



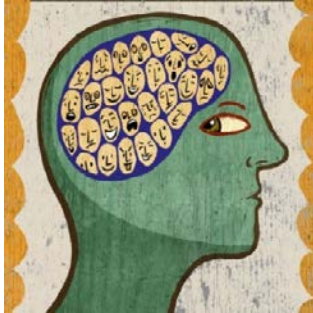
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# Voice Coping Strategies

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See [www.OnwardMentalHealth.com](http://www.OnwardMentalHealth.com) (Resources) for an array of integrative mental health material including the latest version of this monograph, extracted from our book, *Choices in Recovery*.

## WHAT IS THE ESSENCE?



People with schizophrenia often need coping strategies for their voices (also called auditory verbal hallucinations), since voices can often persist, even with the use antipsychotics<sup>1</sup> and non-drug approaches. Coping strategies can help decrease the frequency, duration, and intensity of voices.

Each person's experience with voices is different, so experimenting is the best way to find the coping strategies that work best for you. As you experiment, try to find ways that give you direct influence over your voices with increasing mastery.

Also, recognize and value even small successes you have in curbing your voices. This can give you incentive and hope to continue your recovery. Over time, you can expand and refine your repertoire of coping strategies and often gain increasing control. Also recognize that voices can change over time, so what works best today may not be what works best next month.

### **Subvocalization.**

We are verbal animals. Our thoughts are tightly coupled to our language and speech. When healthy people think and read, muscle activity called subvocalization can be detected in their throat and tongue.<sup>2, 3</sup> This inner speech can also include movement of the mouth and lips. We all tend to mumble under our breath, "talk to ourselves" and sometimes "think out loud" – using our voices to aid our thinking.

For instance, it is common to remember a phone number by silently repeating it, mouthing the numbers.

Growing evidence suggests that there is a strong connection between hearing voices and our language and speech. When people experience voices, their vocal muscle activity often increases. The words of the voices are sometimes "on the lips" of the individual and can be recorded with a sensitive microphone on the individual's throat.

One study found that hearing voices are often *preceded* by subvocalization - oddly, we seem to start mouthing the words of the voice, before we actually hear the voice. This reality leads us to subvocalization interruption as one method of coping (see below).

### **Search for root causes.**

As you work to cope with your voices, it is also important to engage practitioners to do a thorough biomedical and psychosocial evaluation to uncover potential underlying causes and influences of the voices. Possible causative factors include: food allergies, nutrient imbalances, hormonal irregularities, sleep problems, trauma, social isolation, emotional upheaval, stress, spiritual crisis, and many others.

Additionally, it is important to work to correct unhelpful lifestyle choices that can influence voices including drug and alcohol use, smoking, sedentary life style, poor diet, and others.

For more information on the wide variety of approaches to mental health recovery, see the book *Choices in Recovery* and the many resources of [Onward Mental Health](http://www.OnwardMentalHealth.com).



## COPING STRATEGIES

One helpful way to understand voice coping strategies is to consider them in three major categories based on the primary coping activity (see graphic).

- Interrupt.
- Relax.
- Engage.



### Interrupt.

Interruption strategies do not work directly with the voices, but take a more indirect approach to attempt to thwart, overpower, or misdirect them. Many of these strategies modulate sensory input, particularly sound. These distracting techniques seem to be preferred for individuals who experience negative and aggressive voices.

**Introduce competing sound.** Increasing or decreasing ambient sensory stimulation, particularly sound, has proven to be helpful.

Anecdotal cases have found that some people using sound-generator treatments (designed for tinnitus) for one month find

complete remission of audio/visual hallucinations.<sup>4</sup> Others found that listening to a stereo<sup>5</sup> or radio with headphones<sup>6</sup> can decrease or eliminate the severity of voices.

One study found that humming a single note can reduce auditory hallucinations by 59%<sup>7</sup> Singing, speaking aloud, or reading aloud – anything that uses the vocal cords – may also be helpful. These approaches appear to provide sound interference or distractions that disrupt the voice.

The content or meaning of the sound, such as interesting music, nature sounds, and interesting excerpts of speech, has been found to be important for some in helping to reduce the frequency of auditory hallucinations.<sup>8</sup>

**Reducing sound.** Interestingly, preventing sounds from entering the ear can be successful. One study found that patients who wore an earmuff on their left side showed a 50% reduction in voices.<sup>9</sup> One possible explanation for this is that hearing voices appears to be related to stress, and the ear muff may reduce anxiety by reducing distracting auditory input. An ear plug, especially high-quality ones used by musicians, will reduce even more sound and be less noticeable.

**Reducing visual stimulation.** Closing the eyes to reduce visual stimulation may also be effective.

**Concentration.** Concentrating on something other than the voices will often encourage them to subside. This is a method of distraction – placing your focus on something other than your voices so that the voices are less a part of your consciousness.

You can choose whatever object of focus you find convenient or interesting. It can be as simple as counting to yourself. Often, an important factor is the degree of the person’s interest or enjoyment in the activity. Puzzles or games can be effective, particularly word games. Reading and watching a video are more sedentary ways to concentrate.



You can also choose to focus your attention on your bodily movements by doing physical activities like walking, running, gardening, cleaning the house, engaging in sports, or anything else that you may choose. Especially things that are repetitive (like walking) can be very mentally engaging if we focus closely on the process – a notion used in “walking meditation”.

Your concentration can also be religious or spiritual in nature: meditation, prayer, mantra repetition, mindfulness techniques, and the use of affirmations have been found to be helpful.

**Subvocalization interruption.** If subvocalization movements can be interrupted, hallucinations often decrease markedly. In one study, fourteen of eighteen patients with schizophrenia were able to eliminate their auditory hallucinations by interrupting their subvocalization.<sup>10</sup>

This interruption can sometimes be achieved through slight movements of the head, lips, mouth, tongue, or throat.

One study found that when individuals held their mouths open during the experience of voices, they stopped in 72% of the cases.<sup>10</sup>

## Relax.



Relaxing strategies recognize that the frequency and intensity of voices are sometimes related to the amount of stress and anxiety we experience. A variety of anxiety reduction

techniques have been effective in promoting relaxation and reducing the frequency and impact of voices.<sup>11</sup>

**Social Contact.** Either increasing or decreasing social interaction can be helpful. One study<sup>12</sup> concluded that increasing social contacts and conversing can reduce voices.

Experimentation here is important. If you find social interaction energizing, you may benefit from doing more of it, as a coping strategy. Others find that they need to withdraw from social interaction, since it may be a source of stress that can increase voice activity.

**Talking with others.** There is evidence that conversing with others can reduce the intensity of the hallucinations. Having conversations seem to have multiple benefits. It can distract the mind from voices by introducing competing sound; it can provide a new object of concentration to take our minds off of voices; and, if we talk with supportive people, the experience can be relaxing. This can be as simple as calling a supportive friend on the phone.

### Other relaxation techniques.

Aromatherapy, massage, a hot shower, playing with a dog, experiencing nature, playing a musical instrument, engaging in an artistic project, and a variety of other relaxation techniques can be helpful.

Progressive Muscle Relaxation involves a simple tensing and relaxing of specific muscle groups, one at a time, to create a sense of deep relaxation and calmness. It can be used to relax both physically and mentally.

Ujjayi Breathing is one of a variety of deep breathing techniques (see figure below), that slows respiration, reduces the heart rate, and calms our mind. It uses a slight tightening of the throat that may be helpful for subvocalization interruption.



### Ujjayi Breathing

- *Sit with your spine erect.*
- *Slowly exhale through your mouth making a “haaah” sound like trying to fog a mirror. Notice the slight tightening of the throat.*
- *When ready, seal the lips.*
- *Breathe through your nose on both the inhale and exhale pausing after each, to achieve 2-5 breaths per minute. Make a soft “haaah”-like sound both in and out, while gently constricting the throat.*
- *Continue comfortably, with your attention focused on your breath.*

*Try it when you are depressed, anxious, angry, or afraid, to promote calmness.*

### Engage.

Engagement strategies work directly with the voices as understandable realities. Using these strategies, voice hearers can talk directly with voices, search for meaning in their words, and in many ways negotiate with them as if they are people.

Although we may not believe that voices are intelligent realities, *working with them as though they are*, and using our normal people interacting skills, can often reduce their frequency and intensity.

We may be able to reason, negotiate, or argue with some voices. We may find other voices can come under our direct influence – we might be able to assertively tell them to stay away. In some cases we may find that we can simply ignore certain voices, and with the absence of our attention they may fade away. In yet other cases, we may experience voices as menacing bullies that require caution.

Experiment with engaging voices in different ways. Find the strategies that give you the most control over them.

**Find meaning and reframe voice content.** It is often helpful to find personal meaning in

your voices. One way is to consider voices to be misunderstood aspects of our personalities, or unaddressed past issues or trauma. Viewed in this way, voices can be considered to be an expression of what may need to change or heal within ourselves – aspects we may be able to increasingly understanding, embrace and integrate.

Try assuming that voices are present to help you, but are clumsy in their helping. Analyze their words, and try reframing their negative language into something constructive. For example, if voices say you are an incapable person, acknowledge that you have improvement areas, like everyone. Then put positive focus on an improvement area of your choice.

**Stand apart from voices.** Don't necessarily agree with or trust what your voices say. Instead, rationally assess their words and make your own determination. Consider voices objectively from a distance, and imagine that they may be troubled, even desperate. Imagine that they may have difficulties that compel them to bring their voice to your consciousness.

As you do, you may find it helpful to adopt an attitude toward the voice similar to that of a parent toward an injured or frightened child.

**Show kindness to voices.** As is true in working with people, showing compassion to voices may be helpful. This is made easier if you consider voices to be aspects of yourself or something with an independent existence from yourself. Treating voices with kindness may surprise them, and sometimes create a turning point in your relationship with them.

**Selective listening to voices.** A common coping strategy is to select which voices to listen to or ignore. About one-third of voice hearers can completely ignore the voices,<sup>13</sup> though this approach may cause the voices to become more hostile.

From limited evidence, a better method may be to listen to “positive” voices only. Some found this offered a greater control over the





voices, while others found it a process of learning to think more positively.

Selective listening appears to be a favored approach for those who feel that they are stronger than their voices.<sup>14</sup>

**Draw limits with voices.** Some find it helpful to accept a voice, but to constrain or structure its expression (for example, setting certain times of day or topics for the voices).

**Take initiative with voices.** Asking voices about themselves may help. Ask their age, why they are pestering you, their recreational activities, anything that comes to mind. This puts you in a more assertive relationship with voices and may help you more willfully control them.

**Frustrate voices with repetition.** Try repeating to yourself everything your voice says, word for word, in your mind. This may cause voices to stop, or become calmer. For loud voices, slowly reduce the “volume” as you repeat the words; this can often reduce the volume of the voice itself.

### **How can supporters of voice hearers help?**

For those supporting voice hearers, it is important to show respect to the individual and honor their voice hearing experience, and even show respect to the voices themselves.

To a significant extent, voices are meaningful to voice hearers, so we should respect that meaningfulness. In fact, research suggests that people’s beliefs about their voices and the power of those voices may be the most important factor in the degree of distress they experience.

The voices themselves might also contain considerable information about unresolved feelings and conflicts. A better understanding of the voice experience can help us provide more helpful support.

We don’t need to understand or agree with the voice hearers view of their voices, but we do

need to honor it. We should acknowledge that this experience is a painful and difficult reality, regardless of how it compares to our reality. We can honor their experiences and earn their trust only if we support them without judgment. Being non-judgmental is important. So is ignoring the stigmas associated with specific illnesses.

Each person experiencing voices regards the challenge differently. Some view it as a chemical imbalance in the brain; others regard it as a sickness, a spiritual crisis, a set of strong emotions out of control, a connection with spirits, or an opportunity for relief and growth. Supporters aren’t helping in recovery if they insist that their loved-one accepts one particular framework of understanding.

The best way we can assist in mental health recovery is to understand the patients’ perspective. Their recovery must be grounded in their perspectives and needs and start from that place. To force another viewpoint is like standing far away and demanding, “Come here!” instead of going close and asking, “How can I help?” The first approach rarely succeeds. The second is one of the best ways to express respect.

### **WHAT CONSIDERATIONS SHOULD I KEEP IN MIND?**

Coping strategies are helpful in reducing the frequency and intensity of voices. Personal experimentation is the only reliable way to determine what works for you. The good news is that with this experimentation, methods can often be found.

It is helpful to understand if voices can be heard by others, or just by you. One way to do this is to simply ask a friend with you if they can hear the voice when you are experiencing it. You can also attempt to record the voice with your phone or other device.

Over time, you often can develop a better sense of whether the voices you hear can be heard by others. When they cannot be heard by



others, you can then use the techniques outlined in this monograph to cope with them. If you find it necessary to talk with voices while in public, putting your cell phone to your ear and speaking in normal tones can disguise your conversation.

It is often helpful to write down and analyze what your voices are saying and how they are saying it. Notice themes in both content and emotion. One way to look at voices is to consider them to be aspects of yourself that need attention, assistance or resolution. Understanding recurring themes can sometimes guide you to past events, traumas or perspectives that require healing.

Consider writing down in a journal each day your experience with voices. What voices were speaking? How intense and disruptive were they? It is sometimes helpful to use a 1-10 rating scale. You can chart this information to see notice patterns that may help you predict when voices might arrive and give insight on how to best address them.

Certain triggers often occur right before voices start or get stronger. Look for them. Once identified, you can work to either avoid the trigger or decrease its impact on you. For instance, if interacting with a particular person is a trigger, you may find calming yourself before working the person or limiting your dialogue with the person helpful.

Sharing your experience with other supportive people may be helpful. Hearing Voices Network and other support groups can be found in many cities. It is often *unhelpful* to share your experiences with people who are overly negative and critical.

Voice coping strategies are often only partially effective. As you work with voices, try to simply accept your current situation. It is what it is. Although we want a different situation, and are actively working to create it, dwelling on the pain of our current situation is often counterproductive. Find a bit of happiness in the progress you have already made instead of getting down about the progress yet to come.

Voices are not your life. Work positively toward something you value, something unrelated to your voices. You don't need to have the voices stop to have a happy and productive life. Take small steps toward things you find important, even if the voices remain.

Thanks to Ron Unger ([www.RecoveryFromSchizophrenia.org](http://www.RecoveryFromSchizophrenia.org)) for his efforts to help those who hear voices and for some of his ideas included in this monograph.

## PERSONAL EXPERIENCES



Individual experiences vary, so experimentation is important. Here are a variety of first hand experiences.

*“I ignored the voices or tried not to listen to them but it was just one time out of two that I found these strategies useful. I then tried to scold the voices in my head, and sang to them about four times a week, and this turned out to be the most effective method... I could not reject the voices but gradually accepted their existence though I did not like them.”*

*“I have tried to ignore the voices, ask the voices to go away, set the boundaries with the voices, and use distraction, such as engaging myself in other activities. They don't seem to work well... I give two scores for jotting down the content of the voices and covering my head with a blanket, and I give 5 as the highest score*



for paying attention to what the voices said to me.”

“I ignored the voices when I was not interested in them... I found it more effective if I sometimes argued with the voices. I was happy when I won through my sound argument and the voices would stop at times... I also set boundaries with the voices so that the voice identities only giggled to themselves instead of speaking to me... I consider my active reaction to the voices was the most effective way to deal with them.”

“I did not share my voice hearing experience with others as I believed that others did not know about (my condition) and would look down on me. I would only talk about my voice hearing to those (who) understood my illness...”

“...The social worker explained to me that the voices were hallucinations and encouraged me to communicate with my family members, friends, and advised me to find something to occupy myself during the day. I found such support and supportive communication to be effective in managing my problems...”

This process of constantly questioning the voices can be surprisingly successful. “After a while I found that the voices didn’t know the answers to the questions that I also didn’t have answers to and then I realized that they must be coming from within me. So I realized that they were only auditory hallucinations. You can also ask them a word in Chinese or the solution to a math problem that you don’t know the answer to. If the voices don’t know the answer then they must be hallucinations.”

**Practitioner's Story – Talking to people about their voices**

Mark Ragins is a psychiatrist who went to medical school in the days when the experts warned students about inviting patients to talk about their auditory hallucinations, with the explanation that talking about them would “feed into them and make them worse.”

“I was taught that the psychoanalysts wasted a lot of time trying to connect to people with psychosis and find meaning in their psychosis,” he said. “I was taught that there is no meaning. All we needed to know was enough to prescribe medications and assess if the meds worked.”

But, in the course of his career, he began listening to reports of several promising developments for the treatment of psychosis: Cognitive Behavioral Therapy for psychosis, dialogic therapy, and voice hearers. But he knew that none of them were used often.

“Why?” he asks rhetorically. “I think one reason is that we’d have to actually talk to people in depth about their individual psychotic experiences, and we’re unable, or simply refuse, to do that. Think about it for a minute. How can we help people develop more positive ways of thinking about and interacting with their voices without talking in detail about how they think about and relate to their voices now?”<sup>15</sup>

**Bottom Line:** Dr. Ragins thinks it is counterproductive to label someone’s compelling reality meaningless. The better we understand and accept a voice hearer’s reality, the more we can eliminate the barriers, so those patients can get help. To judge their experience as meaningless can be stigmatizing and disempowering, and may close a path to recovery.

**Case Study – Working with Voices (Schizophrenia)**

Lana was diagnosed with schizophrenia after reporting she was hearing voices. After consulting with practitioners, she decided to ignore the voices in her head. “I asked them to leave me alone,” she recalled. “In my ignorance, I handled this in a totally wrong way. You can’t just put aside something that exists and manifests itself in you in such a strong way. The voices would lose their right to exist because of a lack of attention and energy, and of course this was not what they wanted.”

Until she made her request to the voices, they had been “polite and friendly,” but that immediately changed; their tone reversed. “It was a full-blown civil war,” Lana



*admitted, “but I continued to ignore everything. I kept myself busy. My house had never been cleaner, and my garden was never taken care of better. My life became more peaceful, but in a constrained way; I almost couldn’t relax anymore.”<sup>13</sup>*

**Bottom Line:** Each report of experiences with voices is different. Hearers must find coping strategies that work for them.

### **Case Study – Voice Dialoguing (Schizophrenia)**

*Jacob heard only one voice, an extremely destructive voice that repeatedly demanded that he take his own life.*

*When the Voice Dialoguing facilitator spoke with the voice, it was extremely hostile and expressed anger and frustration toward Jacob. The facilitator asked the voice if it was hard to carry all this anger. The voice said it was. The voice also confirmed that it wanted Jacob to become stronger, and that its efforts to move Jacob in that direction weren’t working. The facilitator asked the voice if it wanted help finding better ways to support Jacob. The voice appeared to be intrigued and agreed.*<sup>Error! Bookmark not defined.</sup>

*From that time on, the voice began to evolve from a destructive bully to a supportive companion who tried to help Jacob express what he needed.*

**Bottom Line:** Voices are often very real to those who experience them. Directly working with that reality can be a way to help change it.

### **Case Study – Hearing Voices Network (Schizophrenia)**

*Eleanor Longden started hearing voices that became progressively worse, even menacing. Her life became a living nightmare as the voices became not only her tormentors, but her only companions.*

*She was hospitalized for three months and prescribed psychotropics, but they did*

*little good. She felt “discarded by the mental health system” that didn’t know how to help her. She also began to self-harm, became suicidal, and was hospitalized.*

*A breakthrough came when she worked with a new psychiatrist who suggested Hearing Voices Network (HVN), a form of group therapy. Together, the members searched for meaning in their voices. Eventually she regarded the voices as entities tied to abuse she suffered as a child.*

*She found this supportive group format helpful. She started treating the voices with respect and viewing their messages as metaphorical. This allowed her to set boundaries for them and gain significant control over them. Over three years, she was able to reduce, then eliminate, medication.*

*She regained her life, returned to school, earned an advanced degree, and become gainfully employed. The voices occasionally return, but she remains in control. She has shared her experience with millions on a TED Talk (<https://goo.gl/pwJZ5u>).<sup>16</sup>*

**Bottom Line:** Regardless of your beliefs about voices, treating them with respect as if they were real may dramatically decrease their impact.

### **Case Study – Hearing Voices Network (Schizophrenia)**

*Rachel hears thirteen different voices, some angry and violent, some scared, others mischievous. After joining a Hearing Voices Network group, she found ways to cope with the voices and no longer feels terrorized by them. Now she chooses whether she listens to them and how she responds if she does.*

*Some of the voices are now much more helpful, serving as a window into her feelings, letting her know what problems in her life need to be addressed.<sup>17</sup>*

**Bottom Line:** No matter your view on voices, talking with them sometimes helps. Do what works.





## WHAT ARE ADDITIONAL RESOURCES?

- Voice Dialoguing. <http://goo.gl/fJ9ovd>.
- Avatar Therapy. <http://goo.gl/rdxYpH>.
- Open Dialogism. [www.dialogicpractice.net](http://www.dialogicpractice.net).
- Soteria. [www.moshersoteria.com](http://www.moshersoteria.com).
- Diabasis House – medication-free treatment. <http://goo.gl/iF8j8J>.
- Hearing Voices Network. [www.intervoiceonline.org](http://www.intervoiceonline.org).
- Guided Self-Determination. <https://goo.gl/JpL8gM>.
- Hearing Voices Network, <http://goo.gl/GlbkqY>.
- Better Sleep for Voice Hearers, <http://goo.gl/HBOF3i>.
- Ron Unger Psychosis tools. [www.recoveryfromschizophrenia.org](http://www.recoveryfromschizophrenia.org).
- Recent Advances in Understanding Mental Illness and Psychotic Experiences, <http://bit.ly/fC7BGf>.
- Nutrition for Schizophrenia. Overview <https://goo.gl/7klKaK>.
- Niacin Trials <http://goo.gl/ka8sLs>.
- Voices. Hearing Voices, Talking with Voices, [www.rufusmay.com](http://www.rufusmay.com).
- Living with Voices, 50 Stories of Recovery, <http://goo.gl/4gz653>.
- Understanding Psychosis and Schizophrenia, British Psychological Society, <https://goo.gl/GjoA1e>.
- Dealing With Psychosis Toolkit. <http://goo.gl/oQgJUk>.
- Mind-Body Tools for Psychosis. <https://goo.gl/Oj5Xe4>.
- Living with Schizophrenia. [www.livingwithschizophreniauk.org](http://www.livingwithschizophreniauk.org).
- Schizophrenia Commission. 2012 report <http://goo.gl/wdSjRQ>, and executive summary <http://goo.gl/4MOJXi>.
- Onward Mental Health Psychosis Resources. <https://goo.gl/XwsgkZ>.

<sup>1</sup> Shergill SS et al, Auditory Hallucinations: a review of psychological treatments, *Schizophr Res*, 1998, PMID: 9720119.

<sup>2</sup> Sokolov, A.N. *Inner Speech and Thought*. New York: Plenum Press, 1972

<sup>3</sup> Pitner R, *Inner Speech during silent reading*, *Psychol Rev*, 1913.

<sup>4</sup> Kaneko Y. Two cases of intractable auditory hallucination successfully treated with sound therapy. *International Tinnitus Journal* 2010, PMID: 21609910.

<sup>5</sup> Johnston O, The efficacy of using a personal stereo to treat auditory hallucinations. *Behav Modif* 2002, PMID: 12205826.

<sup>6</sup> Mallya AR, Radio in the treatment of auditory hallucinations. *Am J Psychiatry* 1983, PMID: 6614254.

<sup>7</sup> Green MF. Subvocal Activitv and Auditory Hallucinations: Clues for Behavioral Treatments? *Schizophrenia Bulletin*, 1990, PMID: 2077639, <http://goo.gl/2j2oHr>.

<sup>8</sup> R. Lakeman, "Making sense of the voices," *International Journal of Nursing Studies*, 2001, PMID: 11524099.

<sup>9</sup> Bagul C et al. Effects of Coping Strategies on Chronic Drug Resistant Auditory Hallucinations in Schizophrenia: A Cross Over Study, *Indian Journal of Occupational Therapy*, 2012, <http://goo.gl/FaE6T1>.

<sup>10</sup> Bick PA et al, Auditory hallucinations and subvocal speech in schizophrenic patients. *Am J Psych*, 1987, PMID: 3812794.

<sup>11</sup> Haddock G et al, A comparison of the long-term effectiveness of distraction and focusing in the treatment of auditory hallucinations, *Br J Med Psychol*, 1998, PMID: 9733427.

<sup>12</sup> Ng Petrus, Recovering from Hallucinations: A Qualitative Study of Coping with Voices Hearing of People with Schizophrenia in Hong Kong. *The Scientific World Journal*, 2012, <http://goo.gl/FRzTXI>.

<sup>13</sup> Romme AJ et. al., Hearing Voices, *Schizophrenia Bulletin*, 1989, <http://goo.gl/fq7M1>.

<sup>14</sup> NG P et al, Recovering from Hallucinations: A Qualitative Study of Coping with Voices Hearing of People with Schizophrenia in Hong Kong. *Scientific World Journal*, 2012, PMID: 23304082, <https://goo.gl/r94ChM>.

<sup>15</sup> Ragins M, Talking About Psychosis, Part 1: Why Do It?, [www.MadInAmerica.com](http://www.MadInAmerica.com), 2014, <http://goo.gl/P5uSpG>.

<sup>16</sup> Hilpem K, How I tamed the voices in my head, *Intervoice*, 2007, <https://goo.gl/ldJQHq>.

<sup>17</sup> Science Daily, Voices in people's heads more complex than previously thought, 2015, <http://goo.gl/19dik0>.