder, more enclosed place of being, made much more complicated with their experiences of VH.

In a phenomenological sense, the structure of being in prison, and then removed from it, has its own modality of space (theme I.), which for contributors offered occasional feelings of safety, but also high levels of distress, threat, and uncertainty about the continuation of life. Each person in prison experiences confinement. One contributor specifically referred to this as their preference,

changing the perception of lived space from something interconnected with others to a solitary, quiet and darkened experience. Even those who did not discuss the literal space of solitary confinement, referred to something similar by feeling trapped in their cell, unable to continue life as preference, but life as necessity.

For the contributors, lived space did not just mean physical space inhabited by their bodies, but an emotional space, sometimes filled with anxiety, fear and mistrust that was all encompassing. Space in this sense was not an abstract phenomenological term, but a concrete and tangible place that contributors had to find a way to survive and create their own sense of safety. Within the phenomenon of VH this was often a sense-making exercise of trying to build an understanding of where their voices came from and how they were experienced within themselves (theme II.). This was identified in the contributors' narratives, rendering an importance in the quality of meaning that the lived space holds, trying to understand the space they were in with other people was as significant as understanding the space of the self. Perhaps even more-so within the experience of VH when there was an uncertainty about the intention of those in close proximity, due to challenging relationships with the voices they hear. All contributors discussed how they understood their voices or other unusual experiences heard, sensed, or physically felt, seemingly hoping to explicate experience into a meaning-making process, even if the meaning itself was non-sensical.

Another important illumination was the difference in felt space both inside and outside of prison. Notions of something as necessary as home were not described as familiar, with all contributors having had the experience of movement from space to space, be that prison, acute hospital, familial houses, or hostels. One contributor spoke of nothing changing and being trapped in the same hostel accommodation since being released from prison. Although others found safety in their mothers' homes, the unpredictability of the housing system, sometimes rendering them homeless was also a clear issue. Literature shows an inadequacy in services available for those with severe and multi-dimensional complex needs, certainly in relation to experiences of homelessness, crime, and substance use (see Bramley et al., 2020), relevant across all contributors'

lifespans. When someone is describing an imprisonable act to secure safety or access to treatment, this echoes a fundamental problem with the system itself (addressed in more depth in section 5.6).

5.2.2 Lived body

Phenomenologically we are bodily in the world. Merleau-Ponty (1964/1968) referred to an interconnection between body, object, and environment, with the embodied subject already intertwined with the flesh of the world before any reflective engagement can occur. In other words, corporeal experience happens before intellectual reflectivity; mind and body cannot be separated. Merleau-Ponty (1960/1964) criticises the view that thoughts are put into words, rather than thoughts and feelings being already present in the words themselves. In our physical presence we reveal and conceal something about ourselves in concurrence (van Manen, 1990). For example, in a situation provoking anxiety we may appear awkward or stand-offish. In contrast, when part of an interesting conversation, we may hold eye-contact, gesticulate and appear engaged. If experience is embodied this is an important distinction as the way words are communicated, says something about the experience itself, especially in technologically mediated communication such as online interviewing (van Manen, 2014). I would argue the same can be considered for interviewing over the telephone, as another layer is removed in the interaction between co-constructors, although this could also metaphorically facilitate connection as there is also a removal of obstacles between subjects.

Corporeality is a significant aspect of our lifeworld, in both a literal and phenomenologically abstract sense. When uncovering bodily narratives, contributors spoke of a very intensive, visceral, physicality which was communicated in interview. Acts of violence were interwoven in the memories of each interviewee, pulling together timelines and specific events or stays in prison. The constant search for safety and protection was key to survival in a burdensome and oppressive living space (as described in theme III.), be that through family, friends, or religion. Protection of the self also meant pretending to be something they were not, again sounding like another way in which contributors had to adhere to an inauthentic mode of Being.

In the ontological analytic of fallenness, Being is lost in its world, and although it is not possible to always bask in the light of disclosure, the fallen self is drawn back into complacency and everydayness (Heidegger, 1927/1962). A part of this everydayness for the contributors was centred around substance and alcohol use, which played a significant role in each person's story (theme IV.). Many different meanings were appropriated to the use of substances, be that masking complex and painful emotional states, searching for a separation from self and world, or using a protective tool against different relationships, including with the voices they hear. Contributors were succinct in the way they described their relationship with substances, and very clearly stated thoughts about there being a direct correlation between substance use and their voices, or an alleviation of voices by using substances.

When a body becomes encumbered, there is a loss in sense of self, reflected in the disturbance of time, space, relation to others and the body. Nancy (2008) suggests that when a person's well-being is disturbed, we discover the object-like nature of the body and feel a disruption to our unified existence, something disturbing, confrontational, leaving us with a lingering state of uneasiness. Complex emotional states of being were discussed by the contributors in relation to how they felt about themselves and the different mood states that were present at varying points of distress (theme V.). Low confidence and fluctuations in mood can negatively impact on different areas of people's lives (Carver & Scheier, 2001). Contributors each referred to having poor mental health, essentially exacerbated by a system of labelling and punishment, that did not feign to want to understand or to offer support to those so desperately in need. The uncovering of these experiences demands a review of how people are corporeally treated and imparts a deep significance of how we are all flesh; an ontological kinship between sensed body and sensed things (Merleau-Ponty, 1964/1968) primordially searching for a sense of safety, and body to body relating in a profoundly meaningful way.

5.2.3 Lived time

The way we can understand lived time is our "temporal way of being in the world" (van Manen, 1990, p. 104). This time does not refer to objective time or the time

on a clock, but subjective time in how we understand a person's journey in dimensions of past, present and future, where they feel they are, or are going, the temporal projections of a person's lifespan. Identity and temporality are closely linked in interpretive phenomenology, with the nature and meaning of perceptions continually changing as described by Moustakas:

“At every moment of perception we find variations in what we perceive, a continual passing away of one thing and the appearance of another thing, yet each time something essential is retained and carried forward into the next moment.”

(Moustakas, 1994, p. 75)

Exposure to embodied traumatic events was evident in all contributors' lived experience (theme VI.), which impacted on how they understood and felt time, relating it to a dissociation in their relationship with the world. There was a distancing in these very powerful and disturbing descriptions of what had happened to them, a removal perhaps from the proximity of the underlying emotional pain that was evident in their stories. Within Western psychopathology this can be understood as a distancing from dangerous and threatening situations, resulting in a fragmentation of the self or in the trauma paradigm, a displacement or removal of one's consciousness through the physicality of the fear response in a reaction to self-preservation (Shinn et al., 2020). Perhaps a question for CoP is how these meaning structures are communicated when considering narrative-based and contextualised intricacies of psychological distress, especially within the context of lived experiences of VH.

Another powerful theme was that of the contributors' attempts on their life and a movement towards death. As stated in the previous chapter, a fundamental feature of Being (Dasein) is our originary temporality, meaning death is part of our ontological constitution. Through Being there is *thrownness*, born into a place, time, and culture not of one's choosing, but into historical circumstance in which there are different ways of being-in-the-world (Heidegger, 1927/1962). Suicidality was described as a move away from the tragedy of life, a choice that could be made when everything seemed so challenging and full of darkness (theme VII.). Many different studies can be found in the literature around hostile and

malevolent voices, from both qualitative and quantitative research paradigms, with some looking into personal meaning, significance, and the impact on emotional states such as shame, focussing on conceptualisation (for example see Chawla et al., 2019; Mayhew & Gilbert, 2008; Woods, 2017). For the contributors, the hostility in their voices was present in the interviews, with each person stating that their voices wanted them to kill themselves, albeit at different times in different ways. There were, however, also other meanings attributed to the experiences of VH, such as protection offered when in potentially volatile and dangerous situations, a way of understanding emotions and relating to the self, and a sense-making of past traumatic events. Although clearly fearful of their voices at times, each contributor spoke of a relationship to them, a part of their reality and way they interacted with being-in-the-world.

There was a sense of running out of time, and having wasted life, as in a movement away from the authenticity of being, which was painful and powerful in how contributors thought about their lives (theme VIII.). This links so closely to social norms and lived human need to be with another, to form a kind of connection during their time in the world, that appeared so heartbreakingly impossible at times. Husserl (1928/2019) considered life's absolute point of orientation to be in the now. Past and future alter the things that appear to us, with now and past events temporally frozen between what comes before and after, acknowledging that time is fixed and also flows. The idea of feeling stuck (or perhaps frozen) is a complicated one, but an occurrence that was present for the contributors in their situations. This may be more cyclical than stuck, with the events they had experienced presenting as different modes, with each 'now' containing unchanging and devastating, determinate life events, projecting Being into world-time (Heidegger, 1925/1985). When people find themselves in similar situational modes for years and years, this can lead to a wondering of the meaning of being, which for all contributors had been lost at some point. However, this did not take away from their thoughts of the future, and the want for life to be reshaped or transformed in some way.

5.2.4 Lived human relation

Relation to the lived other is highly charged with interpersonal significance (van Manen, 1990). We experience the other through conversational relationships in

which meaning, community and a social sense of purpose develops. The ontic of hearing presupposes the ontological possibility of listening, an existential 'deafness' in the way humans hear each other but cannot listen (Nelson, 2015), and a real issue in the want to be understood by others. For CoP, attentive listening is an essential aspect of working therapeutically (Strawbridge & Woolfe, 2010), and was a distinct feature in the contributors' connection with relationality. A person tries to relate *because* they are relational, it is where we find the primordial sense of security and belonging, reflected in our lives in a profoundly symbiotic way (van Manen, 2014).

Contributors all reflected upon the relationships had throughout their lifespans, communicating a concrete need for self to other relating. Finding hope and a shared understanding were clear themes (themes IX. & X.) in the want and need to be relationally with other people. Interviewees all gave a sense of wanting something different in their lives moving forward, often when speaking of intimate and familial relationships. The presence of hope was so poignant in how the contributors spoke about their visions of the future and the possibilities that could occur, each wanting to make a meaningful connection with another person in some form, be that partner, family members, or even professionals. A lightness and humour were noticeable in all interviews, sometimes alongside a felt sadness which gave the impression of a distancing from pain, but also in a sincere form that perhaps enabled the contributors to talk about such difficult life experiences.

Contributors also built descriptions of their self to voice relating and the meaning structures surrounding this. Although clearly difficult in some respects, there was a normalcy for each person in their voices, and the question of what it would be like not to hear them anymore comes to mind, perhaps an extension of a future research project. Language and the way that interviewees were understood by others, and more specifically in mental health and substance use services, were of great importance as it seemed the way they communicated was sometimes misconstrued or misunderstood. Validation and reassurance are entities that people can relate to needing in their lives. The discourse in how services interact with their service users has been at the forefront of mental health service policy (seen in the NHS [2019] Long Term Plan and the stated expansion and access to adult and children's mental health services) to which the fundamentals of

exegesis are crucial. If hermeneutics denotes that discourse is expressed by language, then an active engagement in listening to other people's language, and being alongside them, could be seen as an essential part of person to person relating and building a shared understanding.

5.2.5 Other

The aim of the research was to gain a phenomenological perspective on the lived experiences of VH for men who have been imprisoned in the UK. Another aspect of the study was to draw out a closer understanding of psychological support available in the prison system. As informed by the methodology, elucidating different interventions offered was not the aim, but to glean some understanding of interviewees' interactions with psychological services and the contribution this had made (or not) to their meaning-making (themes XI. & XII.). From the interviews it was clear that psychological support was almost non-existent in the contributors' experiences in prison. Although there were descriptions of professionals and services they had worked with, either in hospital or in the community, the prevalence in psychological services in prison was highlighted as extremely poor. The acts of violence perpetrated on the prison wing, being sent to solitary confinement, feeling under threat to come out of their cell, would have all potentially been counterintuitive when wanting to engage in psychological working and building reflective capacity. The fundamental need for safety is well-documented in the psychological literature (Maslow, 1943), and therefore not only the availability, but the place of psychological resources in prison must be evaluated. Until prison is a place in which a person's survival, and then further needs of belonging and esteem, can be met, it must also be considered how those in prison are not only supposed to access but engage with, psychologically informed services, if indeed these services are appropriate. The deeper exploration of whether there are any appropriate support services at all then becomes a much bigger question.

Different levels of psychological support had been engaged with throughout contributors' lifespans, the majority of which seemed to be in secure hospital, or in addiction services in the community. All contributors spoke of the need they had for accessing therapeutic treatment, and a frustration within different systems

and the availability open to them, especially as substance users. The importance of services to consider each person's individual narrative was a common theme throughout the interviews, with contributors describing the different ways they had tried to communicate with service professionals, paramount when working in politically driven complex systems. If each person's narrative is as important as the next, then this brings into question the function of diagnostic models of mental health and positivist frameworks of person to person relating. Individual narratives incorporate all aspects of the lifeworlds, and although deeply bound in subjective historical, cultural, and social environments, also consider not only person-to person relating, but person-to-world relating. As noted in the literature review there has been a longstanding over-pathologising of mental health care, including those with VH experiences, and it seems that a call for formulation driven, trauma informed psychological services is needed across the board (Sweeney et al., 2018). When entering into a relationship with the dyadic of power and powerlessness, disregarding the views, experiences, and preferences of the individual could lead to a re-traumatisation (Butler et al., 2011). Communication in healthcare is key and there is a wealth of research evidence that supports the building of therapeutic relationships and the balancing of power. Holding in mind the contributors' experiences with services, more prevalent in a prison context given the distribution of power, we can see it is absolutely vital for a person to feel like they have choice in the treatment they receive.

This again appears to be part of the problem, with psychiatric and psychological services being administered or given as opposed to being offered and discussed from a humanistic and pluralistic perspective. This is not to say this happens in all prisons or indeed all mental health services, however it is what has been uncovered in the thematic analytic of the contributors' lived experiences. The therapeutic relationship is an essential part of psychological care, with attachment theory (Bowlby, 1958) prominent in forensic (e.g., Adshead & Aiyegbusi, 2014) and substance misuse literature (e.g., Schindler, 2019). Although not a phenomenological philosophical underpinning, attachment theory offers an understanding of human development, which contributes to our experience and understanding of the world, and how we engage in interactions with others (Bretherton & Munholland, 2008). For clinicians it can offer a meaningful framework of how subjective agents construct and de-construct their

world, by building an earned secure relationship with those comporting to an inauthenticity of the self (Rich, 2006). This is a critical explication for CoP practice which hopes to explore subjective lived experiences for those in vulnerable populations, much like the contributors, by offering a meaning-making experience, rather than a rigidly deductive and diagnostic one, in line with social justice values.

5.3 RESEARCH FINDINGS IN RELATION TO CURRENT DISCOURSE

5.3.1 Moving towards an ethical epistemology

Reflexivity is a prerequisite for counselling psychologists in clinical, academic, and research practice. Max van Manen's hermeneutic phenomenological framework, as described in the method chapter, holds a particular focus on a reflexive approach in writing and analysis and necessitates for this to be made explicit as part of the research process. Fundamentally, the starting point of phenomenology is letting be seen that which shows itself, that consciousness is always 'consciousness of', widened more generally to 'experience' (Romano, 2015), and language as constitutive of experience itself (Flood, 2020). The methodology therefore was selected upon the basis that it provides a framework for the presentation of the findings, allowing for the narratives of the contributors to unveil themselves, rather than an imposition of analytical steps or the researcher's complete interpretation no longer recognisable as the contributor's words.

Epistemologically driven research is understood as ethically bound (Kasket, 2012), meaning an incongruence within epistemology could be seen as an unethical undertaking in CoP research. People are viewed as active, intentional beings; interpreting, constructing, and illuminating meanings together in their historical, cultural, social, and situational contexts. As previously stated, and suggested by van Manen (1990), the act of research is viewed as an act of care, in which the whole research process can be seen as epistemologically ethical, focussing on the contributors' lifeworlds and how this is reflective in the process of writing. Epistemology is embodied, and the commitment to phenomenology is a continuous involvement of uncovering knowledge and focussing on subjectivity, involving one in the construction of meaning-making. This suggests thereby that

the research paradigms we hold are an active stance in the search for ethics and a social justice agenda (Belyani & Marshall, 2020), firmly focussing on subjective context and lived experience as opposed to medicalised paradigms of mental 'ill health'.

5.3.2 *Being with rather than doing to*

The cross-over between body and space in the interviews themselves were of note due to conversing online and over the phone. Perhaps people are less aware of their bodies in these contexts and there was a wondering in how this could have impacted the way we built rapport and the willingness to divulge very challenging stories. In the literature review, we have seen the imposition of diagnostically driven research frameworks attached to people's experiences, especially in clinical and forensic settings, when it is likely that there is a *doing to* someone inhabiting these sorts of spaces. From the literature review we can see that countless research studies have been conducted on those who experience voices, some qualitative, but the majority empirically grounded. One of the main themes that was uncovered in the interviews was that of narrative, of someone's personal journey in the world, and how important it was for insight, finding support, and the ability to make meaning of contributors' lifeworlds. During conversations prior to interview and within the interviews themselves, contributors talked of having things *done to* them; be that acts of violence, being disbelieved or dismissed, transferring from one place to another often including the removal of feelings of safety, all of which brought with them the significance of being unheard, and on occasion a movement towards death.

As we have observed throughout the research, language is an essential part of hermeneutics. Gadamer (1960/2004) gave primacy to linguisticity and conceptuality in the hermeneutic experience. Language is not merely an exegetic tool, but the medium of engagement itself, meaning through 'being in' language, we are thereby 'in' the world. To expand on the nuances of language, it is important to acknowledge how people in vulnerable populations speak about themselves. Part of the rationale behind the research was to give voice to men with experiences of VH who have been imprisoned, and on reflection, this implies they do not have one. Verily, it seems more accurate to declare that this research

is a representation of their individuality, which hopes to magnify the voices of the contributors' which are already present, albeit often unheard. Language should also be considered in reference to the current literature. None of the interviewees referred to themselves as 'offenders' (this was given in reference to the description of an institution), or a person who was 'mentally ill'. Even describing the interviewees as 'participants' would have imposed a presupposition of their role in the research. Instead, in the interest of ethics, interviewees have been referred to as contributors (outlined in the methodology chapter), co-constructors in the illumination and uncovering of the phenomenon under study.

It is interesting to note that a critique of the current discourse underlays the approach to working with men's experiences of voices when imprisoned, the majority of which are still seemingly based around ill-fitting biomedical paradigms of mental health. The very notion of having something *done to* a person is itself an imposition, and a corporeal one at that. Even the language surrounding mental health literature speaks to a form of colonisation of world, of offending populations being something that are experimented upon. In this colonisation, in the literature review it was noted that young black men are more likely to receive a diagnosis of psychosis and to be detained (Metzl, 2011). This is certainly prevalent given the experiences of one of the contributors, whose ethnic background is mixed black and white Caribbean. There is a long history of men (more significantly those in marginalised groups) in forensic and mental health systems across the Western world having decisions made for them, enforced medication, restrictive practices, accusations of malingering, and other presumptions made within the construct of masculinity (refer to section 2.6.2). The same can be said for those who are involved in substance misuse services, of which treatments are still biomedically based. Finlay and Gilmore (2020) stated that "we cannot claim to be a nation recovering from Covid-19 if we do not adequately support the most vulnerable among us" (p.1). Although put forward by the commission on alcohol harms, this statement seems pertinent across all services working with vulnerable and complex populations.

A shift from *doing to* in favour of *being with* could offer someone agency in their world, building on a reflective capacity and curiosity that we as humans together naturally hold. This research has intended to take the form of *being with*, holding

the contributors lived experience as central to the work, as suggested by Longden et al. (2012) in their conclusion following an extensive review of the literature:

“By incorporating cooperative, humanistic, and existential (i.e., meaning-making) elements into therapeutic protocols, it is hoped that the personal significance of VH experiences can be explored more fully and (re)integrated into a previously fractured sense of self.”

(p. 62)

As Du Plock (2021) stated in his keynote speech during the Division of Counselling Psychology conference, existential working can provide a way of moving beyond symptom alleviation in order to assist people to engage with problems of living, and it can do this because it shifts the focus of practice and invites the client to become fully involved in treatment practices. Within this shift of perspective, clients can be returned to their subjective experience, instead of having another’s perceptions of the world forced upon them, a purposeful move to *being with* rather than *doing to*.

5.4 LIMITATIONS OF THE RESEARCH

A common issue within phenomenological research is when it is challenged in terms of reference not belonging to the methodology, for example external criteria such as sample size, validation, and generalisability (van Manen, 2014). However, phenomenological research can be critiqued in the appraisal of insight and the integrity of the interpretive process, therefore there is an issue when appraising phenomenology through procedural validation as expressed by Barthes.

“...the invariable fact is that a work which constantly proclaims its will-to-method is ultimately sterile: everything has to be put into the method, nothing remains for the writing...no surer way to kill a piece of research and send it to join the great scrap heap of abandoned projects than Method.”

(Barthes, 1986, pp. 295-302)

With the phenomenological critique in mind, limitations of the research have been identified and will now be discussed in this section, adhering to the engagement of writing and reflexivity as outlined in the methodology. One main critique of the

research was the overlap between the existential lifeworlds and the potential premise of division. Lived experience cannot be compartmentalised into neat categories such as space, body, time, and relationality. However, this is part of the rationale for van Manen's (1990) heuristic approach, in that it is viewed as an organising tool which helps clarify the data, rather than a paradigm imposed on the description of experience, and could therefore be seen as a differentiation, rather than a division. However, the predetermined categories could have encountered some issues also common within positivist methodologies, in that lived experience had to 'fit' into these categories in some way, perhaps taking precedence over the accounts of lived experience itself. As an example of this, the trauma narrative for each contributor was apparent throughout all aspects of their lives in a very real and embodied way. Perhaps the categories took away from this important part of the story by needing to find somewhere to place experiences in themes, such as embodied traumatic experience into the lifeworld of temporality.

There is a possibility the interviews themselves presented limitations, especially as they were not possible to conduct in person. Phenomenology is concerned with rich accounts of lived experience, not factual significance (van Manen, 1990), requiring candid and full descriptions of a subjective lived experience. Language is central to the hermeneutical perspective as it is fundamental in the interpretation of lived experience. There were moments of clarification, interruptions, and therefore a potential difference in how the discourse was constructed. Interviewing online and over the phone instead of in person may have been a hindrance to this building of trust and openness, some of which was addressed by the opening statement made just before recording, and the conversations had with contributors prior to interview. However, there may have been aspects of their experience that contributors were not willing to disclose for a number of reasons including, fear of increased distress, fear of being judged, feelings of vulnerability, assumed power in the role of the researcher, and something that came out in the analysis, a concern about being misunderstood.

There is also a potential issue with the number of interviewees and other qualitative methods may suggest that the analysis did not reach saturation. However, Hale et al. (2007) argue, that saturation is not normally an aim of

interpretative phenomenology, owing to the concern of obtaining full and rich personal narratives, highlighting the analytical focus within individual accounts in the hermeneutical approach. Van Manen et al. (2016) also dissociates saturation from phenomenological research stating that the aim, phenomenologically, is an accurate, comprehensive description and interpretation of the particular phenomenon. Therefore, although issues can be identified with a limited sample of three, it is believed that the analysis was in-keeping with the methodology chosen. Another problem with having three contributors, is the aim of disseminating the research and speaking to prison senior management teams. It would be difficult to persuade them of the issues discussed with such a small sample, and perhaps this is where future research projects could be identified as beneficial. The query of VH experiences for men in prison still needs further investigation as there is so little research identified in this area. Perhaps a thematic analysis exploring experiences of psychosis in prison and access to services would allow for a greater breadth of understanding around the phenomena, how this impacts those in prison, and the availability of mental health resources. Another research project could look to build a solid research foundation through quantitative methods, investigating the link between psychotic symptoms and the exacerbation of these in prison, or even investigating first episode psychosis in correlation to young men within youth offending institutions, as was reported by one of the contributors.

These processes were managed as best as could be, by myself as the researcher, by paying close attention to intention, orientation, and method, as well as the verbal and non-verbal communications throughout the interview process. However, there may have been a limitation in contributors' narratives, which must be considered as a researcher. Another possible limitation was that material was gathered from personal thoughts, feelings, reflections, and anecdotes, although from a clinical and academic perspective, these were also collected from my own subjective perspective (this will be detailed further in the reflexivity section below). However, it is important to note that these are not merely arbitrary abstractions or themes, but a carefully co-constructed analytic of the contributors' lifeworld, unveiling experience through their own language to allow the illumination of the phenomenon of voice-hearing and understanding of psychological support in the prison system.

This study could also be further developed by working the text into a piece of phenomenological writing (as opposed to phenomenological psychology which in part this thesis needed to be) to further develop an understanding of the phenomenon before it is reflected on. In vocative writing, as suggested by van Manen (2014) in his book *Phenomenology of Practice*, one must acknowledge that by naming something (such as a theme) it has already been ontically lifted from the “raw reality of human existence” (p. 386). Although it may not be possible to un-name something or bring it back to preconscious meaning, there is a clarity within a transformative sense-making in a different form of writing, which goes beyond the scope of possibility, or even purpose, of this research.

Finally, as mentioned above, conversations were had with the contributors prior to interview which could have yielded further data about their experiences of the phenomenon. Incorporating all material is encouraged by van Manen (1990) and anecdotal statements are supported by the method. Further depth of narrative surrounding interviewees’ experiences of the phenomenon in question was gathered by these conversations. However, they were not recorded and therefore focussing on the interviews alone endeavoured to capture the in-depth experiences of the contributors, with extracts of anecdotal reflections kept through journal writing (Appendix I for excerpt).

5.5 REFLEXIVITY

5.5.1 Personal

Reflexivity is essential to all parts of the research process, from the formulation of questions to data collection, all the way through to analysis and dissemination (Bradbury-Jones, 2007). My personal experience, position and location within the research is of vast importance as it will determine the relevance of what is reviewed and how narratives are interpreted. From a constructivist perspective, it felt important for me to consider the presuppositions I hold when thinking about those who hear voices, and the clinical work that has been a part of my psychological career to date. When first venturing on this journey, I was much more interested in *why* someone thinks and behaves the way they do. However, as the years have gone by, the *why* has become less important and *how*

someone experiences something and *what* this means has come to the fore. I am also vehemently aware of my perceptions of VH as I have only witnessed it as detrimental to someone's mental health, whereas (as evidenced in the literature review) there is a significant non-clinical population that hear voices in an entirely different way. Assumptions, therefore, maybe brought to the research about the nature of hearing voices and distress, potentially biasing the questions asked or the focus of the research interviews. Holding this awareness of my personal and methodological reflexive position is key to procedural and ethical rigour within the research.

The centrality of working with the individual, or group of individuals, became the main focus, moreover, when working with the prison population. Often decisions about treatment were made for them as part of their sentence plan, and therefore the power differential became immediately significant. Although there were those who wanted to access support, it became clear that sometimes these men were not given a choice. If there was a negative mark on their record for disengagement, this would go directly to their parole report and could therefore have very detrimental connotations, making the want and necessity to attend therapy difficult to differentiate. Another issue in prison working was witnessing on occasion despicable treatment in behaviour and language, especially towards those who struggle with mental health difficulties. This raised many a concern about how these men manage their experiences in the prison system and the services available to them.

There is a further aspect in my personal experience that is important to address. Following four years of working in prison, the NHS Trust I was employed by went through a restructuring, and the psychology team was disbanded. The immediate effect was devastating, significantly for the men we had been working with, who would no longer have access to individual psychological support. The implementation of this model was Trust wide, impacting upon five prisons in the region, of which my understanding from colleagues, had an overwhelming and destructive effect across prisoner mental health. After I was made redundant, I successfully interviewed for doctoral training, and it appeared that everything was back on course. However, I continued to feel a great wave of sadness for the men we had left behind. There has been no doubt in my mind since starting

training that this was the research area and population I would be looking to work with.

The research has evolved in different ways since its conception, especially of course with the Covid-19 pandemic, and reflexivity has played an enormous part in the research process, as awareness plays an important role in the potential impact on the forming of interview protocol and the analysis. There is a possibility that the themes uncovered and problems with the mental health services described was something I had either anticipated or may have been searching for, given my own detrimental experiences of working in challenging forensic environments. One example could be within the searching of distress in the contributors' narratives. There was perhaps an assumption I had made that this would appear in their stories, potentially leading the analysis in a certain direction. Although through the writing and feedback process with my DoS, I do think this was mitigated against. Through this acknowledgement and in alignment with the methodology, I hope to have delivered an account that allows services and professionals to take an active stance in strengthening the argument for working with these men in a humanistic and pluralistic approach to mental health care.

5.5.2 Methodological

The methodology process identified some significant shifts in my understanding of ethical epistemology and the impact this can have on research. I am further able to understand my positionality by locating myself reflexively as a researcher and an individual. Although there is an epistemological scepticism which must be acknowledged, due to a misalignment in the explanation of the contributors' worlds and my own understanding, one must remain methodologically agnostic as these explanations of voice-hearing cannot be ruled out, nor the meaning attributed to them as this would be epistemologically unethical. There must be an intersubjective agreement within the understanding of the contributors' world. Therefore, the method of analysis proposed informed the perspective that what is known i.e., ontology, determines how it should be investigated i.e., epistemology, to maintain congruency and rigour as suggested by Reid et al. (2018).

Proctor (2002) espouses a high correlation between psychological distress and feelings of powerlessness, stressing the importance of the awareness of one's power so clients are not subjected to further abuses of it. The same can be applied to research participants. There is a sense-making in bridging the gap between epistemology and methodology, a gap that seems so often apparent, even in the qualitative research performed in the hearing voices literature. The methodology was selected, because much more so than others, it allowed an organic uncovering of the phenomenon in question, through the illumination of contributors' lived experiences. As stated by Zahavi (2019) "In order to develop in a scientifically rigorous manner, psychology needs a proper understanding of experiential life" (p. 262). The narratives under study were served by the method, rather than the other way around, which acknowledged the power differential in the roles that were taken, with me as the interviewer and contributors as the interviewees.

Leadership in psychology can be shown through an epistemological focus, especially when considering how people make sense of the world from personal, social, working, and academic experiences. It is important for CoP to take an active leadership role in the arena of psychological research, to demonstrate an engaged stance when working with oppressed groups (Bell & Tribe, 2018), who are undermined by outdated approaches in clinical and forensic healthcare. These key values can be shown through the constructivist paradigm, thereby retaining an ethical congruence in the research methodology.

5.6 CLINICAL IMPLICATIONS

Hermeneutic phenomenology is an interpretation of human beings, essentially self-interpreting, thereby showing that interpretation is the proper method for studying human beings (Dreyfus, 1991). Reductionist accounts of experience can be seen as inadequate when addressing the complexities of human life, which is why hermeneutic phenomenology remains essential to the uncovering of knowledge and being. People are not merely understood through biology, culture, social structures, memories or even self-understanding, as we evolve our identities through a constant interpretation of the world (Rosfort, 2019). One could

consider that people can only be helped from the system or framework that they live within, thereby supporting a non-diagnostic model of human development.

The Mental Health Taskforce (2016) proposed a five-year plan for NHS mental health services across England and Wales, which included the following statements:

“Long stays in high-cost secure hospitals and delayed discharge are common, often owing to the lack of recovery-focused care and suitable “step-down” services. Nine out of ten people in prison have a mental health or substance abuse problem – often together – but most do not receive the right care.” (p. 31)

“Some groups are disproportionately represented in detentions to acute and secure inpatient services...men of African Caribbean ethnic origin are twice as likely to be detained in low secure services than men of white British origin and stay for twice as long in those services on average. This suggests a failure to ensure equal access to earlier intervention and crisis care services.” (p. 31)

To be ethically guided as clinical practitioners, there must be a move away from ill-fitting diametrically opposed paradigms of ‘mental illness’ when trying to explore and unveil phenomena involved in the nature of what it is to be human. Each contributor spoke of trying to seek psychological help and not finding it. With the international ‘what works’ movement, the prison service has stated its position to be working towards a model of rehabilitation since the start of the 90’s (Bullock & Bunce, 2020). The offender management programme in England and Wales focussed on targeting primary needs that can be amenable to change such as education, employment, substance and alcohol use, and mental health difficulties, employing a more holistic approach to reducing recidivism (Ellis & Winstone, 2002). Yet, five years (or even decades) later, it seems we are in a very similar position still, certainly when referring to prisoners’ access to essential and necessary psychological treatment. Although it has been some time since the contributors were in prison, it can also be ascertained from conversations with them, that within their social circles very little has changed. It seems therefore that a drastic shift in the understanding and exploration of how to work with imprisoned men (pre and post release) experiencing phenomena such as VH, is required if any holistic or forward movement is to happen at all.

Through further investigation and dissemination, there could be a broadening and uncovering of the structures of experience, leading to an illumination of how these men experience the world, what that means to them, and therefore how as practitioners we may build meaningful relationships coming from an understanding of human to human relating and change. To help facilitate change, these stories must be told to those that inform policy. With contacts in the prison service this is a real possibility, alongside the publication of papers for conferences and discussing with those who work in forensic settings through requesting Governor's meetings and speaking at staff training events. Utilising the evidence base around recidivism, trauma-informed practice, and traumagenic neurodevelopmental research (Read et al., 2014) to highlight the men's experiences, and therefore how we can work with them as practitioners, could go a long way to thinking about the resource needed in the prison system, along with both the functional and societal cost.

Further inquiry relating back to the original research idea of interviewing men about their experiences of VH when directly in prison may add to the knowledge base that has been started with this study, uncovering ideas of how these experiences could be managed as part of their offender management plan in prison. Another avenue of interest would be to explore women's experiences of VH when in prison, as gender psychology in trauma and psychosis (see Vila-Badia et al., 2021 for comprehensive literature review) has yielded constructions of experience not dissimilar to the themes uncovered with the contributors interviewed for this study. Finally, colonialization and intersectionality must also be considered if there is to be a wider understanding of hearing voices in different cultural contexts. Western psychological theory dominates the literature, but through cultural psychology we can perhaps start to look to a cultural phenomenology that speaks to a human population (Schroeder & Vallverdú, 2015), allowing scholars to delve further into the lived experiences of VH on not only an individualistic level, but a collectivist, cultural, bringing together of the structures disclosed through people's existential lifeworlds.

5.7 CONCLUSION

Based upon phenomenological inquiry, the subjective experience of VH has been explored for men who have been imprisoned in the UK. Contributors' narratives were uncovered with the heuristic approach to hermeneutic phenomenology as suggested by Max van Manen, allowing contributors to communicate without (as much as possible with researcher reflexivity) imposing ill-fitting paradigms or conceptual frameworks. Throughout the discussion, we have unpacked phenomenological themes identified within existential lifeworlds, illuminating how VH holds meaning for the contributors who were interviewed. Implications in relation to current discourse have been attended to, and a strong orientation to reflexivity, as assigned by the methodology, has been acknowledged, with a strong focus on the contextual subjective nature of experience as denoted by constructivist theory. Limitations to the research have been addressed, along with further potential writings and future research ideas, in line with the suggested phenomenological paradigm.

The implications uncovered in this research reach far beyond the implications for counselling psychology alone and speak to a need for widening the possibilities for men (both inside and on release from prison) to be able to access services for a variety of reasons. The CoP vantage point allows for a certain reflexivity and open dialogue in discussing one's positioning in the world, with an encouragement to build reflective capacity, agency, and support or learn to tolerate distressing phenomena. This framework should not necessarily be assumed however, as those who contributed to the research may not hold the same understanding or associated value judgments that could be deemed paramount for survival. In consideration of the current discourse, the author Rita Mae Brown (1983) in her book *Sudden Death* stated that "insanity is doing the same thing over and over again and expecting different results." (p. 68). It seems the same could be said about prison reform and mental health policy, although there are those working very hard to make change, this comes at a national and personal cost when there is an unwillingness from those in power at policy level, who continue to make decisions that oppose evidence-based practice.

In the context of the research at hand, reflexivity must again be acknowledged at this point, and although I have worked within psychological services in prison, the

resources and funding for this appeared to be a lip-service effort to a heavily ingrained perception of prisoners as 'bad people'. The message seems clear that as practitioners we are not doing enough to give voice to longstanding, deeply ingrained problems in forensic and mental health systems. Without the strength and will to state identified problems in how those with VH and other psychosis experiences are treated and stigmatised by both staff and fellow inmates, means that we become complicit and part of the problem. From the contributors' narratives, a lifetime of abandonment, trauma, embodied violence, and uncertainty about their being-in-the-world was an underlying thread throughout. There needs to be the input of hearing voices groups, evidence-based treatment such as CBTp, a move in focus to trauma-informed services as stated and promised by varying NHS trusts, with the supervision, and training required for prison staff about how to communicate and work with these men. Until there is a fundamental paradigm shift within forensic working, this will not change, and it is our duty as psychologists, sociologists, mental health workers, creative practitioners, discipline staff, government bodies, or any role that works directly with vulnerable populations (in this example men who have been imprisoned) to strive for better, to make much needed improvements to clinical working both inside and outside of prison, and not to forget the very basics of human to human relating.

By no means is this research claiming to have found the answers to extremely complex, long-standing, multi-problematic and difficult issues within forensic, clinical, and social structures that impact on contributors' everyday lives. Although, this does again speak to the rationale of the study. It does, however, offer a critique of the current dominant paradigms, based on an in-depth analysis of the data, constructing a new experiential picture of the lived experiences of voice-hearing for men who have been imprisoned in the UK, and their understanding of psychological support in the prison system.

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APPENDICES

Appendix A: Ethics Approval and Permissions

School of Psychology Research Ethics Committee

NOTICE OF ETHICS REVIEW DECISION

For research involving human participants
BSc/MSc/MA/Professional Doctorates in Clinical, Counselling and Educational Psychology

REVIEWER: Antonio Fidalgo

SUPERVISOR: Cristina Harnagea

STUDENT: Claire Lewry

Course: Professional Doctorate in Counselling

Title of proposed study: Male UK prisoner's lived experiences of voice-hearing: A phenomenological inquiry

DECISION OPTIONS:

1. **APPROVED:** Ethics approval for the above named research study has been granted from the date of approval (see end of this notice) to the date it is submitted for assessment/examination.
2. **APPROVED, BUT MINOR AMENDMENTS ARE REQUIRED BEFORE THE RESEARCH COMMENCES** (see Minor Amendments box below): In this circumstance, re-submission of an ethics application is not required but the student must confirm with their supervisor that all minor amendments have been made before the research commences. Students are to do this by filling in the confirmation box below when all amendments have been attended to and emailing a copy of this decision notice to her/his supervisor for their records. The supervisor will then forward the student's confirmation to the School for its records.
3. **NOT APPROVED, MAJOR AMENDMENTS AND RE-SUBMISSION REQUIRED** (see Major Amendments box below): In this circumstance, a revised ethics application must be submitted and approved before any research takes place. The revised application will be reviewed by the same reviewer. If in doubt, students should ask their supervisor for support in revising their ethics application.

DECISION ON THE ABOVE-NAMED PROPOSED RESEARCH STUDY

(Please indicate the decision according to one of the 3 options above)

1. Approved

Minor amendments required (for reviewer):

--

Major amendments required (for reviewer):

Confirmation of making the above minor amendments (for students):

I have noted and made all the required minor amendments, as stated above, before starting my research and collecting data.

Student's name (*Typed name to act as signature*):

Student number:

Date:

(Please submit a copy of this decision letter to your supervisor with this box completed, if minor amendments to your ethics application are required)

ASSESSMENT OF RISK TO RESEACHER (for reviewer)

Has an adequate risk assessment been offered in the application form?

YES

Please request resubmission with an adequate risk assessment

If the proposed research could expose the researcher to any of kind of emotional, physical or health and safety hazard? Please rate the degree of risk:

☐

HIGH

Please do not approve a high risk application and refer to the Chair of Ethics. Travel to countries/provinces/areas deemed to be high risk should not be permitted and an application not approved on this basis. If unsure please refer to the Chair of Ethics.

☐

MEDIUM (Please approve but with appropriate recommendations)

☐

X - LOW

Reviewer comments in relation to researcher risk (if any).

Reviewer (*Typed name to act as signature*):

Antonio Fidalgo

Date: 20 July 2020

This reviewer has assessed the ethics application for the named research study on behalf of the School of Psychology Research Ethics Committee

RESEARCHER PLEASE NOTE:

For the researcher and participants involved in the above named study to be covered by UEL's Insurance, prior ethics approval from the School of Psychology (acting on behalf of the UEL Research Ethics Committee), and confirmation from students where minor amendments were required, must be obtained before any research takes place.

For a copy of UELs Personal Accident & Travel Insurance Policy, please see the Ethics Folder in the Psychology Noticeboard

Permission from the LHAVN

Monday, August 16, 2021 at 16:13:43 British Summer Time

Subject: Re: Research Query
Date: Monday, 1 June 2020 at 14:40:13 British Summer Time
From: Jessica Pons
To: LEWRY, Claire (AVON AND WILTSHIRE MENTAL HEALTH PARTNERSHIP NHS TRUST)

Hi Claire,

I do indeed remember you 😊 I think it would be great to change your research so you focus on people with experience of prison and voices/visions etc.

We can advertise for participants via the Voices Unlocked and London Hearing Voices Network (LHAVN) newsletters. I could also suggest getting in contact with a couple of ex-offender organisations we've worked with. Although unfortunately in this case, most of our work in this area is with women ex-offenders.

Happy to talk this over with you further at some time. Apologies for late response. We remain snowed under WFH!

Hope all well at your end.

Warm wishes,
Jess

Jessica Pons
Pronouns: she/her
Hearing Voices Project Manager
Mind in Camden
E: jpons@mindincamden.org.uk | T: 020 7911 0822
W: www.mindincamden.org.uk | www.voicecollective.co.uk | www.voicesunlocked.com

Please note I work part-time hours of 3 days a week - Monday, Wednesday & Friday.
Emails, rather than phone-calls tend to be the best way of getting in contact.

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Registered Charity Number 292180. Limited Guarantee Registered Number 1911178.

From: LEWRY, Claire (AVON AND WILTSHIRE MENTAL HEALTH PARTNERSHIP NHS TRUST)
<claire.lewry@nhs.net>
Sent: 26 May 2020 18:15
To: Jessica Pons <jpons@mindincamden.org.uk>
Subject: Research Query

Afternoon Jess,

I'm not sure if you'll remember me, I attended the unusual beliefs training last year and we had a chat about my research into male UK prisoner's experiences of hearing voices. Since then I approached the

Permission to Attend Hearing Voices Groups

Monday, August 16, 2021 at 16:16:36 British Summer Time

Subject: Autumn is here !

Date: Thursday, 3 September 2020 at 17:03:18 British Summer Time

From: wendy micklewright

To: Claire LEWRY

Claire

Thank you for your email + all you do ...

Some of the people I know with prison experience are not on line ...

Our September 2020 meeting maybe online or at our usual location ..

When the group started in the community , many moons ago , it was agreed collectively that the group would be FREE - CONFIDENTIAL - ALL WELCOME ...

We have not had need to revise these guiding principles ...

So you are most welcome !

We have a newsletter, as people found it difficult to find information about alternative voices within the Mental Health system ...

Here is a couple of examples ...

[Mercy Baguma + Jacob Blake + Trayford Pellerin + Kehinde + Antipsychotics + Revolution + property developers + What if landlords don't exist?](#)

29th August 2020

[Abdulfatah + Charlotta + Fannie + Mickayla + Claire + IPP Prisoners + Friendship group + Poland + Russia + 4-day week + UBI + Fairphone +](#)

22nd August 2020

[John + Dawn + Safe passage + I am human + Chechnya + Abolish the Mental Health Act + Kamala + National Allotments Week + XR +](#)

15th August 2020

[Hamid + Fair Wayne Bryant + NSUN Survey + UBI as a human right + Intentional peer support + chronic pain + drugs + CAAT + Trisha Brown +](#)

8th August 2020

It also goes to a "bigwig" group + people who have signed up to it + the local community (19,000+ people) via the NEXTDOOR application ...

The ideas behind the newsletter is outlined at the bottom of the newsletter ...

I thought I could put the details of your research in the newsletter , if that is OK with you ...

If you want to subscribe or contribute to the newsletter - just let me know ...

Hope we have a good week

In love + solidarity

Wendy

On 01/09/2020 13:48, Claire LEWRY wrote:

Subject: Re: Research
Date: Monday, 18 January 2021 at 14:15:39 Greenwich Mean Time
From: Paul Baker
To: LEWRY, Claire (AVON AND WILTSHIRE MENTAL HEALTH PARTNERSHIP NHS TRUST)

Paul Baker is inviting you to a scheduled Zoom meeting.

Topic: Manchester Hearing Voices Group
Time: This is a recurring meeting Meet anytime

Join Zoom Meeting
<https://us02web.zoom.us/j/88460268952?pwd=aHk3amdzNkpva2tPaGw5bFh2N2xUU09>

Meeting ID: 884 6026 8952
Passcode: 375878

Best wishes

Paul

On 18 Jan 2021, at 13:48, LEWRY, Claire (AVON AND WILTSHIRE MENTAL HEALTH PARTNERSHIP NHS TRUST) <claire.lewry@nhs.net> wrote:

Maybe this will work?

Claire Lewry is inviting you to a scheduled Zoom meeting.

Topic: Claire Lewry's Zoom Meeting
Time: Jan 18, 2021 02:00 PM London

Join Zoom Meeting
<https://us04web.zoom.us/j/74729567405?pwd=UEhlQWU2WTdoeVlna2RaQndMT0w4UT09>

Meeting ID: 747 2956 7405
Passcode: Bjs5Ti

From: Paul Baker <paul.baker1955@icloud.com>
Date: Monday, 18 January 2021 at 11:38
To: "LEWRY, Claire (AVON AND WILTSHIRE MENTAL HEALTH PARTNERSHIP NHS TRUST)" <claire.lewry@nhs.net>
Subject: Re: Research

Hi Claire

I can make this afternoon about 13.30?

Best wishes

Paul

Permission from Bristol Drugs Project

16/08/2021

Email - LEWRY, Claire (AVON AND WILTSHIRE MENTAL HEALTH PARTNERSHIP NHS TRUST) - Outlook

RE: Research

Maggie Telfer<Maggie.Telfer@bdp.org.uk>

Wed 07/10/2020 13:32

To: LEWRY, Claire (AVON AND WILTSHIRE MENTAL HEALTH PARTNERSHIP NHS TRUST) <claire.lewry@nhs.net>

Cc: Rachel Ayres <Rachel.Ayres@bdp.org.uk>

Hello Claire

Happy for you to pursue. Can you copy us your proposal and ethics approval for our research supported log please

Many thanks

Maggie

Maggie Telfer
CEO
bdp


0117 987 6006

<https://www.facebook.com/Bristoldrugsproject/> / <https://twitter.com/bdpROADS>

"Maximising People's Potential: Promoting Independence from Drugs & Alcohol"

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Appendix B: Risk-assessment Form for Research Off-campus

 <h1 style="margin: 0; font-size: 24px;">UEL Risk Assessment Form</h1>			
Name of Assessor:	Claire Lewry	Date of Assessment	16/07/20
Event title:	Interviews for doctoral research	Date, time and location of activity:	Interviews via telephone or Microsoft Teams.
Signed off by Manager (Print Name)	Cristina Harnagea		
<p>Please describe the activity in as much detail as possible (include nature of activity, estimated number of participants, etc) If the activity to be assessed is part of a fieldtrip or event please add an overview of this below:</p>			
<p>Recruitment and interviews for doctoral research to be taken place via telephone or on Microsoft Teams. Interviewees will be 3-6 UK men who have been imprisoned in the UK. Interviews will be recorded and will take place in a quiet room or via online forum in the researcher's home.</p>			
Overview of FIELD TRIP or EVENT:			
<p>Recorded interviews for doctoral research as part of the Professional Doctorate in Counselling Psychology.</p>			

Guide to risk ratings:

a) Likelihood of Risk	b) Hazard Severity	c) Risk Rating (a x b = c)
1 = Low (Unlikely)	1 = Slight (Minor / less than 3 days off work)	1-2 = Minor (No further action required)
2 = Moderate (Quite likely)	2= Serious (Over 3 days off work)	3-5 = Medium (May require further control measures)
3 = High (Very likely or certain)	3 = Major (Over 7 days off work, specified injury or death)	6-9 = High (Further control measures essential)

Hazards attached to the activity

Hazards identified	Who is at risk?	Existing Controls	Likelihood	Severity	Residual Risk Rating (Likelihood x Severity)	Additional control measures required (if any)	Final risk rating
Interviews/recruitment online then potential bandwidth interference.	Researcher/ Participant	Agree when starting interview that I will call participant back online if cut off.	1	1	1	Check bandwidth status, ensure computer is charged.	1

Appendix C: Change of Title Request Forms



University of East London Psychology

REQUEST FOR TITLE CHANGE TO AN ETHICS APPLICATION

FOR BSc, MSc/MA & TAUGHT PROFESSIONAL DOCTORATE STUDENTS

Please complete this form if you are requesting approval for proposed title change to an ethics application that has been approved by the School of Psychology.

By applying for a change of title request you confirm that in doing so the process by which you have collected your data/conducted your research has not changed or deviated from your original ethics approval. If either of these have changed then you are required to complete an Ethics Amendments Form.

HOW TO COMPLETE & SUBMIT THE REQUEST

Complete the request form electronically and accurately.

Type your name in the 'student's signature' section (page 2).

Using your UEL email address, email the completed request form along with associated documents to: Psychology.Ethics@uel.ac.uk

Your request form will be returned to you via your UEL email address with reviewer's response box completed. This will normally be within five days. Keep a copy of the approval to submit with your project/dissertation/thesis.

REQUIRED DOCUMENTS

A copy of the approval of your initial ethics application.

Name of applicant: Claire Lewry

Programme of study: Professional Doctorate in Counselling Psychology

Name of supervisor: Dr Cristina Harnagea

Briefly outline the nature of your proposed title change in the boxes below

Proposed amendment	Rationale
Old Title:	

Male UK prisoner's lived experiences of voice-hearing: A phenomenological inquiry	Change in title request as original title was when I would have been interviewing current prisoners. However, due to Covid-19 restrictions and all research now being carried out online, the new title is an adjustment to match the community sample as recruitment will now be through the Hearing Voices Network online. Ethical approval already gained for updated methodology.
New Title: UK men's lived experiences of voice-hearing when they have been in prison: A phenomenological inquiry	

Please tick	YES	NO
Is your supervisor aware of your proposed amendment(s) and agree to them?	X	
Does your change of title impact the process of how you collected your data/conducted your research?		X

Student's signature (please type your name):

Claire Lewry

Date: 03/09/2020

TO BE COMPLETED BY REVIEWER		
Title changes approved	APPROVED	
Comments: N/A		

Reviewer: Glen Rooney (Ethics Administrator)

Date: 03/09/2020



University of East London Psychology

REQUEST FOR TITLE CHANGE TO AN ETHICS APPLICATION

FOR BSc, MSc/MA & TAUGHT PROFESSIONAL DOCTORATE STUDENTS

Please complete this form if you are requesting approval for proposed title change to an ethics application that has been approved by the School of Psychology.

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REQUIRED DOCUMENTS

A copy of the approval of your initial ethics application.

Name of applicant: Claire Lewry

Programme of study: Professional Doctorate in Counselling Psychology

Name of supervisor: Dr Cristina Harnagea

Briefly outline the nature of your proposed title change in the boxes below

Proposed amendment	Rationale
Old Title: UK men's lived experiences of voice-hearing when they have been in prison: A phenomenological inquiry	Second change in title request after conversation with my director of studies. The old title implies that the participants have to be from the UK, when in fact they only have to have been incarcerated

New Title: Lived experiences of voice-hearing for men who have been imprisoned in the UK: A phenomenological inquiry.	in a UK prison. The new title removes this assumption and improves clarity.
---	---

Please tick	YES	NO
Is your supervisor aware of your proposed amendment(s) and agree to them?	X	
Does your change of title impact the process of how you collected your data/conducted your research?		X

Student's signature (please type your name):

Claire Lewry

Date: 21/05/21

TO BE COMPLETED BY REVIEWER		
APPROVED		

Reviewer: Glen Rooney

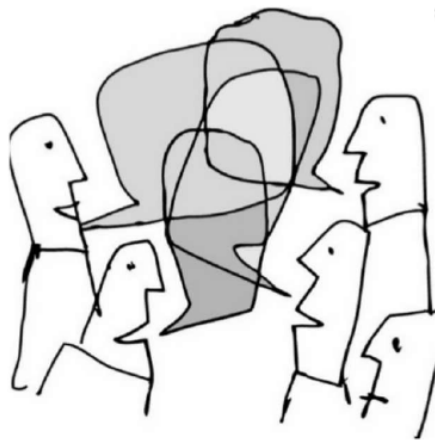
Date: 17/06/2021

Appendix D: Flyer in LHVN Newsletter

LHVN Newsletter 12th August

VOICE HEARERS

Do you hear voices?



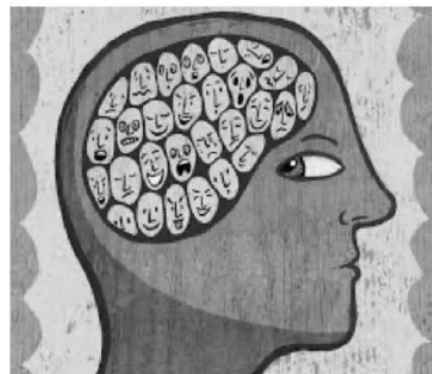
Research interviews aim to create a safe and comfortable space for those contributing to share their experiences with voices. If you wish to have your voice heard by taking part in this research study, please send me an email at

voicesresearch@outlook.com

Following this I will send you the research information sheet so you can make an informed decision if you would like to take part. Interviews will be arranged online using Microsoft Teams.

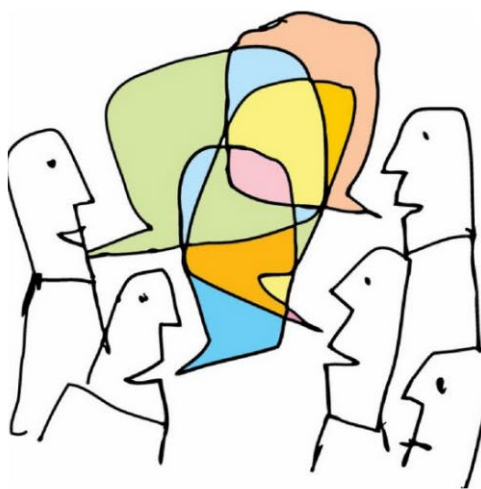
Thank you for your consideration and time.

My name is Claire and I am from the University of East London. I am exploring men's experiences of hearing voices when residing in prison, coming from the understanding that voice-hearing can be a meaningful part of a person's day to day life. It would be great if as someone who hears voices, you would come and share your experiences with me as part of my research study. Research can help us gain a deeper understanding of what someone is going through, the meaning this has for them and how services can help support them in the future. I hope to hear from you, please see the box below for details of how to take part in the research.



VOICE HEARERS

Do you hear voices?



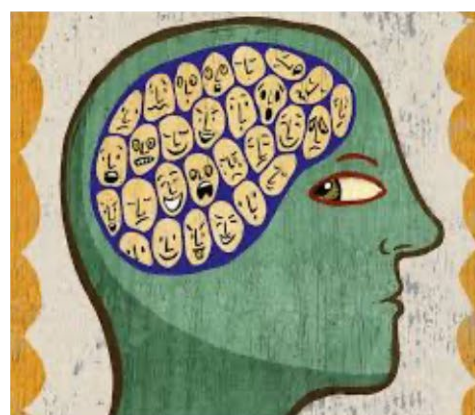
My name is Claire and I am from the University of East London. I am researching men's experiences of hearing voices when in prison, coming from the understanding that voice-hearing can be a meaningful part of a person's day to day life. I am therefore looking for men who experience hearing voices, and who have been in prison, to take part in my study. I would be grateful if you would come and share these experiences with me. Please see the box below for details of how to contact me if you would be interested in taking part or hearing more about the research.

Interviews aim to create a safe and comfortable space for those taking part in the research. If you wish to have your voice heard by taking part in this study, please send me an email at

voicesresearch@outlook.com

Following this I will send you the research information sheet so you can make an informed decision if you would like to continue. Interviews will be arranged online using Microsoft Teams.

Thank you for your consideration and time.



Appendix E: Information Sheet



CONTRIBUTOR INVITATION LETTER

You are being invited to participate in a research study. Before you agree it is important that you understand what your participation would involve. Please take time to read the following information carefully.

Who am I?

I am a post-graduate student in the School of Psychology at the University of East London, and I am studying for a Professional Doctorate in Counselling Psychology.

What is the research and why have you been asked to participate?

I am conducting research into the lived experiences of hearing voices for men who have been in prison in the UK, and their understanding of the available psychological support in the prison system. Therefore, it is important to fully understand what is being asked of you in order to consent, and that you feel well enough to manage any distressing feelings that might come up. I emphasise that I am not looking for 'experts' on the topic I am studying, and you will not be judged or personally analysed in any way.

You are free to decide whether or not to participate and should not feel coerced.

My research has been approved by the School of Psychology Research Ethics Committee. This means that my research follows the standard of research ethics set by the British Psychological Society.

What will your participation involve?

- You will also be asked to take part in an online interview, lasting approximately 60-90 minutes, via telephone or a video-conferencing application called Microsoft Teams.
- I will ask for demographics of age, pronoun, and ethnicity.
- Interviews will be more like having an informal conversation, although it is important to make clear that this will be audio recorded.

- You do not have to answer all questions asked of you and can stop your participation at any time during the interview.

I will not be able to pay you to interview, however your participation would be very valuable in helping to develop knowledge and understanding of my research topic.

What will happen to the information that you provide?

- All consent forms and interviews will be immediately uploaded to a password protected University account that only the researcher and research supervisor have access to.
- Any personal information such as your name will be anonymised from the transcribing of the interview, and another name or code will be used in the transcripts and any writing in the report.
- People or organisations who will see the anonymised extracts include the researcher's supervisor, examining board, any academic journals published in, and conferences.
- After the study has been completed the final report will be available for public viewing through UEL's Research Repository; however, all consent forms and interview recordings will be deleted.

What if you want to withdraw?

You are free to withdraw from the research interview at any time without explanation, disadvantage or consequence. Separately, you may also request to withdraw your data even after you have participated, provided that this request is made within 3 weeks of the data being collected (after which the data analysis will begin, and withdrawal will not be possible). You can do this by emailing the researcher or sending a letter addressed to the research supervisor at UEL. Both addresses can be found on the Debrief Form.

Appendix F: Consent Form



UK men's lived experiences of voice-hearing when they have been in prison: A phenomenological inquiry

I have read the information sheet relating to the above research study and have been given a copy to keep. The nature and purposes of the research have been explained to me, and I have had the opportunity to discuss the details and ask questions about this information. I can confirm I am not currently being treated under the Mental Health Act, and I fully understand what is being asked of me.

I understand that my involvement in this study, and particular data from this research, will remain strictly confidential. Only the researcher and researcher's supervisor will have access to identifying data. It has been explained to me what will happen once the research study has been completed.

I hereby freely and fully consent to participate in the study which has been fully explained to me. Having given this consent I understand that I have the right to withdraw from the study during the specified time frame without disadvantage to myself and without being obliged to give any reason. I also understand that should I withdraw after the agreed time of three weeks the researcher reserves the right to use my anonymous data.

Participant's Name (BLOCK CAPITALS)

.....

Participant's Signature

.....

Researcher's Name (BLOCK CAPITALS)

.....

Researcher's Signature

.....

Date:

Appendix G: Debrief Letter



Thank you for participating in this study. I am very grateful to you.

I would like to remind you that you have the right to withdraw from the study without any questions asked. Due to the time scale needed for analysis, you have 3 weeks from your interview date to do this. If you wish to withdraw from the study or if you have any questions about the research, then please contact Claire Lewry on the email address below.

All consent forms and audio recordings will be uploaded to a secure University drive that only the researcher and research supervisor have access to. On completion of the study these will be deleted. One computerised copy of the whole study will be kept on the UEL Research Repository, however there will be no personal identifying markers of any contributors. I hope it has been an agreeable process today and that nothing in the interview has left you feeling uncomfortable or distressed. If you have been affected in any way you can contact your GP, or you may find the following resources/services helpful in relation to obtaining information and support:

The Samaritans on 116 123

SANeline on 0300 304 7000 (open to anyone affected by mental health difficulties, including family, friends and carers, 16.30 to 22.30)

Give us a shout. Text 'Shout' to 85258 and a trained Crisis Volunteer will text you back and forth until you feel you are in a safe place.

CALM on 0800 58 58 58 (open to men in the UK who need to talk, 5pm – midnight 365 days a year, also includes a webchat service)

NHS Psychological Therapies for your area can be found at www.nhs.uk/service-search/find-a-psychological-therapies-service

Contact Details

You are welcome to contact me or my supervisor if you have specific questions or concerns.

Claire Lewry – voicesresearch@outlook.com

Dr Cristina Harnagea, School of Psychology, University of East London, Water Lane, London E15 4LZ.

Email: c.harnagea@uel.ac.uk

Appendix H: Interview Protocol

The interview questions will follow if verbal informed consent has been established. These will take the form of four core questions and then any final areas of interest. The areas of interest are not compulsory. Flexibility of interview style is given precedence to allow the phenomena to arise organically. Prompts are shown in brackets. Recording will start prior to the first question.

Preamble:

Hello and thank you for agreeing to the interview. I am writing about what it is like to experience hearing voices and to find out about what psychological support is available to men in prison, from their point of view. I want to ask questions and understand so that organisations working with people who have shared a similar experience can think about how they provide treatment in the prison establishment.

I will be asking some questions, but the time is mainly for you to talk. If you don't want to continue anymore then that's ok, you don't have to give me a reason and we will stop. I will erase the recording as well. If we talk about difficult things that upset you, we will have some time at the end to go through the debrief form and talk about any support you feel you need to access from community services, however I must also be clear that I cannot offer counselling support.

Do you have any questions about anything we've discussed? Are you happy for me to start the recording?

Thank you again for agreeing to take part in the interview, if everything we have discussed is clear, I'll ask my first question.

Core Questions:

➤ Can you tell me a bit about when you first started hearing voices?

(Prompt: What comes to mind when you think about your experiences of voice-hearing)

➤ How do you make sense of the voices you hear?

(Prompt: What do you think is happening?)

➤ How would you describe your experience of hearing voices when you were in prison?

(Prompt: What stands out for you the most?)

➤ What are your experiences of psychological support in the prison system?

(Prompt: What services have you accessed in the past/What was that like for you? What or who has helped you with any difficulties if you have needed support?)

➤ Is there anything else you would like to add?

(Prompt: Something you haven't mentioned yet you would like to talk about, something important we missed out or some detail you want to mention)

Appendix I: Excerpts from Reflective Journal

Example 1

As I write I think of the interconnectedness between myself and the contributors who have been kind enough to offer some of themselves by taking part in my research. The challenges with recruitment and difficulties in process and preparation, all swept away by their kindness of heart. Saddened by their stories and the state of the different healthcare and forensic systems, I think about how this might impact the writing, as the notable anger I feel courses through me. I remember so many difficult lives that I have encountered before, who have told stories not dissimilar in parts to those of the contributors. I notice a resoluteness, a want for things to change, striving for better outcomes with better services. We must be able to do more than this. I believe in the fluidity of world and life, and how this interacts existentially and ontically. A swirling vortex of time and space, embodied by each living thing, hoping to make meaning of their world, a lean towards the authentic self if you will. I wonder about my thoughts and views, and the interactions with the contributors, contemplating how this may have informed their answers or influenced the interviews. I hope that through the writing process these aspects are accounted for, and that their phenomenological lifeworlds can shine through. Perhaps, others who read these stories will feel something similar to how I do now, and we can continue working towards something accessible and sustainable, or at least advocate for this while battling within the ever-changing world of healthcare.

Example 2

Sometimes it is hard to know which reflection example to give, something to share that offers an insight into the reflexive rigour and meaning in the process, but also enabling a much-needed protection of one's vulnerability. There were many moments written at different times in different notebooks, some of which would be seemingly nonsensical when written in isolation. I turn therefore to a short poem I had written when reflecting on the interviews themselves, the embodiment of the space and time I was in, and the great sadness that showed itself in silence.

As the tears flow down, they stain my face;
With their salty texture and mindful grace,

I cannot impart how I feel in this space.

The sadness, the pain, the humour, the gain;
All in the lives of the narrator's frame,

I pinch myself back to the present again.

Feeling their mode, their presence, their hurt;
I melt back, to a time without words,

The silence is shared, as are our worlds.

Key:

Lived space -

Lived body -

Lived time -

Lived relations -

Other -

Appendix J: Audit Trail

Annotated Example Transcript Extract “Vincent”

N.B. Annotated example transcript, for associated line numbers please see full uploaded transcripts.

N.B. ‘R’ Indicates researcher speaking; ‘C1’ indicates contributor (also known as interviewee) speaking.

Initial Statements		Primary Themes
Substance use an antecedent to VH	<p>R: Thanks again for agreeing to interview, if everything’s clear then I’ll just, I’ll start to ask my first question, is that OK?</p> <p>C1: Go on then.</p> <p>R: OK, um...so to begin with, can you tell me a little bit about when you first started hearing voices?</p> <p>C1: Um...when I started coming off speed and all that years ago, about when I was 19 I think.</p> <p>R: Right ok.</p> <p>C1: As I, I done a lot of acid, and uh spe...speed in the past.</p>	Substance and alcohol use
Relationship to God	<p>R: So, what kind of comes to mind when you think about that experience?</p> <p>C1: Well, it was it it was to do with...and well I also met Jesus Christ, right? I was born again years ago, yeah? And, um, ever since that happened it’s it’s been...it’s been the Devil and Jesus, and that’s the voices I hear. [Pause] Yeah.</p> <p>R: Yeah, and what was happening around...what was happening around that time?</p>	Shared human relation

Abandoned by family
Oppressive space

Voices want to take life

Unchanging helplessness

Drug therapy helpful but
limited

Searching for affirmation

Unchanging spaces

C1: Well, I started off in a detention centre at the age of 12, I was in children's homes...um...my family had just all dumped me off...like... like it's a bit like how the world is now, nothing's changed and I'm 54. It's still exactly the same, I haven't gone forward, I um...I'm very pissed off to be honest about it all. [Pause] Yeah, these voices they want me to kill myself and stuff like that. That's why people commit suicide.

R: That sounds like a really difficult experience to have.

C1: Well, it's always there and there's nothing I can do about it.

R: Mmm.

C1: I'll tell, I'll you medication helps, pregabalin calms it down a bit, but... you know I I could, I could have a full blown argument with myself in, in the room when there's no one in there. Know what I mean?

R: Yeah, what happens during that time? What kind of things do...

C1: What I just said to you about breaking arms and legs and stuff like that, that that that that's the negative part, but I'm tryin' to remain positive.

R: So, it sounds like there are, there's, would you say there are sort of situations that make things worse?

C1: Yeah, yeah there is. Where, where I'm at right now. I'm still in a hostel, I shouldn't...I've been in a hostel for the last, last, since I come out of prison...

R: Mmm

Early experiences of
belonging

Suicidality

Complex and extreme
states of being

Experiences with
medication

Shared human relation

Embodied space

Distress over material situations	C1: ...when I lost my flat and, they're not giving me a house...I'm a grandad, and you know I, I haven't, haven't seen my grandchildren, I'm I didn't see my son. I've missed out on life, I've never been married...	Concreteness of things
Hoping for something better	R: Yeah	Searching for meaning and hope
Lacking fulness in life	C1: ...and it's all due to this.	Subjective meaning structures
Missed out on life due to VH	R: Ok, hm, and how do you make sense of the voices you hear?	Complex and extreme states of being
Analysis of own life	C1: Well, I just try and override them, I'm quite strong in that way. I just don't let...I I, that's where Jesus Christ comes in.	Characteristics of strength
Philosophical reflection	R: Can you tell me a bit more about that?	Characteristics of strength
Religion gives agency	C1: Well, if I didn't have Jesus Christ I wouldn't be here. [Pause] He's the one that protects me, he's the one that actually...and not only that I've got Archangel Michael, I seen him once, um, he come flying down, and there's this great big beast like, they do exist...hell exists, I don't whether you believe it or not, but I, I know. Anyway...	Characteristics of strength
Ability to critically reflect	R: Mmmm	Characteristics of strength
Critical reflectivity	C1: ...and um, what happens is when you die, they come and snatch you. Souls 'cause they want souls, yeah. Right, the other...'cause I'm talking about the devil now right?...	Characteristics of strength
Meaningful framework in cosmological understanding	R: Mmhmm. C1: ...he'll snatch your soul, like if you died now and you ain't ready, you'll...you've 'ad it. Unless you believe in Jesus Christ, you've 'ad it. There's only one pers...it's like all these...right, Indians they believe in Muhammed, right guess where Muhammed is...the, the prophet. He's in hell...	Subjective meaning structures

R: Mmm.

C1: ...because he didn't believe in Jesus. Now that...I'm not, I'm not...fuckin'...a preacher. I'm, um, when people come up to me and talk about Jesus and all that...I've had such a bad time with that, with this Jesus stuff yeah, I walked his shoes once, and I couldn't handle it.

R: And what do you mean you walked his shoes?

C1: I got persecuted, I got fucking...kicked shitless, this is where all my trauma comes from...

R: Mmm.

C1: ...I've been beat up too many times. Then I I you know...then you, you, you're living in fear then, and I need Jesus to help me, you know, to stop me from feeling that fear. You know, and, and I'll be honest with you now Claire, not once in my whole lifetime, and I'm 54, have I ever struck back yet. I've always turned the other cheek...

R: Hmmm.

C1: ...never, never hit back yet, but that's quite fatal, because when I do, I swear I gotta bust, that's what I'm saying.

R: Mmm.

C1: I'll have to, 'cause, um...there's no other way for me. [Pause] Quite dead, quite...I could be a deadly weapon. In fact, I don't, I've never used a weapon in my life. I've been stabbed. I got stabbed recently, about, what, four years ago by a girl right in the back...

R: Mmm.

Structures of trauma

Embodied space

Expressions of anger

Supernatural assistance

Life informed by religious sensibility

Looking for meaning

Alcohol leads to MH problems

C1: ...talking to her one minute, nicely and that, you know...all of...she must of carried that knife to get...with the intention of stabbing me, and she did, right on my spine, could have crippled me. Thanks to Jesus Christ, I, you know...maybe it was just a...a...a lesson, but what a horrible lesson to gi...you know, and they say right, I, I, I'm trying, I'm at a stage where I want an abundant life, you know...

R: Hmmm.

C1: ...that's what he's meant to give ya, not not all the crap all the time.

R: That sounds like a really awful and painful experience.

C1: Well that's what I'm suffering. And this why they, they call it a personality disorder, right, psht, it's PST I know it is.

R: Mmm.

C1: I've got, I've had so...I've had a car crash, right, I've injured my best friend yeah, we drove over from a nightclub, I was pissed, I didn't put his seat belt on, but that weren't my thing, I, I put mine on, he, he got brain damage. So, for 10 years I ended up smashing my head against a wall, um trying to do myself in for 10 years, but it didn't work.

R: And when you say smashing your head against a wall, um where was this? Was this...

C1: Where I used to live.

R: Ok.

C1: I was like a lunatic. When I used to drink alcohol, I was a real lunatic, that's why I don't drink no more.

Characteristics of strength

Subjective meaning structures

Structures of trauma

Substance and alcohol use

<p>Substances detrimentally effect relationships</p> <p>Searching for validation in speech tags</p>	<p>R: Mmm.</p> <p>C1: I don't drink no more so, you know, it's what I'm saying, and um...but the problem is, I, I didn't take heroin until I was 29, and that's what really ruined my relationships. I met a girl and I had a son immediately. I met this women right, she were, she was 6 years older than me, she'd been married, she'd obviously done her husband in by...kept going out with other blokes, she was like a little child, do you know what I mean? And um...I had to go and fucking meet someone like her didn't I, I didn't love her, she was just somewhere to stay, I was I was prepared to go to prison. I used to put myself in prison because I had nowhere to live.</p> <p>R: Mmm.</p> <p>C1: Right, and um, I used to get ill because I got hyperparathyroidism which is a low calcium count...</p> <p>R: Right.</p> <p>C1: ...and I go into seizures. So when I drink, I wasn't eating, I wasn't taking my medication, so I used to get ill, and when I, knew I, knew I was getting ill, I used to have to walk up to a copper and say "look I'm sorry about this", and smash him on the floor. I never hit him, but I used to throw him on the floor, so that's enough to get arrested and put in prison.</p>	<p>Substance and alcohol use</p> <p>Shared human relation</p>
<p>Alcohol leads to self-neglect</p> <p>Police as an instrument to prison</p> <p>Prison as an instrument for medical treatment</p>	<p>R: Mmm.</p> <p>C1: 'Cause they used to think it's, they'd call it police assault, but it ain't really, it's just me being, tryna get...get get treatment.</p> <p>R: And so, what was the...it sounds like there was a safety, kind of within that?</p>	<p>Substance and alcohol use</p> <p>Issues within complex forensic systems</p> <p>Issues within complex forensic systems</p>

Prison as hateful but enables life	<p>C1: Yeah, there was, I used to um... I hate prison by the way, and I hate all of that, can't stand the place, but...it kept me alive.</p> <p>R: Mmm. Mmm. And in terms of safety in that when you were talking about, erm, when you were talking about hearing the voice of Jesus, it sounded like there was some comfort in that.</p>	Issues within complex forensic systems
Determination through holy spirit	<p>C1: Well yeah, I always say, I always, I got...I've got this, got this...I got a critic in me, and I've got this, I've got I've got me, obviously that says come on let's keep going, determination, blah blah blah...and um I just have to keep following the holy spirit as they say.</p> <p>R: Mmm. Mmm. So could you explain a little bit more about, about those, erm, like about those experiences, you, you described hearing Jesus and the Devil...</p>	Characteristics of strength
Voices are angels and devils	<p>C1: Yep.</p> <p>R: ...and perhaps a little bit more about what they...like, what they say to you, and I guess...</p> <p>C1: Well...</p> <p>R ...or how you experience that?</p>	Conceptualisations of voice-hearing
Unable to fulfil needs	<p>C1: ...the Devil calls me a coward, the Devil calls me...he tries to wind me up. But when I don't hit back, because I have to turn the other cheek, 'cause I, I got it all mixed up, I got it all wrong. You know, I I got...turning the other cheek, you get beat senseless, right, that's what I what I've learnt, and that's why I used to blame Go...I used to go mad at Jesus Christ, I used to blame him for everything...and that's the Devil at work. The Devil's at work on the earth at the moment. He's doing all this. He's making life terrible for everybody, even my, I'll tell you what, the main thing the Devil does is povertise everybody.</p> <p>R: Mmm.</p>	Complex and extreme states of being

Always thinking of
cosmology

Grief and loss

C1: He don't want no one to be rich, 'cause 'cause, especially me, huh oh oh god, he doesn't want me to be rich, because he knows that I, if I, if I get money, I'm giving it to God, and he won't like that. I'm I'm talking like like the Lottery or something like that, but if I win big money, I'm I told you what I'm doing, I'm going to go, and however...and a lot a lot of people and, and and the Devil don't want that. So, for some reason...and I've been told this by a Messenger, 'cause I've got a Messenger, that I I talk to, on on here, I've had mediums telling me, um...one said you're a golden eagle and you need to see a priest. I don't know what that means, golden eagle...um...I'm very very, kind of, what's the word?...very, Jesus has been my best friend.

R: Hmmm. Mmm.

C1: And he still is. And, and I pray to him every single, not a, not a day goes by, that I don't think of him.

R: Mmm...and I...

C1: More so than any woman.

R: So, when you, when you hear Jesus, or when you hear the Devil, what do you think is happening?

C1: I, I...Jesus is obviously within me...and he's the one that says...keeps me going.

R: Mmm.

C1: But it's so easy to commit suicide, my friend just commit suicide...

R: Oh, I am sorry.

Subjective meaning
structures

Grief and loss

Suicidality
Being towards death

Hope for different life

Seeking validation of
one's reality

Deeply important social
roles

Detached reflection
Voices internal and
external
Awareness of presence
of voices
Authenticity of Being
Technology as an
instrument for VH

Manifestation of mind

C1: ...about a hun...my brother commit suicide, loads of people commit suicide that I know, and it's because they can't take it no more. I should've committed suicide many a times.

R: Mmm.

C1: But for some reason I'm just holding on, do you know why? 'cause I haven't lived yet, I haven't been married, I haven't said my vows, I haven't, you know, all I've ever really wanted is a decent girl, and I haven't found one.

R: That sounds really important to you.

C1: Well, it is very important yeah.

R: Yeah.

C1: Well, it is, I I believe...I'm old fashioned. [Pause]

R: Mmm.

C1: So yeah that's, but the voices are always, kind of...sometimes they're in your head, sometimes they're out loud, you know. Err it's like...I, I...it...sometimes it's a mixture of people talking, but they're, I think they're talking about me. Yeah, even on the tele...I've heard, I've heard the TV talking to me, once.

R: Mmm, and what was that like?

C1: It was fuckin' horrible because it was the Devil talking through the people...

R: Ah ok.

Suicidality

Searching for meaning
and hope

Shared human relation

Shared human relation

Characteristics of
strength
Conceptualisations of
voice-hearing
Conceptualisations of
voice-hearing
Structures of the self
Conceptualisations of
voice-hearing
Conceptualisations of
voice-hearing

Different parts of the self

Laughing in the face of
adversity

Aspiration for change

No belonging to begin
with

C1: It was, was...it, I mean, what was it, the coward part, yeah that used to get to me, 'cause, 'cause, know what I mean, it really...now I, now I, I laugh at it now, I laugh at the coward part because I know I'm not. I know, I know that I've got this far, and um...and I also know, that I'm, I must be close to becoming rich because everything goes wrong...see what I mean? Everything goes wrong.

R: Can you say a bit more?

C1: Um...right I put 250 quid down on on a trading platform, 'cause I, I...4 years ago bitcoin, you know when bitcoin was, was there?

R: Yep, I've heard of it.

C1: And people got millions of pounds, and if I've have done it, I'd be a millionaire right now. And I knew it, I just felt it, God was saying, but I didn't do it, I done it recently and got scammed. It's on my phone, 250 pounds just sat there doing nothing...

R: Mmm.

C1: ...and I, and I can't get it back [pause]. So, at, at the moment I'm losing at everything, know what I mean? And then you've got all these fuckin' people round me that...you know...are horrible...I want out of this. I should be in a bungalow by now. It feels like, I'll tell you what it feels like...it feels like my ex-mrs right, stole my life. She stole my...I never had a family to begin with...

R: Mmm.

C1: ...she had, she had everything. She had a house, she had rich parents, she had the whole fucking lot right. She had, she'd been, she had a white wedding, right...all that, I come along, give her a son...right...she then right ok, give her, I can't...she, she never took drugs, I did, right, and that's what ruined our relationship. But...she was a money grabber...

Structures of the self

Characteristics of
strength

Searching for meaning
and hope

Early experiences of
belonging

R: Mmm.

C1: ...all she, all she thought about was money money money. My mu...the supplier who I was working for, she had an affair with him, only because I wor...she she bought my first love home, out of all the people in the whole world to bring home, my first love...I'm looking at her...I ran away with her that night...

R: Mmm.

C1: ...she never, so you're a woman, she never forgot that, and she waited ab...about, for about a year, and then she, she got this, the supplier to, to get me in the middle of nowhere, beat me up, put a knife to my neck...

R: Gosh.

C1: ...threatening me, um saying that, you know, I tried to smash the house up, but I never meant to. Do you know, half way through smashin' the house up when I was, when I was pissed, I was saying S**** [name of partner], S****, I don't mean to be doing this...and I fucking didn't...I didn't do it deliberately.

R: Mmm.

C1: That was, that was the Devil again...at work. When you're...on alcohol, the Devil's got you.

R: Ok...

Embodied personally directed violence

Concreteness of things

Substance and alcohol use

Subjective meaning structures

Substance and alcohol use

Chronological List of Initial Statements – Vincent

- Substance use an antecedent to VH
- Relationship to God
- Abandoned by family
- Oppressive space
- Voices want to take life
- Unchanging helplessness
- Drug therapy helpful but limited
- Searching for affirmation
- Unchanging spaces
- Distress over material situations
- Hoping for something better
- Lacking fullness in life
- Missed out on life due to VH
- Analysis of own life
- Philosophical reflection
- Religion gives agency
- Ability to critically reflect
- Meaningful framework in cosmological understanding
- Embodied traumatic experience
- Living in fear
- The self as a deadly weapon
- Supernatural assistance
- Life informed by religious sensibility
- Looking for meaning
- Alcohol leads to MH problems
- Substances detrimentally effect relationships
- Searching for validation in speech tags
- Alcohol leads to self-neglect
- Police as an instrument to prison
- Prison as an instrument for medical treatment
- Prison as hateful but enables life
- Determination through holy spirit
- Voices are angels and devils
- Unable to fulfil needs
- Always thinking of cosmology
- Grief and loss
- Suicidality
- Being towards death
- Hope for different life
- Seeking validation of one's reality
- Deeply important social roles
- Detached reflection
- Voices internal and external
- Awareness of presence of voices
- Authenticity of Being
- Technology as an instrument for VH
- Manifestation of mind
- Different parts of the self
- Laughing in the face of adversity
- Aspiration for change
- No belonging to begin with
- Personal violence
- Unawareness of actions
- Alcohol use
- Explanatory framework for the good and bad
- Alcohol as the Devil's work
- Recommitment to Jesus

- Ariadne's thread through the labyrinth
- Religion as a form of sanctuary
- Voices worse without substances
- Feeling of a wasted life
- Temporality and being towards death
- Self-medication
- Feeling paralysed
- Experiences are scary/frightening
- Anger personified as the Devil
- Voices are demons
- Experiences of paranoia
- The hidden truth
- Material means important
- Aspirations for change
- Loss of time
- Reconnecting with family
- Desire for idealised or conventional life
- Being misunderstood
- Desire for control over life
- Freedom in movement
- Life as a constant battle
- System focussed on statistics
- Life is ephemeral
- Life's gone in a flash
- Suffering eternal torment
- Insight into the human condition
- Philosophical reflection
- Notion there's a larger framework
- Unable to cope with life
- Hearing what people think
- Unable to cope with fear and anxiety of VH
- Appreciates those in helping professions
- Religion as an anchor in life
- Different framework for structuring meaning
- To find purpose is being in the world
- Experience in prison all encompassing
- VH in prison not good
- Solace in solitary confinement
- Transferable skills
- Ability to sit with the self
- Searching for human connection
- Technology enabling connection
- Feelings of hopefulness
- Desire for stability in a relationship
- Good people are not rewarded
- Prison as a last resort
- Not knowing how to live in the world
- Limited travel through space and time
- Finding positivity difficult
- Understanding of life as a journey
- Each person's journey unique to them
- Survival
- Heavy reliance of finance
- Wanting human connection
- Reliance on cosmology
- Personal journey
- Financially indebted to others
- Higher vibration means elevated being
- Experiencing vibrational discordance
- Working hard for no reward
- Stealing to feed self
- A soul can be immediately taken from the world

- Sense of agency in taking own life
- Feelings of being completely overwhelmed
- Devil wants souls
- Life as scary
- Cosmological understanding as scary
- Feels angry if something is unfair
- Expression of anger towards God
- Substances as a way of coping with voices
- Self-medication to cover the pain of life
- Being able to read people's minds
- Difficult relationships with medical professionals
- People given incorrect medication
- Misdiagnosis of presenting problems
- Personality disorder as common diagnosis
- Complex psychological framework
- People know themselves
- Awareness of the self
- Agency over own life
- Lack of psychological support in prison
- No engagement with services
- Attended education in prison
- No experience of support
- Narrating life important for wellbeing
- Feeling of being heard important
- Different as young at the time
- Finding stability in later life
- Not much life left
- Awareness of self and concern for life
- Stoicism
- Critical reflexivity in rational judgment
- Elongation of time
- Being in the present moment
- Past has gone and future not yet here
- Searching for connection to others
- Low self confidence
- Introverted
- Uncertainty in future orientation
- World is a horrible place
- Life is suffering
- No help for mental health
- Addiction as a lifelong condition
- Issues within complex systems
- Comedy in the narrative
- Being misunderstood
- Difficulty in accessing services
- System does not have the resources to individualise treatment
- Victim of rigid systems
- System as contributor to poor MH
- Existence as a purpose
- Contradictory meanings in aspirations for a better life
- Life as rhetoric
- Trying to implement better life for self
- Intentionality in healing
- Searching for fulfilment and sustenance
- Desire for meaning
- Dialectic between despair and hope
- Concrete plans
 - Looking for a connection
 - Missed out on life

- Idiosyncratic discourse rooted in human need
- Making sense of life through cosmological structures
- Feels cursed
- Painful memories
- Difficulty in maintaining interpersonal relationships
- Finding positivity within the self
- Damage to body
- Enacting a promise to self and God as a highly motivating force
- Insightful awareness of human condition
- Different people suffer differently
- Particular instance of recognisable patterns
- Consideration of other people's narratives
- Understanding of different perspectives
- Voices as part of the structure of experience
- External voices want to do harm
- Ability to comfort self

Chronological List of Initial Statements – Darren

- Negativity in life
- Trying to make life better
- Seeking reassurance in speech tags
- Confusion between voices and effects of substance use
- Losing reflective attunement
- Continued substance use to mask experience of VH
- VH not a good experience
- Feels akin to madness
- Essence of wasted time
- Keeping secret led to broken heart
- Abused by teacher at school
- Seeking to heal the past
- Abuse related to substance use
- Abuse related to attempted suicide
- Being towards death but wants to preserve life
- Unsafety in living space
- Life of crime because of experiences at school
- No learning in childhood
- Survival through criminal activity
- Concern for life
- Stages of life spent in prison
- Trying to make a change
- Hope for the future
- Struggling to find professional help
- Abuser took own life
- Tell the truth shame the Devil
- Experience of abuse had detrimental impact on life
- Feels delayed in opening chapter in life
- Does not want to feel stuck forever
- Trying to make sense of experience
- Difficulty in narrative at stage in lifespan
- Safety found at mother's house
- Feels protection from parent
- Accusations of violence
- Challenging interpersonal relationships
- Struggling with MH
- Woman's voice feigning friendship
- Experience of personal violence in prison
- Bodily damage
- Life of criminal activity
- Learnt to read and write in prison
- Did not want to be the abuser
- Did nothing wrong
- Regret in not speaking out sooner
- Confusion in working with many professionals
- Wants to do something about abusive experience
- Constantly thinking similar to feeling insane
- Not receiving the help asked for
- Better to tell the truth
- Striving in the face of traumatic experience
- Building relational understanding of self

- Disclosing to different people
- Trying to mend relationships
- Cruelty to others in suicidal rhetoric
- Feelings of embarrassment
- Structural temporal experience of pastness
- Regret in voicing abuse
- Being towards death
- Strength in family relationships
- Grief and loss
- Masking voices through substance and alcohol use
- Want for change through medication
- Cannot articulate experience
- Voices want to take life
- Hears other people's voices
- Hearing something others cannot
- Increasing frequency of phenomenon
- Realness of experience
- Horrible, vile
- Temporal structure understood as a couple years
- Losing attunement to oneself
- Concern over other people's perceptions
- Physical sensations of non-existent objects
 - Objects becoming present at hand
 - Inauthenticity in the meaning of VH
 - Searching for meaning in the face of the phenomenon
 - Unable to sleep
 - Being misunderstood
- VH as a painful experience
- Acceptance of structure of reality
- Woman's voice enforcing harmful behaviour
- Expression of anger towards VH
- Fighting against suicidality
- Survival
- Intentional suicidality
- Difficulty in processing events
- Perception of self as strange
- Difficulty in interpersonal relationships
- Vulnerability in situation
- Complexity in language structures
- Shared connection in humour
- Deep voice echoes
- Desire to be heard
- Coping within revealing one's narrative
- Shy and introverted
- Building confidence in self
- Protection of the self
- Expression of anger towards voices
- Poor mental health
- Reflective awareness of self
- Anger towards those with predilection for children
- Expression of distress
- Sadness in the silence
- The thoughts that talk
- Holds no agency over voices
- Medication as helpful in reduction of VH

- Experiencing phenomenon during interview
- Uncertainty of self
- Inability to self-narrate as embarrassing
- Rejection of association to abuser
- Critical distance to look at life
- The owl of Minerva flies at dusk – Can only look back at the end of the day
- Time in prison 10 years ago
- Self-preservation and reflection
- Offending history over a lifespan
- Prison as place of safety from drugs and crime
- Want for things to be better
- Hope for change
- Many repeaters, almost like an echolalia
- Abuse related to offending
- Reaching for psychological help in prison
- Help seeking as futile
- No acquisition of treatment in prison
- Representing inauthenticity
- Prison as scary
- Strong need for protection
- Fear of death in prison
- Prison as a dangerous place
- Sense of injustice
- Frightened of personally directed violence
- Temporal structure of memory as uncertain
- VH not a good experience
- Saddened by lack of support in prison
- No help in prison at all
- Attended education in prison
- Trying to create an understanding of self for others
- Looking for meaning in the structure of experience
- Embodied pain of grief
- Searching for agency
- Wants coherency in thinking
- Wants to live a better story to tell a better story
- Self-medication as a way of manging voices
- Painful memories
- Trying to find sense in silence
- Hope springs eternal
- Not knowing how to live in the world
- Shared understanding through humour
- Finding hope in spite of it all
- Frightened to engage with services
- Difficulty engaging with rigid systems
- Fear of getting hurt
- Fear of not telling own story
- Power of narrative and having someone to listen to it
- Unsure of expression of expression of traumatic experience
- Freedom in sharing
- Many people move to death as an answer to pain
- Likens self to crocodile

- Desire to help others through developing understanding

Chronological List of Initial Statements – Micah

- Depression related to VH and strange beliefs
- Feeling afraid
- Possessed by something else
- Dyadic of funny and scary
- The space of home as unsafe
- Ability to see other people's minds
- Dissociation
- Dissociating as bodily
- Experience of dissociating as frightening
- Complexity in reality
- Voices as internal and external
- Experiences of paranoia
- Voices as negative
- VH as expression of badness
- Dropped out of college
- Cyclical pattern from stability to period of destabilisation of MH
- Paranoia essential component of VH experience
- Paranoia as an intensive experience
- Different voices confusing
- Concealing the authentic self
- Technology as an instrument to VH
- Explanation as challenging
- Clarity leads to realisation of distress
- Searching for validation in speech tags
- Complexity of language structures
- Voices taking life
- Voices hurting others
- Voices resulting in instrumental violence to another person
- VH as harmful to self and others
- VH instrumental in offence
- Substance use as contributor to VH
- Psychological trauma as contributor to VH
- Childhood as abusive
- No experience of safety in foster care
- Shared experience with sibling
- Lived space in psychiatric hospital
- Clarity in the therapeutic process
- Trauma linked to experiences of VH
- Misdiagnosis of presenting problems
- Anxiety and panic as part of VH experience
- VH part of structured dynamic of complex issues
- Worn down by depression
- Suicidality and being towards death
- Others attach their meaning to our experience
- Uncertainty in experience
- Recognition as key to clarity
- Drug therapy helpful but limited
- VH related to embodied experience of low self-worth
- Conceptualisation of voices as persecutory
- Voices as dangerous
- Voices offer protection for the self
- VH experienced as non-sensical
- VH as part of reality

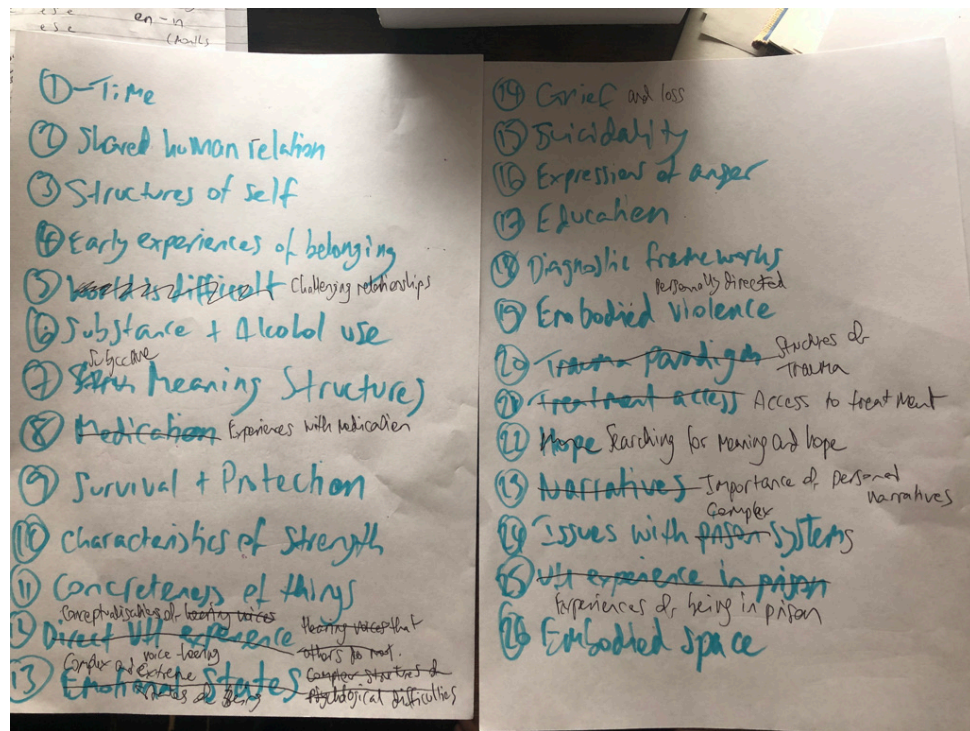
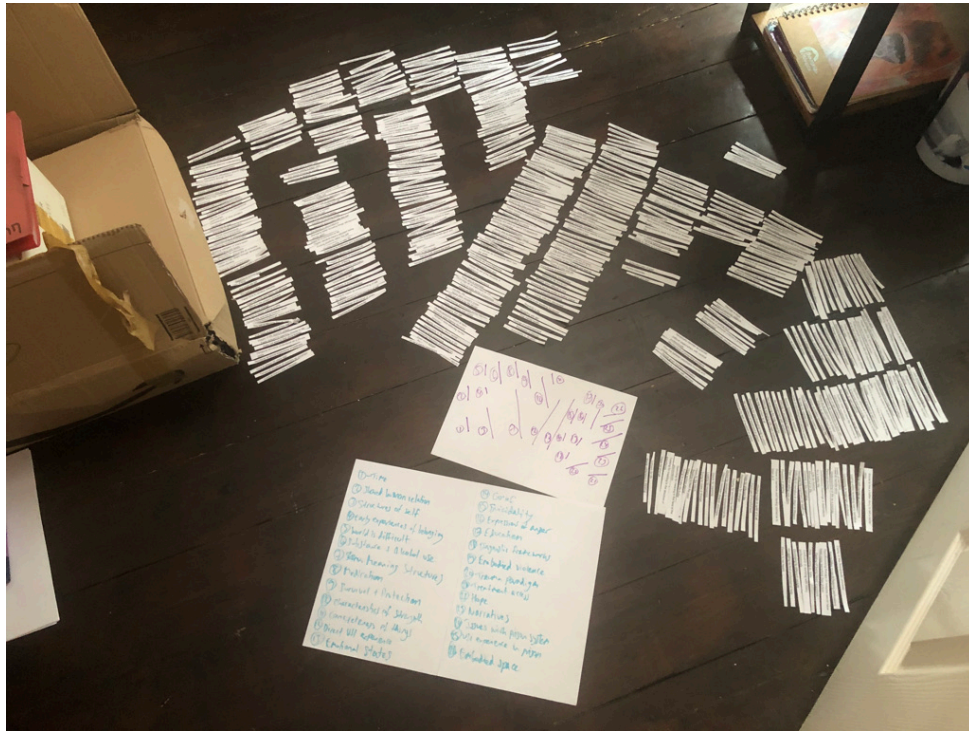
- Concreteness in the experience
- Feeling mentally damaged
- Ability to narrate story
- Critical reflectivity
- Time has a sense making quality
- Stress and depression antecedent to VH
- VH as a lifetime phenomenon
- Disappearing in the experience
- Too complex to explain
- Losing attunement to oneself
- Calm before the storm
- Difference between reality and self
- Questioning structure of experience
- Iterative process of acceptance and questioning of encounter
- Concern in the silence
- Concern for the self
- Lifelong affliction
- Laughing in the face of adversity
- Detrimental impact of distress
- Intentional suicidality
- Being towards death
- Voices can lead to destruction
- People are dangerous
- Belief in paranoia
- Mistrust of others
- Expression of anger acceptable in prison
- Enjoyment in violence
- Familiarity in circumstance
- Humour in the memory
- Paranoia as overpowering
- Fear of personal violence
- Confined space and time
- Embodied protection of the self
- Young offenders different experience to adult prison
- Unfinished sentences assume understanding in meaning
- VH in young offender's institution intensified
- YOI a scary space to inhabit
- Voices conceptualise others as dangerous
- Primordial sense of security for the self
- Survival
- Sense of travelling through the body
- Experience in prison for those who hear voices as distressing
- Childlike adult
- No psychological support in prison
- Lack of resources in prison
- Crisis management only support
- Support from previous relationships
- Embodied sense of being with others
- Living in isolation
- Primordial sense of fear in silence
- Significant difference in treatment availability in hospital and community
- Importance of access to MH services
- Orchestrating system to receive necessary help
- Victim of rigid systems
- Takes time to develop criticality
- Moving through lifespan instigates change

- Temporal change
- Concern towards mental health
- Change in outlook of being in prison
- Mental health declining
- Struggle when difficulty is new
- Difficulty in maintaining interpersonal relationships
- Feelings of regret
- Low self-confidence
- Low self esteem
- Socialising difficult
- Dyadic from mania to depression
- Uncertainty of own thoughts and feelings
- Mimics substance use
- Impulsive behaviour
- Opposite encounters with the self
- Feelings of guilt
- Embarrassed by situations
- Perception of self as strange
- Expression of abnormality from friendships
- Moving away from intersubjectivity
- Opposite in confidence to depressed state
- Confident in belief structures within mania
- Different energy in depression
- Feelings of lethargy
- Flip through different stages of mood
- Perception of self as broken
- Complicated process
- Significance in temporality of depression
- Extreme changes in mood
- Struggles with irritation
- Feelings of being completely overwhelmed
- Strong reflective capacity
- Cannot tolerate overload of information
- Unable to manage day to day
- Blank mind
- Difficulty with sleep
- Opiate substitute therapy helpful
- Feeling of stability with medication
- Stimulants related to paranoia
- Recognises paranoia and negative thinking within cannabis use
- Physical trauma
- Drug use as a relief
- Opiate substitute medication helps MH
- Capable of handling stress
- Sufficient skill in managing interruption
- Awareness of social cues
- Research treatments for depression
- Interest in others experiences in the world
- Degree of agency evident in life
- Voices more powerful during depressive episode
- Opiate substitute medication reduces voices
- Opiate substitute medication instrumental in mood changes
- Ability to narrate life helps live a life

- Power of narrative
- Having someone else listen
- Hope for a conventional life
- Deeply important social roles
- Desperation in the silence
- Managing better knowing things will become worse again
- Believes to be cursed
- Finding stress in daily activities
- Humour in the narrative
- Neglect of the self
- Experience mental blockages
- Those suffering psychosis or traumatic stress should not be in prison
- Putting people in prison with VH experiences as an act of cruelty
- Witnessing people in significant distress
- Prison officers stating these people should not be here
- Not enough money spent on mental health
- People within this structure of experience should be in hospital not prison
- Fine line between psychiatric hospital and prison
- Contributed to the exacerbation of feeling mentally unwell
- Process led by risk assessment
- Abstraction in ability to separate own experience
- Hypothesising therapy in hospital would have been more beneficial than prison
- Ability to reflect on social and political situation
- Belief in a solution if there is the will by those in power
- Financial orientation in policy decision making
- Recognises wider social problem
- Shared connection through humour

Primary Themes Derived from Initial Statements

N.B Statements that were duplicated or showed a very close similarity were discarded for clarity and ease of grouping



1. Time

- Essence of wasted time
- Loss of time
- Not much time left
- Elongation of time
- Takes time to develop critically
- Past has gone and future not yet here
- Being in the present moment
- Temporal change
- Time has sense making quality
- Temporality and being-towards-death
- Limited travel through space and time
- The owl of Minerva flies at dusk: can only look back at the end of the day
- Stages of life spent in prison
- Feels delayed in opening chapter in life
- Does not want to feel stuck forever
- Temporal structure understood as a couple years
- Structural temporal experience of pastness
- Temporal structure of memory as uncertain
- Time in prison 10 years ago
- Offending history over lifespan

2. Shared Human Relation

- Interest in others experiences in the world
- Shared experience with sibling
- Embodied sense of being with others
- Unfinished sentences assume understanding in meaning
- Support from previous relationships
- Searching for validation in speech tags
- Shared connection through humour
- Awareness of social cues
- Deeply important social roles
- Having someone else listen
- Others attach their meaning to our experience
- Sufficient skill in managing interruption
- Searching for human connection
- Desire for stability in a relationship
- Difficulty in maintaining interpersonal relationships
- Consideration of other people's narratives
- Relationship to God
- Being misunderstood
- Understanding of different perspectives
- Technology enabling connection

- Seeking validation in one's reality
- Reconnecting with family
- Searching for affirmation
- Desire to help others through developing understanding
- Trying to mend relationships
- Concern over other people's perceptions

3. Structures of the Self

- Awareness of self and concern for life
- Opposite in confidence to depressed state
- Perception of self as strange
- Difference between reality and self
- Too complex to explain
- Concern for the self
- Recognition as key to identity
- Capable of handling stress
- Opposite encounters with the self
- Familiarity in circumstance
- Managing better knowing things will become worse again
- Hope for a conventional life
- Higher vibration means elevated being
- Finding positivity within the self
- Finding stability in later life

- Searching for fulfilment and sustenance
- Experiencing vibrational discordance
- Religion as a form of sanctuary
- Authenticity of Being
- Uncertainty in future orientation
- Different parts of the self
- Uncertainty of the self
- Realness of experience
- Likens self to crocodile
- Trying to create understanding of the self and others
- Building relational understanding of self
- Acceptance and structure of reality
- Representing inauthenticity

4. Early Experiences of Belonging

- No belonging to begin with
- No experience of safety in foster care
- The space of home as unsafe
- Childhood as abusive
- Abandoned by family

5. Challenging Relationships

- Mistrust of others
- People are dangerous
- Voices hurting others

- Difficulty in maintaining interpersonal relationships
- Expression of abnormality from friendships
- Moving away from intersubjectivity
- Socialising difficult
- Living in isolation
- Challenging interpersonal relationships

6. Substance and Alcohol Use

- Abuse related to substance use
- Masking voices through substance and alcohol use
- Substance use as a contributor to VH
- Addiction as a lifelong condition
- Recognises paranoia and negative thinking within cannabis use
- Stimulants related to paranoia
- Mimics substance use
- Substances detrimentally effect relationships
- Alcohol leads to self-neglect
- Substances as way of coping with voices
- Alcohol leads to MH problems
- Alcohol is the Devil's work

- Substance use as an antecedent to VH
- Voices worse without substances
- Confusion between voices and effects of substances

7. Subjective Meaning Structures

- Life informed by religious sensibility
- Meaningful framework in cosmological understanding
- Making sense of life through cosmological structures
- Good people are not rewarded
- Abstraction in ability to separate own experience
- Concealing the authentic self
- Recommitment to Jesus
- Different framework for structuring different meaning
- To find purpose is Being in the world
- Existence as purpose
- Ability to sit with self
- Lifelong affliction
- Moving through lifespan instigates change
- Religion as an anchor for life
- Not knowing how to live in the world
- Intentionality in healing

- Idiosyncratic discourse rooted in human need
- Different people suffer differently
- World is a horrible place
- People know themselves
- Life as a constant battle
- Lacking fullness in life
- Life as ephemeral
- Notion there's a larger framework
- Cosmological understanding as scary
- Life as scary
- Each person's journey is unique to them
- The hidden truth
- Ariadne's thread through the labyrinth
- Feeling of a wasted life
- Life is suffering
- Explanatory framework for the good and bad
- Stoicism
- Introverted
- Sense of injustice
- Truth

8. Experiences with Medication

- Medication as helpful in reduction of VH
- Want for change through medication

- Opiate substitution medication reduces voices
- Opiate substitution therapy helpful
- Drug therapy helpful but limited
- Feeling of stability with medication
- Self-medication as a way of managing voices
- Self-medication to cover the pain of life

9. Survival and Protection

- Strength in family relationships
- Feels protection from parent
- Safety found at mother's house
- Self-preservation and reflection
- Protection of the self
- Survival through criminal activity
- Survival
- Embodied protection of the self
- Primordial sense of security for the self
- Strong need for protection
- Prison as place of safety from drugs and crime

10. Characteristics of Strength

- Degree of agency evident in life
- Humour in the narrative

- Humour in the memory
- Laughing in the face of adversity
- Dyadic of funny and scary
- Critical reflectivity
- Strong reflective capacity
- Insightful awareness of the human condition
- Confident in belief structures within mania
- Ability to comfort self
- Critical reflexivity in rational judgment
- Reliance on cosmology
- Enacting a promise to self and God as a highly motivating force
- Supernatural assistance
- Religion gives agency
- Determination through holy spirit
- Trying to implement better life for self
- Analysis for own life
- Agency over life
- Desire for control over life
- Philosophical reflection
- Transferrable skills
- Critical distance to look at life
- Building confidence in self
- Striving in the face of traumatic experience

11. Concreteness of Things

- Impulsive behaviour
- Distress over material situations
- Particular importance of recognisable patterns
- Freedom in movement
- Unawareness of actions
- Concrete plans
- Stealing to feed oneself
- Working hard for no reward
- Heavy reliance on finance

12. Conceptualisations of Voice-Hearing

- Voices more powerful during depressive episode
- VH experienced as non-sensical
- Uncertainty in experience
- Iterative process of acceptance and questioning of encounter
- Conceptualisation of voices as persecutory
- Manifestation of mind
- Voices conceptualise others as dangerous
- Voices offer protection for the self
- VH part of structured dynamic of complex issues
- Complicated processes

- Sense of travelling through the body
- VH as part of reality
- Complexity in reality
- Paranoia essential component of VH experience
- Concreteness in the experience
- VH as expression of badness
- VH as a lifetime phenomenon
- Voices as negative
- Losing attunement to oneself
- Questioning structure of experience
- Possessed by something else
- Ability to see other people's minds
- Voices as internal and external
- Voices resulting in instrumental violence to another person
- Technology as an instrument to VH
- VH as harmful to self and others
- Voices as dangerous
- Anxiety and panic as part of VH experience
- Hearing what people think
- Being able to read people's minds
- External voices want to do harm
- Feels cursed
- Voices are angels and devils
- Voices are demons
- Devil wants souls
- Awareness of presence of voices
- Suffering eternal torment
- Experiences are scary/terrifying
- Voices as part of the structure of experience
- VH not a good experience
- VH as a painful experience
- Feels akin to madness
- Trying to make sense of experience
- Impact on life
- Horrible, vile
- Heats other people's voices
- Experiencing phenomenon during interview
- Holds no agency over voices
- The thoughts that talk
- Objects becoming present at hand
- Physical sensations of non-existent objects
- Woman's voice feigning friendship
- Woman's voice enforcing harmful behaviour
- Hearing something others cannot
- Inauthenticity in the meaning of VH

- Increasing frequency of phenomenon
- Deep voice echoes
- Different voices confusing

13. Complex and Extreme States of Being

- Painful memories
- Detrimental impact of distress
- Belief in paranoia
- Worn down by depression
- Finding stress in daily activities
- Contributed to the exacerbation of feeling mentally unwell
- VH related to embodied experience of low self-worth
- Temporality of depression
- Extreme changes in mood
- Concern towards MH
- MH declining
- Different energy in depression
- Feelings of guilt
- Embarrassed by situations
- Low self-confidence
- Low self esteem
- Feelings of lethargy
- Blank mind
- Difficulty with sleep
- Unable to manage day to day
- Cannot tolerate overload of information
- Paranoia as overpowering
- Feelings of regret
- Struggles with irritation
- Dyadic from mania to depression
- Feeling mentally damaged
- Cyclical pattern from stability to period of destabilisation of MH
- Paranoia as intensive experience
- Depression related to VH and strange beliefs
- Experiences mental blockages
- Neglect of the self
- Flip through different stages of mood
- Stress and depression antecedent to VH
- Uncertainty of own thoughts and feelings
- Finding positivity difficult
- Unable to cope with life
- Experiences of paranoia
- Unchanging helplessness
- Missed out on life due to VH
- Struggle when difficulty is new
- Constantly thinking similar to feeling insane
- Cannot articulate experience
- Regret in not speaking out sooner
- Negativity in life
- Struggling with MH
- Expression of distress
- Vulnerability in situation

14. Grief and Loss

- Embodied pain of grief
- Painful memories
- Grief and Loss

15. Suicidality

- Intentional suicidality
- Suicidality and Being-towards-death
- Feelings of being completely overwhelmed
- Voices can lead to destruction
- Unable to cope with fear and anxiety of VH
- Sense of agency in taking own life
- Life's gone in a flash
- Voices want to take life
- Abuser took own life
- Abuse related to attempted suicide
- Many people move to death as an answer to pain
- Being-towards-death but wants to preserve life
- Fighting against suicidality
- Cruelty to others in suicidal rhetoric

16. Expressions of Anger

- Expression of anger acceptable in prison
- Enjoyment in violence
- The self as a deadly weapon
- Anger personified as the Devil
- Feeling angry if something is unfair
- Expression of anger towards God
- Anger towards those with a predilection for children
- Accusations of violence
- Expression of anger towards voices

17. Education

- Dropped out of college
- No learning in childhood
- Attended education in prison
- Learnt to read and write in prison
- Life of crime because of experiences at school

18. Diagnostic Frameworks

- Personality disorder as common diagnosis
- Difficult relationships with medical professionals

- Misdiagnosis of presenting problems
- Fine line between psychiatric hospital and prison
- People given the incorrect medication
- Frightened to engage with services

19. Embodied Personally Directed Violence

- Damage to body
- Fear of personal violence
- Feeling paralysed
- Perception of self as broken
- Fear of getting hurt
- Experience of personal violence in prison
- Frightened of personally directed violence

20. Structures of Trauma

- Trauma linked to experiences of VH
- Dissociating bodily
- Dissociation
- Disappearing in the experience
- Calm before the storm
- Those suffering psychosis or traumatic stress should not be in prison
- Physical trauma

- Psychological trauma as contributor to VH
- Experience of dissociating as frightening
- Embodied traumatic experience
- Experience of abuse as detrimental
- Unsure of expression of traumatic experience
- Wants to do something about abusive experience
- Difficulty in processing events
- Abuse related to offending
- Regret in voicing abuse
- Rejection of association to abuser

21. Access to Treatment

- Clarity in the therapeutic process
- Appreciates those in helping professions
- Hypothesising therapy in hospital would have been more beneficial than prison
- Feeling of being heard important
- Help seeking as futile
- Confusion in working with many professionals
- Disclosing to different people

- Struggling to find professional help
- Desire to be heard

22. Searching for Meaning and Hope

- Finding hope in spite of it all
- Feelings of hopefulness
- Hope for different life
- Aspirations for change
- Hoping for something better
- Desire for idealised conventional life
- Dialectic between despair and hope
- Desire for meaning
- Trying to make a change
- Hope for the future
- Seeking to heal the past
- Hope springs eternal
- Trying to make life better
- Searching for meaning in the face of the phenomenon
- Looking for meaning in the structure of experience
- Wants coherency in thinking
- Concern for life

23. Importance of Personal Narratives

- Wants to live a better story to tell a better story

- Inability to self-narrate embarrassing
- Coping within revealing one's narrative
- Complexity in language structures
- Power of narrative
- Ability to narrate life helps live life
- Understanding of life as a journey
- Personal journey
- Contradictory meanings and aspirations for a better life
- Life as rhetoric
- Comedy in the narrative
- Narrating life important for wellbeing
- Difficulty in narrative at stage in lifespan
- Fear of not telling own story
- Power of narrative and having someone to listen to it

24. Issues within Complex Forensic Systems

- Process led by risk assessment
- Lack of resources in prison
- Financial orientation in policy decision making
- Not enough money spent on mental health

- System focussed on statistics
- Recognises wider social problem
- Ability to reflect on social and political situation
- No psychological support in prison
- No help for MH
- Difficulty in accessing services
- No engagement with services
- No receiving the help asked for
- Crisis management only support
- Orchestrating system to receive necessary help
- Belief in a solution if there is the will by those in power
- Importance of access to MH services
- Significant difference in treatment availability in hospital and community
- Victim of rigid systems
- System does not have the resources to individualise treatment
- System as contributor to poor MH
- Police as instrument to prison
- Prison as instrument for medical treatment
- Prison as hateful but enables life
- Issues within complex systems

- Difficulty engaging with rigid systems
- No help in prison at all
- Reaching for psychological help in prison
- No acquisition of treatment in prison
- Saddened by lack of support in prison

25. Experiences of Being in Prison

- Experiences in prison for those who hear voices as distressing
- Young offenders different experience to adult prison
- Childlike adult
- VH in young offender's institution intensified
- People within this structure of experience should be in hospital not prison
- Putting people in prison with VH experiences as an act of cruelty
- Prison officers stating these people should not be here
- Witnessing people in significant distress
- Change in outlook of being in prison
- VH instrumental in offence
- VH in prison not good

- Experience in prison all encompassing
- Different as young at the time
- Prison as a dangerous place
- Prison as scary






26. Embodied Space

- Unsafety in living space
- Unchanging spaces
- Primordial sense of fear in silence
- YOI as scary space to inhabit
- Concern in the silence

- Desperation in the silence
- Feeling afraid
- Prison as last resort
- Confide space ad time
- Oppressive space
- Lived space in psychiatric hospital
- Solace in solitary confinement
- Living in fear
- Fear of death in prison
- Trying to find sense in the silence
- Sadness in the silence

Emergent Themes Derived from Primary Themes

Emergent Themes	Primary Themes
<i>Prison as Home: Confinement, Fear and Safety</i>	Experiences of being in prison
	Embodied space
	Education
<i>Conceptualisations of VH: A Personal Journey</i>	Subjective meaning structures
	Structures of the self
	Conceptualisations of voice-hearing
<i>Means of Survival: Persecution and Protection</i>	Survival and protection
	Embodied personally directed violence
	Expressions of anger
<i>Masking Pain through Substances</i>	Substance and alcohol use
<i>Complex Emotional States</i>	Complex and extreme states of being
<i>Embodied Traumatic Experience: From Past to Present</i>	Structures of Trauma
<i>Suicidality: Being-Towards-Death</i>	Suicidality
	Grief and loss
<i>Time</i>	Time
<i>Hope in the Meaning of Being</i>	Characteristics of strength
	Searching for meaning and hope
	Concreteness of things
<i>Searching for a Shared Understanding</i>	Early experiences of belonging
	Shared human relation
	Challenging relationships
<i>Importance of Individual Narratives</i>	Access to treatment
	Importance of personal narratives
<i>Issues within Mental Health Services in Forensic Systems</i>	Issues within complex forensic systems
	Diagnostic frameworks
	Experiences with medication

Key:	
Lived space -	
Lived body -	
Lived time -	
Lived relations -	
Other -	

Appendix K: A Contribution

Transcribing Vincent is probably the hardest thing I've needed to do throughout training. Every few pages I had to stop. Take a breath. Continue. That's how it went for approximately 8 hours. Stop. Take a breath. Continue. There were times he talked about how he probably did not have long left on this earth, words so poignant now. All my contributors' stories were so important to tell. Now Vincent's story is stopped in time. I'll never know if he would have managed to find the purpose he was looking for, to buy the car he so desperately wanted, all for the hope of seeing his grandchildren again. The rapport we built in only a couple of meetings felt significant. I thought about the people in Vincent's life and the impact he could have in such a short space of time. Humorous, and open, very much taking a no-nonsense approach to life. As I write I feel a great sadness and think about different forms of grief. I knew him just for a moment, and yet I have known so many people like him who were met with the same fate. Vincent in a way embodied the years of turmoil I have witnessed in men who have been a part of the system for such a long time, and I imagine who I will continue to meet.

I hope the way I have written Vincent does him the honour he offered to me by agreeing to be part of my research, and although anonymised, I hope he can be pictured and remembered by those who take the time to read about him. I think I certainly will for the rest of the time that I have left, as little or as much this may be. Finally, I come to a poem that reminds me of Vincent. William Blake, a tormented but beautiful writer and poet, was known to experience spiritual visions that strongly influenced his work. In this poem, I am reminded about Vincent's fight, his faith, and his pain, but also, that he felt he was moving through the darkness, finding a chance at a new beginning. Vincent believed he would one day be with the angels, and although I do not share his beliefs of the afterlife, I hope this contribution finds him there.

I Heard an Angel

By William Blake (1757-1827)

I heard an Angel singing
When the day was springing,
"Mercy, Pity, Peace
Is the world's release."

Thus he sung all day
Over the new mown hay,
Till the sun went down
And haycocks looked brown.

I heard a Devil curse
Over the heath and the furze,
"Mercy could be no more,
If there was nobody poor,

And pity no more could be,
If all were as happy as we."
At his curse the sun went down,
And the heavens gave a frown.

Down pour'd the heavy rain
Over the new reap'd grain ...
And Miseries' increase
Is Mercy, Pity, Peace.