Lisa Blackman*
Embodiment and Voice Hearing

Abstract | This article will reflect on almost twenty five years of working on issues that the phenomenon of voice hearing present to scholars interested in embodiment and mental health. My interests stem from my personal experience of living and growing up with a mother diagnosed with severe mental health difficulties, and how my understandings have developed from my long-standing collaborations with the *Hearing Voices Network* (HVN). The article is situated within issues that emerge from British psychiatric culture, but I hope that the reflections will provide important sites, links, concepts and practices that might help those working in the area of body studies within more transnational contexts to further shape and develop their own analytic and critical practices. The discussion will centre on the practices of a psychiatric user-movement, the *Hearing Voices Network*, that provide a radical challenge to the alignment of body, culture and identity in the production and understanding of psychopathology and specifically the phenomenon of voice hearing. The article will consider the importance of affectivity, relationality and embodiment in understanding the relationship between the performative injunctions of bio-psychiatry, the transformative practices of the *HVN* and the production and transformation of subjectivity.

Keywords | Hearing voices – socio-anthropo-psycho approaches of embodiment – subjectivity, trauma and entanglement – psychopathology

295

Introduction

THIS ARTICLE WILL reflect on almost twenty five years of working on issues that the phenomenon of voice hearing present to scholars interested in embodiment and mental health. My interests stem from my personal experience of living and growing up with a mother diagnosed with severe mental health difficulties, and how my understandings have developed from my long-standing collaborations with the *Hearing Voices Network*. The article is situated within issues that emerge from British psychiatric culture, but I hope that the reflections will provide important sites, links, concepts and practices that might help those working in the area of body studies within more transnational contexts to further shape and develop their own analytic and critical practices. The discussion will

** Goldsmiths College, University of London, Gran Bretaña.
E-mail: l.blackman@gold.ac.uk

centre on the practices of a psychiatric user-movement, the *Hearing Voices Network*, that provide a radical challenge to the alignment of body, culture and identity in the production and understanding of psychopathology and specifically the phenomenon of voice hearing. The article will consider the importance of affectivity, relationality and embodiment in understanding the relationship between the performative injunctions of bio-psychiatry, the transformative practices of the *HVN* and the production and transformation of subjectivity. Before I discuss the important theoretical and analytic issues that arise from considering embodiment in the context of voice hearing, I want to turn to the practices of the *Hearing Voices Network*, and the radical reconfiguration of voice hearing that has been shaped, developed and lived by voice hearers, and which is entering a new phase in present contexts and formulations.

The Hearing Voices Network

The *Hearing Voices Network* (*HVN*) is an international network of alliances between service users, professionals and families, carers and friends of voice hearers, which originated in the Netherlands and is linked to the pioneering work of two Dutch psychiatrists, Marius Romme and Sandra Escher (Romme and Esher 1993) and brought to the UK by Paul Baker, chair of Intervoice in 1988.[1] The beginnings of the network are linked to the appearance of Marius Romme with one of his patients, Patsy Hague on a popular Dutch television programme. She talked about her experience and theory of why she heard voices. This was based on her reading of a theory of bicameral consciousness written by the maverick psychologist, Julian Jaynes (1976). The response to the programme was overwhelming with over seven hundred voice hearers contacting Romme. He established that there were many people who heard voices who had never been in touch with psychiatric services. Romme's interest shifted to a focus upon the kinds of non- psychiatric explanations and coping strategies these individuals had developed to manage their voices. The hearing of voices is generally regarded as indicative of mental illness. Indeed, such an interpretation is central to the diagnostic systems of psychiatry and to most psychological forms of treatment. The evidence that emerged suggested that hearing voices is far more common than believed, and that those who develop non-psychiatric expla-

1 Paul Baker was a support worker based in Manchester who attended a conference in Trieste in 1988, which was called 'The Question of Psychiatry', sponsored by the World Health Organisation. It is here that he heard about Patsy Hague and Marius Romme. As well as bringing the *HVN* to the UK's attention he also founded Intervoice, an international alliance of voice hearers, friends and trusted professionals. Information can be found at http://www.intervoiceonline.org/

nations of their voices may live with them very well. This information formed the basis of the aims and mission of the *HVN*. I started my research with the *HVN* back in the early nineties in Britain when a few committed voice hearers, many of whom are now sadly no longer with us, focused their energies, labour and passions on setting up the first hearing voices group in Manchester, run purely on a charitable basis, and with the aim of creating an alternative to what was being offered within psychiatry. It is easy with hindsight to feel nostalgic for that time, which I experienced as one of intense camaraderie and attempts to work across differences of class, race, gender and sexuality, but I remember feeling full of hope that the possibility of different futures for many living with severe mental health difficulties might be possible.

At that time the network had very clear aims and regulations which governed how relationships between voice hearers and professionals might be enacted. The aims of the network were to create the conditions through which individuals might develop effective strategies for managing and coping with their voices. A key site for this development was the self-help group that was run *by* and *for* voice hearers and which eschews the usual professional/user relationship. Voice hearers were considered experts-by-experience, who given appropriate support would be able to explore and find their best strategy for self-management. The bio-medical model, although not rejected or opposed outright, was offered as simply one possible way of enacting one's identity as a voice hearer. One might argue that the network is illustrative of the consumerist ethic that besets the management of health in advanced liberal cultures (Giddens 1991; Stacey 1997). However, although plurality described the ethos of the *HVN*, the constraints and limitations of biomedical discourse are central to the kinds of reflexive relationship engendered within the network.

My research combined an ethnography incorporating voice hearer's narratives about their own lives and voices; a genealogy of how voice hearing had emerged within psychiatry to be considered a fundamentally pathological phenomenon; set within the context of work on embodiment and critical psychology to help me understand the theoretical and analytic issues at stake. This research was written up in a book, *Hearing Voices: Embodiment and Experience* (2001), and represents a historical account of the emergence and shaping of the *HVN* throughout the 1990's, which I primarily understood through Foucauldian work on ethics and techniques of the self (1990), and work on cultural embodiment drawn from anthropology (particularly the work of Thomas Csordas 1994; 2002) and feminist work on the body (see for example, Franklin 1998). The book focused on the key techniques that the *HVN* were encouraging and supporting voice hearers to adopt, which in my experience, and those of many voice hearers, were producing profound transformations in subjectivity and

embodied experiences of voices. As I have already argued at length elsewhere in relation to these practices, they challenge the presumption of biological psychiatry, which primarily works on the presumption that talking to the voice hearer about their voices will reinforce a reality which is linked to biochemical disturbance. Where psychiatric practice tends to work *against* the voices, this is in contrast to the *HVN* who work *with* the voices. Rather than dismiss or deny the voices, the *HVN* encourage the voice hearer to accept and focus on the voices, to listen to and interact with them in particular ways.

At the time of my research voice hearers were encouraged to engage in certain activities and practices of the self to focus on the voices. This included writing them down, recounting them within the context of the self-help group, repeating them aloud to oneself and others and sharing them with trusted others. Ron Coleman, a voice hearer and later co-ordinator of the *HVN* in Britain and Mike Smith, a psychiatric nurse, worked together to produce a manual to help voice hearers in this endeavour. The manual was designed to help voices hearers to work with their voices in order to transform their felt, bodily, lived experience of the voices (Coleman and Smith 1997). The manual functioned as a technology for self-production encouraging the voice hearer to understand, contextualize, organize, accept and work with the voices. The workbook was divided into sections that materialise the different elements into a systematic, routine writing practice. The manual acted much like a confessional tool. It enabled individuals, by their own means, or with the help of a trusted friend or professional, to rethink and relive their experience of voices. The hearer is introduced to voice hearers throughout history that have experienced their voices as sources of inspiration rather than as painful, isolated experiences.

The act of focusing on the voices, writing them down, sharing them and attempting to listen to what the voices might have to say produced profound transformations in being and becoming. I witnessed this myself within the groups I attended and sat in on as an honorary voice hearer - that is as somebody who became a trusted interlocutor, primarily because of my own experiences of growing up with a Mother who hears voices. However, the transformations that I witnessed were not down to a cognitive leap of faith or change in belief about the nature of the voices on the part of the voice hearer. I argued that individuals required a kind of soul support or the 'help of the other' (Foucault 1990, 53); a kind of shared co-presence and co-enaction. This is where other members of the network offered specific kinds of guidance and counselling and it was recognised that in order for the practices to work the voices would have to be distributed, shared, owned and engaged by the group, understanding the voices as perhaps more akin to relational phenomenon that blur the distinction between the self and other, past and present, and material and immaterial.

It is this aspect of the embodiment of voice hearing that I have been exploring in my recent book, *Immaterial Bodies: Affect, Embodiment, Mediation* (2012). The 'self-help' or group meeting was one of the key sites through which these techniques of transformation took place. Within the meetings, through the processes of reversal that I have already outlined, individuals were also encouraged to develop their own framework of reference. These frameworks incorporate different ways of understanding and enacting one's identity as a voice-hearer. Although biomedical discourse exists as a possible framework, it was largely challenged for the primacy of denial seen to be central to its practices. This, according to the *HVN*, is one of the main reasons why service users spend so many years within the psychiatric system in a continual cycle of crisis, denial, insight, recovery, relapse and crisis.

Rather than being invited to overcome or deny the voices, where the voice is objectified as 'not-me', the voice hearer is encouraged to make friends with the voices and integrate them into their life

The relationship between affect, the body and culture is cast in a new light within the practices proffered by the *HVN*. Firstly, the distinction between the self and other central to the way in which voices signify within biomedicine is re-configured. Rather than being invited to overcome or deny the voices, where the voice is objectified as 'not-me', the voice hearer is encouraged to make friends with the voices and integrate them into their life. This is an important point as many people who hear voices are not troubled by positive voices. They indeed often describe them as providing support and guidance, much like a good friend. They may simply want to *not* enter into a dialogue with more negative, abusive voices, or to choose when and where they listen to the voices. Voice hearers were encouraged to develop a profile of each of the voices they hear, i.e., are they male/female, commanding/advisory, abusive/positive, young or old? Rather than deny unwanted voices, they were encouraged to confront them by building allies with wanted voices. Voices the person may find distressing can then be worked with through gaining help and support from positive voices. These practices help to engender very different emotional, affective and bodily economies and associated sensate, felt experience. Through entering into a particular kind of dialogue with their voices, the experience of the bio-social-psychological processes which produce the voices is itself transformed (Blackman 2001 for an extended discussion).

Illness and Narrative

As the network progressed there was a recognition that narrating voice hearers stories and experiences was an important part of the process of challenging the tenacity and entrenchment of bio-psychiatry and the kinds of stigma that voice hearers carry. This stigma is primarily due to the logic of loss and deficit that characterises a psychiatric diagnosis for many. In the early days in Manchester, this was primarily done through the *HVN* newsletter—a monthly newsletter that voice hearers, family, friends and professionals could subscribe to, for a small amount, which profiled the stories of voice hearers within the network. As well as poetry and the featuring of particular voice hearer's accounts in each issue, the newsletter contained information about the development of the network, information on how to set up a hearing voices group in different parts of the UK, pieces written by prominent activists within the network (Paul Baker, Terry Mc-Caughlin, Julie Downs, for example) and news of forthcoming events including *HVN* conferences. The legendary conferences were an important part of the activity of the network, which provided occasions to bring together voice hearers and professionals, but where importantly the voice hearers were considered the experts and the professionals were discouraged and often prevented from reducing the complexity of the voice hearing experience to their own preferred theory - whether biomedical or cognitive. The aim was to allow the voice hearers to be heard and for their own frames of reference to be taken seriously.

In my own experience the potency of the network were linked to two narratives which became emblematic of the power of the movement to challenge the bio-genetic paradigm, that primarily accords psychopathology a molecular and bio-chemical basis. Both of these narratives aligned voice hearing to abuse, where the trauma of the abuse returned in the form of voices, haunting the abused and forcing them to try to narrate something of the unspeakable experiences that had been forced upon them. The first account is of Patsy Hague, mentioned earlier in the article, the voice hearer who challenged Marius Romme, her psychiatrist, to take her voices seriously. Importantly she is considered a co-founder of the network by Intervoice,[2] although her contributions are often overlooked by contemporary commentators who narrate the network as being down to the heroic acts of Marius Romme. As a victim of sexual abuse the injunction to understand her voices as forms of psychopathology prevented her from allowing them to articulate the pain and horror of the abuse to a trusted professional. That Marius Romme was persuaded of the importance of starting to listen to her and her voices is a key moment in the shaping of the movement

---

2 See http://www.intervoiceonline.org/about-intervoice/patsy-hague-co-founder

and the ongoing challenge of how one can listen through and with another's voice, as a professional, friend, family member or scholar? I will return to this later. The second narrative is linked to Ron Coleman, who became the UK co-ordinator of the HVN for many years and whose inspiring public accounts of his voice hearing experience have become an important part of the pre-history underpinning the increasing success of the *HVN* and the interest in its practices by contemporary neuroscientists, literary and humanities scholars[3]. Although his account has become memorialized in a particular way in a recent book by the British journalist, Will Storr,[4] I prefer to give my own account based on my experience of meeting Ron at the attendance of his first *HVN* self help group in Manchester in 1991 and subsequent collaborations in the mid to late nineties.

Ron attended his first group meeting accompanied by his support worker, Lindsay Cook. He was under a compulsory section order in psychiatric hospital and had been persuaded to go along, although he was far from convinced by the self help ethos that he encountered. Ron has provided a moving account of his voices and his recovery and transformation that interested readers can engage on-line[5] and I will focus here on what has resonated for me about Ron's story. When asked about the voices he heard at the meeting, he was challenged by Anne Walton, a voice hearer in the group who suggested that the voices were real, meaningful and to be taken seriously (rather than dismissed and potentially suppressed by neuroleptic drugs). This intervention was a key moment in Ron's long process of recovery and his transformation from an 'ex paranoid schizophrenic' to a voice hearer and survivor of the mental health system. As he says, he is psychotic and proud, and that this should not be taken as a flippant statement. Ron and I made a documentary together in 1997, *Inside Looking Out: Personal Perspectives.* The documentary was funded by the Inner London Probation Service and a Social Housing group and its aim was to challenge the fear,

---

3 There is a current Wellcome funded project in the UK, 'Hearing the Voice', which brings together neuroscientists with medical humanities and literary scholars. see https://www.dur.ac.uk/hearingthe voice/

4 In his book, *The Heretics: Adventures with the Enemies of Science* (2013 Picador), he presents his interview with Ron Coleman drawing the reader in through a comedic narrative, rather than one that presents the very real horrors of the abuse that Ron suffers. I have heard Ron's narrative many times, but have never felt compelled to laugh in the way that this narrative uses satire to make psychiatry the butt of the joke, arguably at Ron's expense. I will not therefore use this narrative in my re-telling but am recognising that due to Storr's position as a prominent journalist it is likely to become part of the shaping of *HVN*'s past and its therefore potential future directions. At stake is the how the archive is being shaped in relation to the *HVN* in the present, and what haunts this archive in terms of displaced genealogies and submerged narratives.

5 http://www.roncolemanvoices.co.uk/the-ron-coleman-story

prejudice and phobia of professionals working with voice hearers. As part of the documentary we set up a lecture at Goldsmiths, Feeling FINE (where FINE stood as an acronym for fucked up, neurotic and emotional), where Ron gave an account of his voices to students. Ron talked about his voices and their traumatic origins; the priest who abused him as a child and his first love who tragically died. As he says, he hears many voices, but in the lecture he concentrates on those voices which speak and contextualise these experiences within such traumatic events; events which might not have been survivable had it not been for the *HVN,* as he cogently recounts. These narratives are very different to those which are usually found in anti-stigma accounts in the UK and other neo-liberal countries, which have been characterised as the 'mental illness is an illness like any other approach' (Read, et al. 2006). The aim of these campaigns has been to normalise psychopathology in order to help lessen and reduce the stigma and oppression that people with mental health diagnoses often experience. However, what is striking about these campaigns is their catastrophic failure with the resulting finding that they often increase public fear and prejudice confirming societal phobias that mental ill-health is a random biological event that is beyond one's control (Read, et al. 2006). Within a contemporary context, the *HVN* is gaining international popularity due to the narrative success and efficacy of a TED lecture given by Eleanor Longden, a British voice hearer, whose story, 'Learning from the Voices in my Head'[6] has captured the attention of the media, traditional psychology journals, such as Psychology Today, and helped to consolidate and direct the actions and attentions of a range of researchers across the science and humanities who are taking the *HVN* seriously in a way that might have felt unthinkable in the 1990's.

At this nexus I want to raise some issues for approaching the relationship between embodiment and voice hearing which arise from my research, and which I hope will be of use for researchers more generally. These reflections are somewhat at odds with some of the theorising that is currently taking form within the UK, Australia and America, where we are witnessing the rise of scientific professionals claiming the *HVN* as the new science of voice hearing. This claim is not new. Back in the 1990's it was common to hear cognitive psychologists claim that the practices of the *HVN* were akin to forms of cognitive behavioural therapy and could therefore be understood through the lens of cognitive psychology (see Blackman 2001). However, these claims are now being advanced anew by cognitive neuroscientists who are exploring whether voice hearing is a cognitive deficit related to a misattribution of inner speech (Ferny-

---

6 http://tedcom.talks/eleanor_longden_the_voices_in_my_head.html

hough and Jones 2010). The promissory desire to reduce the complexities of the embodiment of voice hearing to inner speech and its misattribution, and locate the brain processes which might underpin this is linked to investments (financial and psychic) in particular brain imaging technologies (see Blackman 2012). This is in danger of over-shadowing and is exceeded by other ways of understanding the embodiment of voice hearing that I will spend the rest of this article exploring.

Listening to Voices: An Ethics of Entanglement

In my more recent work I have returned to the question of what it means to hear with and through another's voice. This is partly a response to the increasing cognitivism being brought to bear upon the voice hearing experience, which although foregrounding brain-body-world entanglements, is in danger of reifying the mind as brain and approaching the brain as a static entity that can be isolated, studied and underpinned by brain imaging scans and technology. Although cognitive neuroscience recognises that minds and brains are situated, entangled and embodied, arguably such approaches are limited by the way in which images are almost inescapably used to perform the brain as an organ spatialized and located within the head. These images act as potent attractors for thinking about issues of mind, psyche and embodiment through a topography of mind which reduces an array of complex processes to the gloopy matter of the brain as the organ or seat of the mind. Similar problems are identified with phantom limb perception, where a person experiences something that is phenomenologically 'real' for them and yet cannot be seen in the conventional methodological sense. Both phantom limb and voice hearing can be visualized in specific ways via brain imaging scans and even localized within specific areas of the brain. However this neuro-reductionism cannot capture or contain experiences which also extend beyond the limits and boundaries of the fixed and static 'Cartesian body'. Vivian Sobchack (2010) has recently proffered a method of 'phenomenological autobiography' to attend to the changed experiences of psychic and bodily morphology that accompanied her own phantom limb sensations. Sobchack (2010) explores the body's 'doublesidedness' in relation to her experience of changed and changing psychic and bodily morphology following the amputation of her leg and subsequent incorporation of a prosthetic limb.

Many philosophers, including Drew Leder (1990) have written about the paradoxes of embodiment, where the body can be both absent and present and subject and object. Bodies are processes defined by openness to the world, but phenomenologically this capacity to affect and be affected is lived in complex

and often contradictory ways. Leder's (1990) concept of dys-appearance captures the way the body can both recede and exist in the background of experience—what he terms the body's absent-presence—as well as coming to the foreground in experiences such as pain. He terms this the dys-appearance of the body, where the body might be experienced as having a 'thing-like' quality and even be experienced as separate from mind/consciousness. Sobchack draws on this work to explore the dynamic, kinaesthetic processes which characterise her attending to such sensations, and the limits of static concepts of body-image to capture the lived experience of what we might call, following Featherstone (2010), the 'body-without-an-image'. Sobchack's concept of 'morphological imagination' attends to the more affective processes which characterise the body's incorporations and extensions and which thoroughly entangle the psychic, bodily and symbolic in our being and becoming.

Bodies are processes defined by openness to the world, but phenomenologically this capacity to affect and be affected is lived in complex and often contradictory ways

This work is useful to characterise the phenomenology of voice hearing that this article is attending to. However, it becomes difficult to understand the more inter-corporeal and relational dimensions of voice hearing that exceed the voice hearer's reflexive autobiography. As an example, many voice hearers I have met whilst doing my research hear voices of people they do not know and experience as coming from somewhere and someone else. They might feel as if their thoughts are being directed from elsewhere and indeed experiences of possession and automatism are often central to how the voices are heard. The voices confound distinctions between inside and outside, self and other, material and immaterial and even the dead or alive. One technique that is being used within the Hearing Voices Network that recognises the limits of conventional interviewing to understand this is 'voice-dialoguing'. This technique is interesting because it presumes that the 'researcher', professional or indeed a trusted person willing to hear voices, is an active participant or actant within the voice hearing process. Voice dialoguing is an intervention that creates the conditions for the voices to be heard and distributed beyond the voice hearer. The voice hearer might vocalize the voices so that the 'third person' can speak and respond to the voices and develop their own relationship, experiencing some of what the voice hearer feels, thinks and hears in relation to the voices (also see Blackman 2010). The ethical motivations for listening presume that hearing voices is an active process that implicates the researcher in dynamic processes of change and transformation. What I want to do

is say a little about how I have developed this understanding in my work, and particularly in more recent work (see Blackman 2012).

It has become anachronistic within the Hearing Voices Network to view voices as irrational perceptions or signifiers of disease and illness. Rather, it is more common, and often useful to the voice hearer as I have recounted, to view their voices as modalities of remembering. The voices communicate with the voice hearer and others, and might enable a connection and proximity to trauma, abuse, loss and love. The relationship between voice hearing and trauma and abuse is one that has been well established within the *HVN,* and takes us back to Patsy Hague, the voice hearer who first challenged the psychiatrist Marius Romme to take seriously and listen-with-her to the voices she heard. The relationship between voice hearing and historical trauma, both in the context of a person's life history and to experiences of historical trauma that have been foreclosed is something that I have increasingly become interested in. I want to spend some time in this section talking about some work that has become really important in thinking about this for me, and which connects me to my own experience of listening to my Mother's voices as both a child and adult. My own experiences have parallels with an American cultural studies scholar, Grace Cho (2008) whose Mother also heard voices. She took her own mother's experience of hearing voices as the subject of her PhD which is written up in her fascinating book *Haunting the Korean Diaspora: Shame, secrecy, silence and the Forgotten Korean War.*

In order to listen to her Mother's story Cho had to uncover something of her Mother's story that had never been told, which was never talked about, at least not directly or consciously. Cho's Mother was part of a Korean diaspora of women who had migrated to the USA at the end of WWII as GI brides; that is they had married American soldiers who had occupied Korea along the border between North and South. Cho's Mother never spoke to Grace about her migration story, what surrounded it were patterns of shame, secrecy and silence. Cho's Mother's story was emblematic of many Korean women who in the social work literature had journeyed from rural poverty in Korean to psychosis in America. Cho felt that her Mother's voices were ghostly interlocutors from the past, and in order to construct the possible conditions of their existence and what they might have to say she went on her own journey which she reconstructs in the book.

Cho asks the question in the book; what does it mean to *see* through another's voice.

The emphasis on *seeing* as opposed to hearing or listening, for example, draws our attention to the concept of synaesthesia. The concept of synaesthesia assumes that the senses do not work in isolation, but rather interdependently, co-existing and co-producing the possibility of embodied perception. In this

sense it might be possible to *see* through another's voice. Work on synaesthesia has been important within affect studies and particularly the work of the seminal affect theorist, Brian Massumi (2002), who has used this concept to refer to those forms of bodily memory, which lie outside of a person's conscious reflections and deliberations, but which nevertheless orient them in the world. However, in Massum's work bodily memory is primarily enfleshed within the processes of the central nervous system or proprioception and manifested through bodily forms of habit (see Blackman 2010). Cho (2008) takes this concept out of a distinctly human sensory apparatus and turns her attention to those socio-technical processes and practices that transmit memory and shape attention in ways that engender technologies of listening that she equates to forms of mediated perception.

Cho (2008) presumes therefore that the voices have something to say, that they should be listened to. The question of how to listen is however not straightforward or grounded within the practices of the speaking subject. In order to listen she turns to film and art practices, often made by second generation Korean Americans who had grown up in similar patterns of secrecy and silence and had expressed their own experience of this through artwork. So in other words their experience was primarily represented non-representationally as telling the story using narrative simply was not possible. In some senses it was a story that was unrepresentable. She reconstructs the unrepresentability of what the voices might be saying by turning to secondary histories of the Korean War. She uncovers the profound shame of many Korean women who became GI brides who had worked as prostitutes for American soldiers on Army bases in Korea, a form of militarised sex-work, where some had met their future husbands and eventually migrated to America. The term for this in Korean is the Yanggongju, a term which is extremely shameful and denigrating for the women involved. This traumatic secret is concealed by many Korean women, and Cho explores how the unspoken history can become transmuted into an hallucination and haunt the next generation and become distributed across space and time.

Cho (2008) draws on work on intergenerational haunting in order to explore this. She looks in the book at how films, such as *Soul's Protest*, a film which dramatises an event where a boat carrying Korean prisoners of war back from Japan to Korean was blown up, allegedly by the Japanese crew who had fled the boat just before an explosion was heard and the boat sank. Many people now refer to this event as The Korean Titanic. She argues that media technologies, like film allow one to see the possible trauma that led to the concealment of this ghost, and work with a concept of diasporic vision. Diasporic vision is a form of mediated or distributed perception which allows one to remember a story that has never been told. She argues that distributed perception allows one to bring a

trauma that has been foreclosed into the social so that the voices can be listened to. This isn't about historical accuracy but about staging that which has never been spoken and to a certain extent is un-representable as official histories have never been documented of the event; it has literally been written out of history. This is also a growing focus of service users, such as Jacqui Dillon, the current UK coordinator of the *HVN*, who has been active in the campaign not only to recognise dissociation as a normative response to abuse but also to make the argument that in order to enable voice hearer's to listen to their voices it is important to be able to connect up their own micro-histories of trauma and abuse with official histories. She recognises how difficult this is for voice hearers when official histories of organised child abuse and paedophilia that she was made to participate in, even by members of her own family, are only now starting to be documented and told (see Romme, et al. 2009).

The connection between the campaigns of service user's to tell these stories of shame, secrecy and silence with Cho's study, is a way of linking up what Davoine and Guadilliere (2004) term histories beyond trauma. That is, connecting up those histories that have never be told, authorised or documented within official histories, such as the forgotten Korean War, with micro-histories of trauma and shame. Davoine and Guadilliere are analysts who have worked for over three decades with psychosis. Many analysts are reluctant to work with hallucinatory phenomenon, preferring instead to work within the confines of language and ideation. Davoine and Guadilliere have pioneered work within studies of the intergenerational transmission of trauma, particularly approaching psychosis as an attempt to bring into existence a social trauma that has been foreclosed. This is an attempt to explore precisely those carnal generational connections that exist genealogically but which cannot be articulated. For Davoine and Guadilliere the subject is always a subject of history, even though those histories may have been cut out of what they call 'the sanctioned social narrative' (p. xii).

This moves discussion of voice hearing beyond the function of the voice within the context of a person's autobiography, to the role of the voice as a ghost distributed across space and time, revealing perhaps the entanglement between past and present, living and dead, fantasmatic and real, self and other, and human and non-human. Thus to listen, hear or see through another's voice requires a different kind of technology of listening based on seeing through mediated forms of perception, or what Cho (2008) terms an ethics of entanglement. This I would argue requires methods and approaches to embodiment that can theorise the complex trans-subjective processes that are formative in our embodied experiences. How we approach brain-body-world, or mind-psyche-embodiment relationships as contiguous processes is perhaps one of the most

pressing questions for many of us concerned with theorising processes that are usually understood as bodily, psychic or psychological in nature. This at least is one of the main questions that has driven my own work, which has taken me through debates in critical psychology and latterly within the field of body-studies (see Blackman 2008; 2012). I have become increasingly interested and engaged in debates on embodiment, mediation and affect. I will finish by taking you through some of these debates before I conclude the article.

Affective Economies of Voice Hearing

I have suggested that taking the *HVN* as a case study opens up important issues that are at stake in considering the embodied experience and transformation of the voice hearing experience. As I hope I have persuaded they invite researchers to consider a rather different model for exploring the complex relationality of the body, affect and culture in the production and transformation of psychopathology. The *HVN* champion the idea that voices can be lived with through re-configuring the relational connections between the affective experience of the voices and the voice hearer's induced relationship to the voices. The aim of the network is not simply to change belief or attitude, thus operating in a cognitive mode of appraisal and transformation. Rather, the aim is to induce a profound un-making and re-making of personhood that involves a shift in the felt sense of the voices. It is this shift in the bodily, felt sense of the voice that can produce more positive affective and emotional economies. This formulation is interesting when we consider the kinds of voice-hearing experience being made possible by the *HVN.*

One popular technique of the self which voice-hearers often embrace as a frame of reference are those which view voices as a sign of telepathy. This frame of reference views voice hearing as a gift or sensitivity, rather than a sign of pathological illness. The voices become a key site for spiritual development and transformation, and are differentiated through particular kinds of criteria—are the voices useful, prophetic and meaningful? I would also argue that the kinds of practices that voice-hearers develop on the basis of 're-framing' the voices are those which mobilize the kinds of emotional and biological economy usually associated with voice hearing within biological psychiatry. This includes the psychic and physical experiences of fear, distress, dread, terror, shame, confusion and anxiety. Thus those very bodily experiences of distress and anxiety which are viewed as further symptoms of psychopathology within biological psychiatry are recognised in radically different ways. Rather than being identified as signs of failure and inadequacy, they are recognised as offering the potential for psychic reverie. They become the objects of practices which attempt

to achieve calm through meditative and visualisation techniques; what I have termed practices of psychic isolation, techniques of symbolism and an economy of physical and mental regimens (Blackman 2001). Through entering into a particular kind of dialogue with the experiences, a dialogue which is materialised in and through investments in particular kinds of practices and techniques, the voices are integrated and incorporated such that they are embodied as rather different phenomenon. This suggests that the notion of practice as a 'switch-point' or passage is a useful way of thinking about the complex relationality of the body, affect and culture (Sedgwick 2003). Rather than the idea of the biological and cultural as separate entities that somehow interact, we move to a notion of entangled processes that meet, enfold, invigorate and pass such that they do not remain the same.

> *Rather than the idea of the biological and cultural as separate entities that somehow interact, we move to a notion of entangled processes that meet, enfold, invigorate and pass such that they do not remain the same*

I would argue that the *HVN* provide the conditions for the enactment of a 'non-unitary vision of the subject' (Braidotti 2002: 5). It is recognised that the borders and boundaries between the self and other, the human and non-human and nature and culture are porous and permeable. Rather than presuming that the subject is or should be 'affectively self-contained' (Brennan 2004), it is recognised that affects, voices, abuse and trauma can be passed between subjects such that the voice-hearer becomes a conduit for processes that they may have little understanding of. It is not simply that the distinction between the self and other has dissolved or broken down (as is presumed within psychiatric discourse), but rather that the subject is always already a split-subject or a 'multiple self' (Littlewood 1996) attempting to 'hang together' a liveable subjectivity. Roland Littlewood (1996), a medical anthropologist who has written extensively on psychiatric culture and ethnicity (Littlewood and Lipsedge 1989) cogently shows how ideas of dissociation and multiplicity were there at the very beginnings of disciplines such as psychology, psychiatry and sociology (Blackman 2012). These understandings are also bound to differ cross-culturally and provide an opportunity to reflect upon the assumptions of normative subjectivity that are normalized within different transnational contexts. As Littlewood suggests, the experience of selfhood as being singly bounded and volitional might be the predominant western model, and surpasses the question of whether this 'hanging together' or unity is biological or cultural. It simply needs a more complex re-framing. This invites more

transnational cooperation and collaboration between activists and researchers within different countries, such as within Latin America and the UK, to share insights, reflections and ways in which the development of new models, theories and practices might be possible.

It is clear that the strong emphasis on the *autonomous self* that underpins the psychiatric and psychological sciences within neoliberal societies is one that prevents a more complex relational engagement with this 'hanging together', so that the biological is not separated from the cultural in such a distinct fashion. There is currently an explosion of work on affect and materiality across the humanities, which often draws alliances with the sciences, that might furnish and offer up potential. However, most of this work does not engage with issues of mental health and importantly eschews the psychic in the versions of the body and embodiment that are being enacted (see Blackman 2012). This is an oversight, as when mental health or psychopathology are considered, often romanticised versions of psychopathology are propagated, and the complex issues that I have explored are overlooked and occluded. This is the subject of on-going research that will require transdisciplinary and transnational collaborations if we are to do justice to the complexities of embodied experience.

Conclusion

What are some of the challenges which face academics interested in developing approaches to the body and embodiment in the context of psychiatric culture? It is clear that the timeworn distinction between the biological and the cultural has provided more dead-ends than possibilities for thinking about the problem of psychopathology. One of the striking conclusions that emerged from my study of the different enactments of voice-hearing within the *HVN* is how those practices that presume split-self effect particular kinds of deep transformation in subjects. Particular popular frames of reference were linked to practices such as telepathy and mediumship that presume the voice-hearer is a conduit or passage point for voices communicated from elsewhere, but that can pass through subjects. These practices do not presume the workings of consciousness or cognition as the key target for intervention and reflection, preferring instead to work with a complex bodily affectivity that is felt and sensed rather than coherently understood. This view of the subject is closer to approaches to embodied subjectivity that have emerged in feminist re-figurations of the body (Braidotti 2002), as well as approaches in medical anthropology that do not start with the presumption that what defines the normative human subject is rational self-containment (Csordas 1998, 2002; Littlewood 1996). The Deleuzian concept of *becoming* pro-offered by Braidotti (ibid) is one that has refigured the body as a

process rather than a substance. This concept is seen to be useful by many attempting to 'think through the body' (Latour 2004; Despret 2004) and provides a useful set of concepts for exploring the body in process, as long as attention is paid to the difficulties of effecting self-transformation, particularly in the case of historical traumas and the transmutation of unspoken or forgotten histories into voices which haunt and move across generations.

The practices of the *HVN* reverse many of the foundational presumptions of biological psychiatry. That is that one should not enter into a dialogue with the person about their experiences, and reach for the prescription pad instead, or worse incarcerate the person with little hope of change, transformation or developing a liveable subjectivity. The use of the term *survivor* by user groups such as the *HVN* does not refer to one's ability to overcome illness. Rather, the term is used to denote the individual's ability to have survived psychiatric services, and develop alternative ways of coping and surviving. These strategies of psychological survival are those which enable self-management through very different means. They show up the limits of cultures delineated by a psychotherapeutic logic, and provide the means to live with experiences in ways which are creating new forms of subjectivity and sociality. It is these cultures which as yet remain unsupported by the biomedical infrastructure which funds psychiatry's increasing partnership with the pharmaceutical industry in many countries. User groups such as the *HVN* largely exist as charitable organisations, kept and maintained by the friendship, support and generosity of time, energy and money by those committed to transforming psychiatric practice. Although we are living globally in the midst of the hegemony of a bio-psychiatric epistemology (see Thomas, et al. 2005), the nature of suffering and distress engendered by these practices, are helping to create new cultures of resistance. Work on embodiment and the body which is informed by the radical practices of the *HVN,* offer up much potential for identifying the processes through which bio-psychiatric discourse is accepted and rejected, and the complex processes of translation through which consent and resistance are manufactured, lived and enacted. However, we must also resist the increasing colonization of these practices by the neurosciences, and their appropriation of the long history of activism within the *HVN* as a new science of hearing voices.

References

Blackman, L. "Embodying affect: Voice-hearing, telepathy, suggestion and modelling the non-conscious." *Body & Society* 16, nº 1 (2010): 163-192.

———. *Hearing Voices: Embodiment and Experience.* London and New York: Free Association Books, 2001.

———. *Immaterial Bodies: Affect, Embodiment, Mediation.* London and New York: Sage, 2012.

———. *The Body: The Key Concepts.* Oxford and New York: Berg, 2008.

———. «The Dialogic Self, Flexibility and Cultural Production of Psychopathology.» *Theory and Psychology* 15, nº 2 (2005): 183-206.

Braidotti, R. *Metamorphoses. Towards a Materialist Theory of Becoming.* Cambridge: Polity Press, 2002.

Brennan, T. *The Transmission of Affect.* Ithaca and London: Cornell University Press, 2004.

Butler, J. *Bodies that Matter: On the Discursive Limits of "Sex".* New York and London: Routledge, 1993.

Cho, G. *Haunting the Korean Diaspora: Shame, Secrecy, Silence and the Forgotten War.* Minneapolis: University of Minneapolis Press, 2008.

Coleman, R., and M. Smith. *Working with Voices: Victim to Victor.* Gloucester: Handsell Publishing, 1997.

Csordas, T. (ed.). *Embodiment and Experience. The Existential Ground of Culture and Self.* Cambridge, New York, Melbourne and Madrid: Cambridge University Press, 1994.

Csordas, T. *Body, Meaning, Healing.* Basingstoke and New York: Palgrave, 2002.

Davoine, F., and J.M. Gaudilliere. *History beyond Trauma.* New York: Other Press, 2004.

Despret, V. «The Body We Care For: Figures of Anthropo-zoo-genesis.» *Body and Society* 10, nº 2-3 (2004): 111-134.

Featherstone, M. «Body, image and affect in consumer culture.» *Body and Society* 16, nº 1 (2010): 193-221.

Fernyhough, C., and S.R. Jones. «Thinking aloud about mental voices.» In *Hallucination*, de F. Macpherson y D. Platchias (eds.). Cambridge,MA: Cambridge University Press, 2010.

Foucault, M. *The Care of the Self. The History of Sexuality (Vol. 3).* London: Penguin, 1990.

Franklin, S. *Embodied Progress. A Cultural Account of Assisted Conception.* London and New York: Routledge, 1998.

Giddens, A. *Modernity and Self-Identity: Self and Society in the Late Modern Age.* Stanford, CA: Stanford University Press, 1991.

Jaynes, J. *The Origin of Consciousness in the Breakdown of the Bicameral Mind.* Boston: Houghton Mifflin, 1976.

Latour, B. «How to Talk About the Body? The Normative Dimensions of Science Studies.» *Body and Society* 10, nº 2-3 (2004): 205-230.

Leder, D. *The Absent Body.* Chicago: The University of Chicago Press, 1990.

Littlewood, R. «Reason and Necessity in the Specification of the Multiple Self.»

Occasional Paper (Royal Anthropological Institute of Great Britain and Ireland), nº 43 (1996).

———., and M. Lipsedge. *Aliens and Alienists: Ethnic Minorities and Psychiatry.* London, Boston, Sydney and Wellington: Unwin Hyman, 1989.

Massumi, B. *Parables for the Virtual: Movement, Affect, Sensation.* Durham, NC: Duke University Press, 2002.

Read, J., N. Haslam, L Sayce, and E. Davies. "Prejudice and Schizophrenia: A Review of the "mental illness is an illness like any other" approach." *ActaPsychiatrica Scandinavica* 14 (2006): 303-318.

Romme, M., S. Escher, J. Dillon, D. Corstens, and M. Morris. *Living with Voices: 50 Stories of Recovery.* Ross-on-Wye: PCCS Books, in association with Birmingham City University, 2009.

———., and S. Escher (eds). *Accepting Voices.* London: Mind, 1993.

Sedgwick, Kosofsky, E. *Touching Feeling: Affect, Pedagogy, Performativity.* London and New York: DukeUniversity Press, 2003.

Sobchack, V. «Living a "Phantom Limb": On the Phenomenology of Bodily Integrity.» *Body & Society* 16, nº 3 (2010): 51-67.

Stacey, J. "Heroes." In *Temporalities: auto/biography in a postmodern age*, edited by J. Campbell and J. Harbord. Manchester: Manchester University Press, 2002.

———. *Teratologies. A Cultural Study of Cancer.* London and New York: Routledge, 1997.

Thomas, T., P. Bracken, P. Cutler, R. Hayward, R. May, and S. Yasmein. "Challenging the Globalization of Biomedial Psychiatry." *Journal of Public Mental Health* 4, no. 3 (2005): 23-29.