Voices are what they say: A study of language in the experience of hearing voices

Volume 2  Appendices

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Discipline of Psychiatry
School of Medicine

The University of Adelaide

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APPENDIX 1 Information sheets & consent forms

Hearers

A) INFORMATION SHEET: Hearer (patient)

Research Project How people interact with voices only they can hear.

Purpose of research: We are asking for your help in a study of people who hear voices. Our aim is to understand what hearers and voices say to each other and the words they use. This research has received ethics approval from the Royal Adelaide Hospital Research Ethics Committee.

Details of participation: We would like to:
1) Talk to you about hearing voices;
2) Audio-tape or video-tape the interviews if you feel comfortable with this;
3) Ask you to keep a journal in which to write down what you and the voices say;
4) Copy some of your journal entries so we can look at what you and the voices say;
5) With your permission, talk to your family or a friend you live with;
6) With your permission, talk to your psychiatrist;
7) With your permission, read your case notes.

Confidentiality: All information gathered about you in the course of research is confidential. It will not be passed on to your treating team unless you give permission. The only circumstances in which we would talk to your treating team is if we think that you are at immediate risk of harming yourself or someone else. Only the researchers will have access to recordings and notes, which will be kept in securely locked storage. They will be used for research purposes only. Your name will not be used (a code will be used instead) and any information that might identify you will not be recorded. When the research is published, you will not be personally identified in any way.

Possible difficulties: We understand that talking about your voices can be upsetting and therefore we will not press you into telling us anything that you do not wish to. Each interview will last only an hour and you may stop it at any time. If you find that keeping a written journal is a problem, you do not need to do this part of the study.

Consent: This is a research project and you do not have to be involved. If you do not wish to participate, your medical care will not be affected in any way. There may be no personal benefit to you. If you decide you would like to participate, please complete the attached Consent Form. You may withdraw at any time without needing to give a reason. If you choose to withdraw, no information, journal or tape excerpts will be used for research without your consent.

Contact details: If you have any concerns or questions regarding the study, please do not hesitate to discuss these with us personally at the Discipline of Psychiatry, Royal Adelaide Hospital, University of Adelaide.

Prof. Robert Goldney, Principal Supervisor, tel. 8222 5141
Dr Jonathan Crichton, Co-Supervisor, tel. 8302 4491
Mr Keith Smith, Researcher, tel. 8272 5461

All communications will be treated as confidential. If you wish to speak to someone not directly involved in the study about your rights as a participant, or about the conduct of the study, you may also contact the Chairman, Research Ethics Committee, Royal Adelaide Hospital on 8222 4139.
CONSENT FORM (Hearer: patient)

Project Name: *How people interact with voices only they can hear.*

Researcher: Keith Smith

1. The nature and purpose of the research project has been explained to me. I understand it and agree to take part.

2. I understand that I may not directly benefit from taking part.

3. I understand that, while information gained during the study may be published, I will not be identified.

4. I give/do not give *(please strike out)* my consent to be audio taped or video taped.

5. I give my consent for the researcher to interview family members or a friend I live with.

6. I understand that I can withdraw from the study at any stage and that this will not affect my medical care, now or in the future.

7. I understand that if I choose to withdraw, no information, journal or tape excerpts will be used for research without my written consent.

8. I have been given the opportunity to have my psychiatrist, a member of my family or a friend present with me while the project was explained to me.

9. I am aware that I should retain a copy of this consent form after competing it.

YOUR NAME ………………………………………………………………………………………………

YOUR SIGNATURE ……………………………………………..DATE ……………

WITNESS …………………………………………….. DATE ……………

I, Keith Smith, certify that I have explained the study to the participant and consider that he/she understands what is involved.

RESEARCHER ……………………………………………..DATE ……………
B) CONSENT FORM FOR USE OF INFORMATION
IN THE EVENT OF WITHDRAWAL FROM THE STUDY
(Hearer: patient)

1. I ………………………………………….. (please print) hereby withdraw my consent to take further part in the research project entitled How people interact with voices only they can hear.

2. I give my consent for the researcher to use any information, journal entries, and audio/video recordings so far collected for the purposes of research.

SIGNED ……………………………………… DATE ……………………………

WITNESS ……………………………………… DATE ……………………………

RESEARCHER ……………………………………… DATE ……………………………
A) INFORMATION SHEET: Hearer (general public)

Research Project *How people interact with voices only they can hear.*

**Purpose of research:** We are asking for your help in a study of people who hear voices. Our aim is to understand what hearers and voices say to each other and the words they use. **This research has received ethics approval from the Royal Adelaide Hospital Research Ethics Committee.**

**Details of participation:** We would like to:
1) Talk to you about hearing voices;
2) Audio-tape or video-tape the interviews if you feel comfortable with this;
3) Ask you to keep a journal in which to write down what you and the voices say;
4) Copy some of your journal entries so we can look at what you and the voices say;
5) With your permission, talk to your family or a friend you live with.

**Confidentiality:** All information gathered about you in the course of research is confidential. Only the researchers will have access to recordings and notes, which will be kept in securely locked storage. They will be used for research purposes only. Your name will not be used (a code will be used instead) and any information that might identify you will not be recorded. When the research is published, you will not be personally identified in any way.

**Possible difficulties:** We understand that talking about your voices is a private matter and therefore we will not press you into telling us anything that you do not wish to. Each interview will last only an hour and you may stop it at any time. If you find that keeping a written journal is a problem, you do not need to do this part of the study.

**Consent:** This is a research project and you do not have to be involved. If you do not wish to participate, any medical care you may be receiving will not be affected in any way. There may be no personal benefit to you. If you decide you would like to take part, please complete the attached Consent Form. You may withdraw at any time without needing to give a reason. If you choose to withdraw, no information, journal or tape excerpts will be used for research without your consent.

**Contact details:** If you have any concerns, questions, or issues you would like to raise regarding the research, please do not hesitate to discuss these with us personally at the Discipline of Psychiatry, Royal Adelaide Hospital, University of Adelaide.

Prof. Robert Goldney, Principal Supervisor, tel. 8222 5141
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CONSENT FORM (Hearer: general public)

Project Name: How people interact with voices only they can hear.

Researcher: Keith Smith

1. The nature and purpose of the research project has been explained to me. I understand it and agree to take part.

2. I understand that I may not directly benefit from taking part.

3. I understand that, while information gained during the study may be published, I will not be identified.

4. I give/do not give (please strike out) my consent to be audio taped or video taped.

5. I give my consent for the researcher to interview family members or a friend I live with.

6. I understand that I can withdraw from the study at any stage without fear of adverse consequences.

7. I understand that if I choose to withdraw, no information, journal or tape excerpts will be used for research without my written consent.

8. I have been given the opportunity to have a member of my family or a friend present with me while the project was explained to me.

9. I am aware that I should retain a copy of this consent form after completing it.

YOUR NAME ..............................................................................................................................

YOUR SIGNATURE ..........................................................DATE ......................

WITNESS .......................................................... DATE ............................

I, Keith Smith, certify that I have explained the study to the participant and consider that he/she understands what is involved.

RESEARCHER ..........................................................DATE ......................
B) CONSENT FORM FOR USE OF INFORMATION  
IN THE EVENT OF WITHDRAWAL FROM THE STUDY  
(Hearer: general public)

1. I ……………………………………………………… (please print) hereby withdraw my consent to take further part in the research project entitled *How people interact with voices only they can hear.*

2. I give my consent for the researcher to use any information, journal entries, and audio/video recordings so far collected for the purposes of research.

SIGNED ……………………………………………… DATE ……………………………

WITNESS …………………………………………… DATE ……………………………

RESEARCHER ………………………………………….. DATE ……………………………
Family or Friend of Hearer

A) INFORMATION SHEET: Family or Friend of Hearer

Research Project How people interact with voices only they can hear.

Purpose of research: We are asking for your help in a study of people who hear voices. Our aim is to understand what hearers and voices say to each other and the words they use. This research has received ethics approval from the Royal Adelaide Hospital Research Ethics Committees.

Details of participation: We would like to:

1) Interview you concerning your experiences of living with or knowing a family member or friend who hears voices;
2) Audio-tape or video-tape interviews with you with your additional permission.

Confidentiality: All information gathered about you in the course of research is confidential. Only the researchers will have access to recordings and notes, which will be kept in securely locked storage. They will be used for research purposes only. Your name will not be used (a code will be used instead) and any information that might identify you will not be recorded. When the research is published, you will not be personally identified in any way.

Possible difficulties: We understand that talking about your experiences of living with or knowing someone close to you who hears voices is a very personal matter and we will not press you into talking about anything that you do not wish to. Each interview will last only an hour and you may stop it at any time.

Consent: This is a research project and you do not have to be involved. There may be no personal benefit to you. If you decide you would like to take part, please complete the attached Consent Form. You may withdraw at any time without needing to give a reason. If you choose to withdraw, no information, journal or tape excerpts will be used for research without your consent.

Contact details
If you have any concerns, questions, or issues you would like to raise regarding the research, please do not hesitate to discuss these with us personally at the Discipline of Psychiatry, Royal Adelaide Hospital, University of Adelaide.

Prof. Robert Goldney, Principal Supervisor, tel. 8222 5141
Dr Jonathan Crichton, Co-Supervisor, tel. 8302 4491
Mr Keith Smith, Researcher, tel. 8272 5461

All communications will be treated as confidential. If you wish to speak to someone not directly involved in the study about your rights as a participant, or about the conduct of the study, you may also contact the Chairman, Research Ethics Committee, Royal Adelaide Hospital on 8222 4139.
CONSENT FORM (Family or Friend of Hearer)

Project Name: How people interact with voices only they can hear.
Researcher: Keith Smith

1. The nature and purpose of the research project has been explained to me. I understand it and agree to take part.

2. I understand that I may not directly benefit from taking part.

3. I understand that, while information gained during the study may be published, I will not be identified.

4. I give/do not give (please strike out) my consent to be audio taped or video taped.

5. I understand that if I choose to withdraw, no information, journal or tape excerpts will be used for research without my written consent.

6. I am aware that I should retain a copy of this consent form after completing it.

YOUR NAME ........................................................................................................................................

YOUR SIGNATURE ..........................................................DATE ............

WITNESS ............................................................. DATE ............

I, Keith Smith, certify that I have explained the study to the participant and consider that he/she understands what is involved.

RESEARCHER ..........................................................DATE ............
B) CONSENT FORM FOR USE OF INFORMATION
IN THE EVENT OF WITHDRAWAL FROM THE STUDY
(Family or Friend of Hearer)

1. I ……………………………………………………… (please print) hereby withdraw my consent to take further part in the research project entitled How people interact with voices only they can hear.

2. I give my consent for the researcher to use any information, journal entries, and audio/video recordings so far collected for the purposes of research.

SIGNED ………………………………….. DATE ……………………..

RESEARCHER ………………………………….. DATE ……………………..
Psychiatrists

AUTHORITY TO INTERVIEW PSYCHIATRIST

Research Project: *How people interact with voices only they can hear.*

I, ……………………………………………………………………………………………………………………………

(full name of patient)

of ……………………………………………………………………………………………………………………………

(address)

hereby give my consent to ……………………………………………………………………………………………

(full name of psychiatrist)

being interviewed concerning my experiences of hearing voices by Mr Keith Smith of the Discipline of Psychiatry, School of Medicine, Royal Adelaide Hospital, University of Adelaide.

I understand that:

1. The information is required for the purposes of conducting research into the experiences of people who hear voices;
2. Strict rules of confidentiality will be applied to all information disclosed to Keith Smith.

SIGNED ………………………………………………………… DATE ……………

If you would like a family member or friend to countersign this consent form, please ask them to sign here.

WITNESS ………………………………………………………… DATE ……………
INFORMATION SHEET: Psychiatrist

Research Project *How people interact with voices only they can hear.*

**Purpose of research:** We are asking for your help in a study of people who hear voices. Our aim is to understand what hearers and voices say to each other and the words they use.

*This research has received ethics approval from the Royal Adelaide Hospital Research Ethics Committees*

**Details of participation:** We would like to:

3) Interview you concerning the experiences of a patient who hears voices;
4) Audio-tape or video-tape interviews with you with your additional permission.

**Confidentiality:** All information gathered about you in the course of research is confidential. Only the researchers will have access to recordings and notes, which will be kept in securely locked storage. They will be used for research purposes only. Your name will not be used (a code will be used instead) and any information that might identify you will not be recorded. When the research is published, you will not be personally identified in any way.

**Possible difficulties:** We understand that talking about your knowledge of the experiences of a patient who hears voices is a matter of professional concern and we will not press you into talking about anything that you do not wish to. Each interview will last only an hour and you may stop it at any time.

**Consent:** This is a research project and you do not have to be involved. There may be no personal benefit to you. If you decide you would like to take part, please complete the attached Consent Form. You may withdraw at any time without needing to give a reason. If you choose to withdraw, no information, journal or tape excerpts will be used for research without your consent.

**Contact details**
If you have any concerns, questions, or issues you would like to raise regarding the research, please do not hesitate to discuss these with us personally at the Discipline of Psychiatry, Royal Adelaide Hospital, University of Adelaide.

Prof. Robert Goldney, Principal Supervisor, tel. 8222 5141
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CONSENT FORM (Psychiatrist)

Project Name: *How people interact with voices only they can hear.*

Researcher: Keith Smith

2. The nature and purpose of the research project has been explained to me. I understand it and agree to take part.

3. I understand that I may not directly benefit from taking part.

4. I understand that, while information gained during the study may be published, I will not be identified.

5. I give/do not give *(please strike out)* my consent to be audio taped or video taped.

6. I understand that if I choose to withdraw, no information, journal or tape excerpts will be used for research without my written consent.

7. I am aware that I should retain a copy of this consent form after completing it.

YOUR NAME ….........................................................................................................................

YOUR SIGNATURE …........................................DATE …..

WITNESS …........................................DATE …..

I, Keith Smith, certify that I have explained the study to the participant and consider that he/she understands what is involved.

RESEARCHER …........................................DATE …..
### APPENDIX 2 Interview table

<table>
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<td>K</td>
<td></td>
</tr>
<tr>
<td>David</td>
<td>K</td>
<td>K</td>
<td></td>
</tr>
<tr>
<td>Darby/Joan</td>
<td>K</td>
<td>K</td>
<td></td>
</tr>
<tr>
<td>Victoria</td>
<td>K</td>
<td>K</td>
<td></td>
</tr>
<tr>
<td>Shirley</td>
<td></td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Name</th>
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<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amy</td>
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<td>Mark</td>
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<td>David</td>
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<tr>
<td>Shirley</td>
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</tr>
</tbody>
</table>

K = Keith; F = Family member; P = Psychiatrist
APPENDIX 3 Introducing the participants

Joan

Joan traces her mental illness back to the late 1980s when she had a miscarriage with her second child. She struggled to cope with the trauma of losing her baby and her ensuing mental and emotional decline was subsequently diagnosed as schizoaffective disorder (1.13, 30-33). At university, Joan had studied nursing and worked as a clinical nurse consultant in a hospital renal unit (1.13, 45-50), only leaving because she was expecting her first child. Although her marriage had deteriorated as a result of her husband’s difficulties accepting her mental illness, she found she was expecting a third child, who went into foster care as she was unable to bring him up on her own (1.131, 392-403), given her frequent admissions to hospital:

1.13, 39-42 I’ve been in and out of hospitals very much in the last nineteen years a lot probably seventy times yeah I think one of the nurses told me I’d been here sixty-three times (.) that doesn’t include (She starts counting off the names of other hospitals and clinics on her fingers)

Joan and Darby both married for the second time after a long engagement several months before our first interview in February 2009, and she credits her marriage with enabling her to enjoy the past ten months as her longest period without relapse (1.13-15, 53-56):

1.15, 58-61 I think having a happy home life is is half the battle of overcoming a mental illness if you feel stable in a relationship— you’re happy and you’re loved and you love someone as well so yeah and children fit in well with our lifestyle (She turns to Darby) don’t they?

Unfortunately, some six months later she was admitted to hospital before our third and final interview.

Neither of Joan’s teenage children live at home although they often stay over on the understanding that they help with household tasks (1.17, 63-70). Darby and Joan carefully monitor each other’s health as well as their own symptoms and make rest a priority if they are having a difficult day (1.30-35, 115-132). They both regularly attend a social club at Community House and are active members of a church home group. However, socialising with people without lived experience of mental illness is a source of anxiety and stress that is often accompanied by her voices talking to her about the other people around her (1.7, 15-17).

Joan’s account illustrates how the random intrusion of voices can be overwhelming in their unvarying content and obvious discrepancy with the context in which they occur. For example, her experiences of hearing that two Bible study participants were a prostitute and a plain clothes police officer were so disturbing that she could not tolerate joining in the general conversation:

2.53, 145-151 when we – the group ended and we were all having coffee I thought – I was just sweating I was hot and sweaty and just so wrung out with the whole ordeal and I said (She speaks in a slightly pleading voice) “let’s go” to Darby “it’s okay we’ll
go now” I found it hard to communicate with people because I had this interfering conversation just going round in my head

In general, Joan appeared tired or impassive in our interviews and, possibly in view of the oppressive nature of her experiences, gave only a moderate number of examples of interactions with her voices. However, there was a marked difference between her substantial contributions in our second interview and her browbeaten demeanour in the next. In our third and final interview her behaviour was particularly subdued and she was very reluctant to talk about her voices as a result of a recent stay in hospital following a psychotic episode. Darby was able to provide some details on her behalf but appeared sensitive to her discomfort at being reminded of what had happened. However, the examples she gave of her voices suggest that although their content is limited to several basic themes and their behaviour is repetitive, as noted by Darby (2.187, 539), they are nonetheless highly compelling:

2.176, 499-505 Um…the voices are very powerful…very powerful uh it’s like um…..like a rabbit in a trap=once it’s trapped it’s got you (She turns to Darby) and it won’t let you go easily…so can be difficult to deal with because you don’t readily think of a way out or th-this is a voice this is what I’ve got to do because I’ve got voices (. ) you become so enthralled with the whole experience that it just becomes your own reality (She turns to Darby) whatever the voices are saying you believe

Joan would eventually like to return to work when she is able (for further background details see Darby below).

Shirley

Shirley’s four interviews spread over fourteen months bear witness to her journey from her expressions of angst expressed in her four audio diaries recorded after our first interview to a more optimistic position (3.106, 605-623), which she graphically proclaimed in her wearing of a t-shirt with the word HOPE written in large pink letters for our second interview. Her bright and bubbly personality belies her history as an incest survivor and the stress she endured after her first marriage ended.

Shirley cannot recall a time when she did not hear voices (1.2, 6-7). However, it was when she was going through her divorce with her former husband twelve years ago that she began to question their occurrence (1.6, 27-29). As she and her husband had leadership positions in a Pentecostal church, many friends distanced themselves from her (1.8, 33), leaving her feeling “so alone and so abandoned” while trying to raise three children, including a newborn baby, on her own (1.8, 31-36). She recalls these bleak times as being the worst with her voices (1.8, 54-55; 1.33, 386-392). Although there were a few friends and church elders who made attempts to support her, they attributed her references to hearing voices to post-natal depression and little further support was provided (1.62, 585-591). A senior elder of her church acknowledged that he also heard voices but there was no further contact (1.62, 591-595). Despite her Christian beliefs and former participation in her church, she does not attribute a spiritual meaning to her voices (1.48, 510-521), nor is she hoping for such experiences:
Despite some resistance from a voice during our first interview (1.2-4, 11-15), she explains that she experiences her voices “from (She gestures to her head with her hand) inside my head (. . .) they never (She gestures away from her head) come from outside” (1.2, 9-11). She generally hears them when she is alone, especially if she is occupied with any eventful activity involving her family (1.4, 15-24). She finds that she is able to concentrate when working on her own without interruption (1.29, 320-325) although she is aware sometimes of a “secondary conversation” (1.29, 337-338) in the background. She is also able to reduce their prominence by imagining she is bringing her mental focus forward to the front of her head where she can then deal with daily tasks (1.33, 385-386, 392-396). In our subsequent interviews, she often refers to her voices using this ‘directional’ metaphor (1.33, 386) to indicate their activity:

2.42, 212-214 quite often if there’s something that I'm listening to that is going to be upsetting um Michael will come forward and he'll take over and when Michael's forward I tend to stand up straighter

A significant feature of her experience with her voices is that their appearance coincides with a change in her emotions:

1.8, 72-77 they’ll (She gestures both hands to the right) say things and there’s an emotion attached to it=an emotional response attached to it um I will – they’ll say something and I will feel suddenly feel really bad (. . .) I’ll feel like I’m worthless I’m useless um it’s almost they’re I don’t know how to explain it=I don’t understand it myself but it’s almost like they impose on me this emotion

Until a couple of months before interviews started, these voices had been negative but not suicidal (1.8, 77-84). This change was also accompanied by a switch in the sex and behaviour of her voices, developing from aggressive male voices to calming female ones (1.8, 136-138). Shirley associates the angry male voices with feeling “the most ‘crazy’” (1.39, 455-456) while the female voices give her the sense of being guided (1.39, 457-462). As a result of the trust she places in these voices she has been more willing to listen to and interact with them (1.39, 468-469). At the time of our first interview, Shirley thought there were around five voices (1.16, 203) but by our third interview, Shirley estimated that there were about twenty (3.59, 321-322) that she now needed to pay attention to. To help her partner Geoff keep track of the different personalities that expressed themselves through her, Shirley made a list of them with brief profiles for him to refer to (3.25, 93-96).

Shirley sometimes also uses a journal as a form of working with trauma (2.56, 275) to engage with her voices (2.52, 255-261) and explains how her handwriting, and even which hand she writes with, changes with each alter (2.42-44, 221-237; 3.63, 350-353). Nearly a year before the positive development in the content of her voices, she had started going to the Talking Heads group for voice hearers, where she found great relief in being able to share her experiences (1.8, 87-89), as well as a place she enjoys going to because of the friends she has made there who understand and accept her (2.26, 115-121). She found out about the group after doing an internet search as the result of seeing a drama on television involving mental illness (1.64, 623-635).
Over the course of the year we met for interviews, Shirley widened her circle of support, attending regular meetings with both the *Talking Heads* group and one for people diagnosed with dissociative identity disorder (DID) called *Connections*. This was as a result of investigating online for reasons why her voices have such a major effect on her emotions compared to those of other members in the group (2.3, 5-7; 10, 36-46). In addition, she found that unlike people diagnosed with a mental disorder such as schizophrenia, her voices were not associated with delusional thinking (2.74, 386-388). As well as gradually coming to an explanation of her experiences in terms of DID for herself, one of the other people in her group had been diagnosed with DID and her experiences helped Shirley make sense of her own (2.15, 55-62). This led her to start seeing a psychologist every week, who confirmed her self-diagnosis (2.17, 65-69), and at the time of our last interview she had attended her first appointment with a psychiatrist.

Shirley’s manner was often very animated as she talked about her voices. In particular, she positively engaged with her diagnosis of DID as it helped her make sense of her voices. She recalls her despair as a young girl during her parents’ divorce and believes that her sense of careful optimism about the future may have been more than her own positive thinking (1.52, 539-546). She now understands her voices to be ‘alters’ represented by needy or protective figures that personify dissociated fragments of her traumatic experience of being sexually abused in her childhood by her father (2.89, 477-497). They essentially suffered her trauma for her because she could not cope alone:

2.89, 484-490, 494-497 I guess that's ultimately how I’ve gotten to where I am today is because you know I have the alters that help me to just get through each day and to enjoy life and to raise my kids and laugh and have fun and live relatively normal life but underneath are alters that hold the trauma uh from the abuse and the – are broken and-and you know very damaged and if it wasn't for them then I would have to live with that constantly (...) they’ve helped me through you know to survive what was really quite a horrific thing to have gone through um so yeah they’ve served a very important purpose in helping me to get right where I am today.

In addition to developing her understanding, Shirley’s describes how the behaviour and content of her voices also changed after reading Alice Jamieson’s autobiography *Today I’m Alice* (1.8, 97-103) in which she tells her story of being raped as a child by her father and living with a diagnosis of ‘multiple personality disorder’.

Shirley’s mother and her two sons from her first marriage know of her voices, but her three stepsons from Geoff’s previous marriage apparently do not (2.29, 128-136) despite the youngest still living at home (3.76-80, 451-467; 4.90-98, 321-357). Several years earlier, her youngest son told her he had been hearing voices too as a result of a sexual experience with another child but they had since stopped (1.10, 174-175; 1.62, 606-616; 3.100-102, 561-577). She is adamant that she does not want her ex-husband or workplace to know about her illness:

1.62, 618-620 I said to my husband yesterday I said you know he knows I'm a high functioning person=I hold down a job=I raised kids on my own=I-I’m not insane um but that's not how it's going to look to other people.

Shirley now maintains her own online blog despite some objections from her voices (2.68-72, 349-378) under an assumed name which was initially intended for friends and family
but now attracts a large following internationally, particularly in Russia (4.63-65, 224-240).

Her second husband Geoff, whom she met five years ago, knew nothing about her condition until he found a newsletter at home about the voice hearers group. At the time of our first interview, Shirley acknowledged that “he doesn’t understand at all um but he’s very accepting” (1.62, 600-601). However, a year later Geoff agreed to be interviewed with Shirley and he had clearly taken steps to be more informed about his wife’s illness, both formally through reading, attending courses and talking to her therapist, and informally by reading her blogs (4.6-8, 21-32; 4.38, 136-138) and having other members of the Connections group to their home (4.81-86, 282-310). Her soft toy collection for her alters has grown and Geoff refers to them good-humouredly without appearing self-conscious (4.40, 144-154).

At times Shirley would beam with approval when he showed evidence of his understanding of her experiences as well as enjoying frequent occasions for light-hearted teasing when he faltered or prevaricated (4.6, 13-18; 4.46, 171-172; 4.132-135, 483-488). In fact, there were a number of times where he was noticeably less able to articulate his thoughts than Shirley (4.108, 397-406; 4.115, 419-431). Furthermore, despite Geoff’s overall grasp of his wife’s illness, there were clearly still basic misunderstandings concerning the fundamental nature of her experiences (4.116-120, 432-454).

At the time of our first interview, her decision to work part-time was having a calming effect on her voices (1.8, 139-143). She later stopped work completely with the help of a disability pension (3.4, 7-18) and because she was now spending more time with her voices “it’s just transformed it and I’m finding that we’ve a got much more peaceful relationship now” (3.4, 13-14). Although she acknowledges that it may not be possible to be free of her voices, she is finding that with being able to spend more time at home, especially in her garden, her life is less frustrating and stressful:

3.106, 612-614 I may never fully integrate all my alters so that there’s nothing but at least I'll get a way of functioning=I’ll get an understanding so that we can work together um and-and I'm learning now to enjoy my life

Our series of interviews ended before Shirley could describe how the content of her voices responded to treatment under a psychiatrist, especially one who might oppose her active interest in interacting with them. Shirley continues to write on her blog, although the number of posts dropped markedly after the first three years. Her posts often describe her anguish and struggles at home when she is having a difficult day. She is now co-facilitating the support for people with DID.
David

Aged in his early forties when we met, David first heard a voice when he was around eighteen as he was about to give the eulogy at a friend’s funeral:

1.81, 290-293 I heard this voice which I-I thought was someone standing by me talking and it was being very rude and very belligerent I thought and I turned round and I sort of said “will you just shut up” there was nothing there

The previous four years had led to him witnessing at first-hand the deaths of a number of friends as a result of substance abuse, violence and road accidents (1.77, 275-283). Although there appears to be elements of post-traumatic stress disorder as a result of his ‘graphic’ (1.77, 281) experiences, he is satisfied with his diagnosis of schizoaffective disorder (1.65-71, 233-248). David went on to hear “a female voice and two male voices” (2.104, 284) which all spoke at the same time. The female voice sounded like a nagging auntie or grandma who made disparaging remarks about his abilities and value (2.113-115, 298-306). Similarly, the male voices were both “snobby” (2.120, 319) and made pompous comments. Until he was thirty years old, there were periods when his voices were not active. However, since then his voices have worsened (1.81-83, 293-303), which ironically appears to have coincided with a positive change in his own attitude and behavior:

2.215, 623-625 for a while there I just was against the world – and that was when the voice really near the end of that was when the voice started to really take over

One of the male voices now nicknamed Horace was the earliest voice David heard but the others have since disappeared (1.27, 91-92; 2.230, 655-656). Horace has a bodily presence and is experienced as sitting on David’s right shoulder (1.6, 13; 1.8, 32-35) about a “head-width away” (2.96, 263-264) and is physically sensed as leaning over to “talk down at” him (2.98, 266-270) in a “very gruff”, “demanding” and “caustic”’ tone of voice (1.29, 99-100; 2.149, 384-387). When prompted to give examples of the negative language (1.8, 37-38) used by his voice, David first describes its behaviour in substantive terms with “it seems to knock at your psyche (…) it’ll do everything in its power to be negative” (1.11, 41-44) before launching into a tirade of quoted insults aimed at him and claims about his partner’s supposed contempt for him.

On the other hand, despite Horace sounding like an adult voice (1.29, 101), which David thinks has aged as he himself has grown older (2.94, 255-260), he compares Horace’s immaturity to that of “an obstinate child” (1.36, 130-131). It behaves as a “petulant child” (2.30, 76) who continually nags at him in a “high pitched tone” (1.36, 138) as if trying to get his attention (1.29, 101-102), and “when it doesn’t get its own way it sulks” (2.84, 229-230). Closer to home, David likens Horace to a “(Siamese) twin” (1.128, 462; 2.236-238, 671-682) whom he continually runs up against:

1.134, 475-483 because of the interaction you know like it talks and when I’m feeling really bad I just – it just pummels away at me and I just can’t do anything about it but when I’m like this you know I’m a bit feisty and I’ll uh I’ll just-just talk to it and discuss things with it and all that sort of stuff so but it’s not like a friend no it’s almost like that um…obnoxious big brother…obnoxious big bro- (He breaks into a small laugh) like almost-almost – it’s almost like it’s part of the family and it you know it just – not
Horace’s “own way of doing things”, however, is through belittling David’s self-worth, catastrophizing his efforts and screaming at him to kill himself. Carol shed some revealing light on this simile in regard to David’s own childhood in which he was apparently himself a “pain in the arse (...) an obnoxious little kid” (3.152-154, 419-429).

Despite the severe toll it takes on his emotions, David has developed an attitude to his voice that does not seek to repress it outright:

1.17, 57-62 (He lets out a big breath) More about that um it’s one of those things I’ve learnt over the years not to always dismiss it yeah like a lot of people say you know you should just dismiss it and tell it to f-f off for what of a better words excuse my language but you know but sometimes you’ve got to accept what it’s saying because it you know underlying-underlying in some of the negativity can bring positiveness with it as well

The ‘positive’ aspect David is able to glean is that the content of his voice can “alert” (1.21, 69-75) him to how it personifies his own feelings of depression, which may escalate to commands to commit suicide. Equally, the volume and content of his voice do not always reflect his feelings. Often David experiences his voice as trying to upset him when he is feeling positive (1.65, 225-232). His partner Carol, who had been with him for some eight years at the time of our interviews, introduced him to the practice of keeping a journal in which to write down what his voice said, as well as giving him a place to let go of his “dark thoughts” (1.42, 154; 3.117-130, 338-376). He has filled a 96-page note book over the past couple of years and recently started a second, although his voice disparages their value:

1.53, 172, 174-177 Yeah it tries to get me not to write in it (…) I find it very – when I’m really in down in the dumps sometimes writing it is kind of very um I don’t know another word for it but very cleansing-cleansing for the want of a better word and then it’s in front of you and you can see what it’s writing

In their conversations together, Carol understands his experiences in relation to his unconscious while a friend, Simon, explains them in terms of a “spiritual crisis” (1.105, 363-365). Both encourage David to talk about the content of his voice but with differing purposes:

2.157, 414-418 Carol’s good she doesn’t talk to it but she – we talk about what it says and then she’ll say “well if it’s saying this we’ll say that” you know and then I’ve got a friend Simon who – he’s very good as well he’ll talk to me but he’s more spiritual than I am he’s very – he talks about it in a spiritual way he’ll talk to it

However, in our third interview Carol openly draws on psychological and spiritual concepts to explain how his voice can be understood purposefully despite its unpleasant content:

3.37, 97-102 so I-I-I see it as a-an aspect of his unconscious or-or or his soul – I don’t know what you want to call it – trying to come forth and to be heard and to be acknowledged that that’s the person he really is and so the voice as detrimental as
it is it’s alerting him to a false belief or to a aspect of himself he believes to be true that is in conflict to his inner self core self soul whatever you want to call it

Although David does not fully agree with either Simon’s or Carol’s references to “the soul bit” (2.160-164, 423-437; 3.38-40, 103-112), as in the case of Victoria one of the effects of coming to terms with his experiences has been to make him more understanding and patient in regard to other people’s difficulties in life (1.111-113, 390-402; 2.209, 581-585).

Nevertheless, it was clear that David appreciated Carol’s ability to speak perceptively about his voice in relation to his personal psychology. She believes his voice becomes louder when some event challenges his belief in himself (3.24, 52-53) and takes an active, almost professional, interest in encouraging David to talk about his voice as a way of strengthening their relationship:

3.29 Carol we-we go by the layers and eventually work out that he is being challenged on a particular self-belief about a situation that he sees forthcoming or a situation that he sees he is in so we eventually bring the layers down to identify a false self-belief in himself or a negative self-belief and we work on that and I get him to write in his journal and-and really acknowledge that and explore that and often well each time we’ve done that the voice goes away or |

3.30 David | Doesn’t go away but it-it |

3.29cont.Carol | or-or quietens down quite a lot so in-in doing that we are – I am finding out more about him at a deeper core level

In Carol’s view, underneath these false beliefs that his voice personifies is the basic element of fear itself (3.44-47, 123-138). Similarly, Legg and Gilbert (2006) suggest that voices may express the anxieties that voice hearers have about themselves.

At the time of our interviews, he was very pleased that he had not been admitted to hospital for “well over a year” (1.55, 187). Previously, he was “in and out of hospital every six months” over the last twelve years (1.55, 187-189; 2.104, 285-286). For several years he was “like a zombie (…) just walking around in this drug stupor” (1.142, 501-503) due to the medication his former psychiatrist had prescribed. David is resigned to the probability that he may never stop hearing voices (4.130-134, 459-472) and, as in the case of some of the hearers interviewed by Chin et al. (2009), even recognises that when Horace does temporarily disappear it feels strange:

1.75, 258-259 they’ve been there for so long that this is really sick-sounding but even when they’re not there it’s almost like you miss them

Although David had not done paid work for six years (1.107, 376-377), he was working as a volunteer with disabled people. His “ultimate dream” is to open his own coffee shop (1.109-111, 383-389).

Amy

Amy was the first participant to begin interviews, with a total of four meetings taking place over the course of a year. She hears between two to four voices quite distinctly (1.41, 324; 1.43, 339-341) which often talk to each other (4.43, 274) as well as addressing her directly, in addition to others in the background. Sometimes they were brought more immediately
into our interview when Amy repeated what they were saying while we were talking (4.49-53, 342-365).

Amy first heard “voices, spirits and demons” when she was five years old (1.21, 141-142) which were aggressive and threatening from the beginning. Because she was frightened that they would harm anyone she cared about, she did not initially disclose her experiences (1.21, 144-149). Nevertheless, she later tried telling members of her family but was scolded for “talking rubbish” (4.29, 181-186). She went on to become a registered nurse and was working in a children’s psychiatric unit when she was involved in a car accident at the age of twenty-two. It was when Amy was taken to hospital for emergency treatment for a head injury that nursing staff observed signs of mental illness (My Story, see below for full transcript). Since her accident, her voices have worsened. Amy attributes this deterioration to the fact that:

My Story It was not that my experiences had changed drastically but that for the first time I let someone into my world. Their reality and my reality clashed.

She loved her work as a nurse with children and was allowed to continue in that role. However, she had difficulties coping with her treatment for psychotic depression because she felt it was interfering with her work. When she took herself off her medication, she consequently became ill again and was given notice to leave (4.35, 214-218). Several months later she returned to work in a busy renal metabolic ward but despite being able to manage the pressure was again forced to resign because she was continuing to hear voices and see visions (4.35, 223-232).

In our fourth interview, Amy explains that (unlike David) her voices do not have a physical presence (4.55, 406-414) but that she sometimes hears their voices from people around her or she sees and hears others responding to them. Recognising that what she is hearing is at variance with the behaviour of people she is familiar with helps her distinguish them from normal conversation. At other times she herself may say something in conversation with another person that is out of context when externalising her responses to her voices (4.74, 523-528). However, in our previous interview she attributes “a physical tangible essence” (3.56, 273) to her voices and describes experiencing “the spirits” placing their hands on her shoulders, which she readily designates as “tactile hallucinations” (3.56-64, 275-291).

Amy has also had highly visual experiences of seeing blood over the faces of other people but these had recently lessened in frequency (1.35-39, 302-320). However, on a recent occasion she rang the Assessment and Crisis Intervention Service (ACIS) when she thought she had cut her arm open at home as she believed she saw blood everywhere (1.57, 483-489).

At age fifty, Amy had not undertaken paid work for over half her life (4.35-38, 234-238). She maintains that her inability to function as a nurse in her early twenties was due to her treatment rather than the voices:

4.35, 201-212 although I didn’t wear a uniform when I worked in child psych=once I went to work I put on – if I put on another cap and I was able to actually work in the role of being a nurse I did really well but then yeah but then when um when I started responding to the voices openly the doctors actually realised I was responding to something that they didn’t hear and in their opinion they weren’t real and they
couldn’t convince me that they weren’t real so they put me on medication it wasn’t the voices that stopped me from working=it’s the medication because they put me on medication=it didn’t stop the voices so they put me on more medication (. ) that didn’t stop the voices so they put me on more medication

Her experiences have led Amy to further argue that the central issue for treatment is not the phenomenon of hearing voices as such but how a person is able to manage their impact on their lives:

3.23, 117-121 I still feel that as I said um whether or not you’re unwell should be measured by how much effect the symptoms are having on your life rather than what the symptoms are because if you’re coping-if you’re coping and functioning then um maybe you need to-maybe you need to deal with the symptoms

It has become increasingly important for Amy to be able to share her experiences with community groups, having lived for much of her life with the anxiety that although “everybody heard voices (…) it was a secret you didn’t tell anyone” (1.3, 5-6) for fear of bringing misfortune onto herself. The concept of belonging to a shared reality is one that Amy returns to several times (3.76, 381-385; My Story) especially as there have been times when the demons “were actually more real than the people around me” (1.3, 20-21):

4.43, 291-296 it’s-it’s being accepted more that I do actually hear the voices=the voices do exist but they exist in my reality not the shared reality which is something that is changing=a view that is changing because um like twenty years ago it was the voices were purely delusions that did not exist you know well now it’s accepted that I do actually hear them (. ) it’s just it’s not in a shared reality=it’s you know other people don’t hear them

Amy started doing voluntary work at a community radio station while we were meeting for our interviews and was studying community services at TAFE. It was gratifying when our paths crossed several years later at a voice hearer’s conference to see she had designed a display of some of her personal writing for viewing and was continuing to take an active part in hearer support groups.
My Story

Introduction

Hi my name’s [Amy]. I’m 47 years old and I’ve spent over half my life as a consumer of mental health services firstly in Victoria then in South Australia. My first admission came following a car accident no one knew the cause and no one was physically injured however I was kept in for observation. It was here that my control wavered and suddenly my behaviour placed me outside the realms of ‘normality’, hence my first trip to Royal Park. I had become officially labelled as mentally unstable. Things sort of spiralled for there. It was not that my experiences had changed drastically but that for the first time I let someone into my world. Their reality and my reality clashed.

MY REALITY

In my reality there are spirits, demons and voices. Images that put horror movies to shame. All this existed within me for, early childhood. I accepted it as normal. I thought everybody experienced it. I believe it was a test of my strength. It was my duty to keep these experiences within myself. To show my strength and prove that I could move beyond the nightmares that lived within.

BEYOND THE NIGHTMARES

I did move beyond the nightmares. I completed my schooling and my Registered Nursing and was working in the psychiatric unit in X Children’s Hospital before becoming labelled as mentally unwell.

Even though I worked in the field of psychiatry it never crossed my mind that the voices and visions were in fact hallucinations and even now when I slip back I resist this concept for they have been a major part of my reality and when my resilience slips so does my grasp on the shared reality.

Although I spent years moving in and out of hospital doing voluntary work with kids and the elderly and recreational study much of this is lost in the haze. I remember random bits and pieces but have few concrete memories from any further than two or three years back.

MOVING ON

I used to sit back and blame the numerous courses of ECT, the excessive combination of maximum doses of medications or my own inadequate coping mechanisms for these voids in my memory but I believe now to focus on the past gives power to the past and for me this is counterproductive. This keeps me trapped in the past and does not allow growth and recovery. I do not ignore the past or dismiss the past for the past has been a part of my life but not the whole. Each step I took, each time I tripped helped lay the foundation of the road I now travel.

The alphabet does not flow if you try to go from A – C while ignoring B just because you don’t like the way it sounds.
REALITY OF TODAY

I would love to say that I have reached the stage of recovery where illness is no longer a part of my life but in reality I still need regular support from the mental health fraternity and I still have admissions, still have fairly high doses of medications which isn’t without side effects but the ECT has been ceased for about 18 months and I now feel I have control over much of my life. I am now studying community service part time at TAFE and can see the sunrise of hope.

THE DIFFERENCE

I believe there has not been any one single key that’s helped me move from being totally absorbed in my illness through the entirety of my life to having moments of acceptance that I have a life beyond illness.

I believe I have the right and the choice to be well. I am a person beyond illness.

I have the right to feel and to choose to act or react. I believe I have a responsibility to myself to be the best me I can be at any given time and if I fail, to stand up, dust my knees, assess the situation and move on instead of allowing the potholes in my life to control me.

I may not be able to do this alone but I am slowly learning that needing help does not mean I am a failure or I am weak. It is a hiccup in life and I am taking responsibility for myself and my life if I reach out.

SUMMARY

I may have made this sound simple but I know I’m finding this to be the hardest and yet most rewarding phase of my new life. When I am managing well and the voices and demons are kept from interfering with my conscious world, my external reality, I find I am open to various therapies: CBT, STRESS and ANXIETY MANAGEMENT, MINDFULNESS, RELAXATION. The coin however can flip in a matter of days, heads can turn to tails, the light to darkness all becomes negative: depression. Paranoia, anxiety, hallucinations, visions and delusions once more take over my reality. The difference being now the coin can be caught before it lands, I can allow it to be stopped flipped back and held safely, securely in my inner self. By acknowledging I have the right the power to recognise and accept I am, voices and all, I am me.
Darby's behaviour in interviews was somewhat similar to Joan’s in that his participation appeared restricted for much of the time. He often seemed quite hesitant, needing time to find words, which resulted in some dysfluency in his speech, as well as contributing to an overall sense of diminished responsiveness. However, his quietly-spoken manner and evident fragility hinted at having been scarred by difficult experiences in his life.

1.6 Darby was in uh banking finance for about seventeen years um and then I became ill and um I spent the next um well twenty-five odd years or thirty years in out in and out of mental institutions you know padded cells and strait jackets and um eventually I got better I learned to manage my illness and um returned to the work force um

1.7 Keith When you said padded cells and strait jackets er i-is-is that literal?

1.8 Darby Mmm mmm (Joan: Mmm mmm yeah)

1.9 Keith Uh…

1.10 Darby Um…and um you know I returned to the work force and uh and…um…un-unfortunately I um in 2005 I had a uh relapse and um had to resign from my job uh and uh um…uh I’ve been su– uh been recovery mode ever since (.) it’s sort of taken a bit of a while sort of um um stablise myself

At first, Darby received little family support or understanding (1.118, 362-365) and the attitude of his doctors in the late 1970s and 1980s was equally unsympathetic (1.119-126, 367-383). When his mental illness led to him leaving his work as an accountant, friends began to desert him:

1.150 Darby Initially I um um I lost a lot of friends because they just didn't understand or you know they um…um um…um I-I was in and out the work force and they couldn’t understand why I couldn’t hold a job down and um and you know I wasn’t um um I didn’t represent any competition

1.151 Keith How do you mean?

1.152 Darby Um I wasn’t uh I-I guess it’s another word – an-another way of saying I wasn’t good enough for them

Darby and Joan met in 2000 at a Saturday morning club held at a mental health clinic (1.23, 84-91) that he used to take a client to when he was a care worker. They had been married for just over a year before our interviews. As Darby still heard his voices for a number of years during their long engagement, he and Joan gradually became more comfortable as a couple talking about what they both heard. I was curious to know if their voices had ever acknowledged those of the other but they had not (1.153-159, 469-477; 1.162-164, 493-496), and nor did there appear to have been any change in their voices during this time.

Darby’s voices had stopped five years before consenting to be interviewed and there was no relapse during the six months in which he and Joan met for our three interviews. They were initially negative but gradually became more positive in terms of the content he recalls in our interviews (3.86, 198-202). He used to hear two male voices, which were
recognisable by their vocal tone (1.86-88, 279-282) but in our interviews he does not refer to them by gender or with any identifying details. They are described mostly in their impersonal plural form, “the voices”. They were associated with episodes of mania (1.45, 167-168) and appear to have come to the fore during periods of intense self-preoccupation (3.47, 111-113). He tended to withdraw from Joan as a result of both his absorption in the experience of hearing voices and their prohibitions against being talked about (1.47, 178).

But now Darby is the one who encourages Joan to be open about her voices (3.103, 269-271), patiently reassuring her that “voices can’t harm you” (2.161, 449).

Darby’s voices seemed to have been repetitious and Joan readily summarises them as a sequence of assertions (1.47, 174-176). He refers to them as speaking from his brain and can readily distinguish them from thoughts (1.183-187, 549-559). He initially does not recall hearing them emanating from outside him (1.191, 572-575) but later remembers that he used to hear voices when he was watching television (1.191, 577-578). Although one of their main behaviours was instructing Darby to drive very early in the morning to churches and stand outside to receive a blessing, his anticipatory excitement was not followed by a comparable experience of happiness (1.94-96, 294-297; 1.235, 671-675). Equally, being told that he was the “thirteenth disciple” was accepted with little emotion (2.104, 262-265). Ironically, his elevation to being an esteemed member of Jesus’ group of disciples starkly contrasted with Joan’s denunciation as a “child of the devil” (1.62, 227-228).

Two regular groups that Darby and Joan are a part of are Community House, which offers social activities as part of their mental health support, and the Bible study meetings in a member’s home. They have been long-term members of the club at Community House but had been attending the church home group for only about a year before interviews began. Darby feels out of place at the Bible study group as a person on a disability support pension among full-time professionals who talk about their work among themselves (3.143, 374-397). He also attributes Joan’s experiences of anxiety and stress to feeling “overwhelmed” (3.143, 381) in their company. By way of confirmation, the examples Joan gives of her voices disturbing her in social situations all took place at the church home group. In some measure as a result of such awkward social interactions and the effect these have on their self-esteem, both Darby and Joan want to return to the workforce. However, as some stays in hospital are caused by putting too much pressure on themselves in their desire to be working again (1.39, 151-157), they have decided that “heath is a greater priority” (1.39, 157).

Victoria

Apart from David, Victoria was the only other participant who was joined by her psychiatrist and family in separate interviews. She was very articulate and forthcoming in our interviews and I was often struck by the analogies she drew to help me understand her experiences, as well as by her thoughtful reflections on how she has come to terms with her illness. We met five times over nearly three years, with our first meeting taking place shortly before she returned to study after a break of ten years to take a course in jewellery design at TAFE. At the time of our final interview she was enjoying and doing well in her course (3.16, 43), as well as planning to get married.
Victoria’s experiences began within days after she was raped by an intruder shortly before her tenth birthday (1.6, 12-14). She first heard a voice in bed a couple of nights later when she was praying for sleep (1.9, 20-23; 4.42, 176-179). She thought it was God speaking back to her. As she got older, the two-way nature of her experience escalated into long conversations with other voices, including her parents and ex-boyfriends as well as God and imaginary people, while she sat in front of her mirror in her bedroom (1.4, 6-7). In addition to openly talking to her voice, she would often repeat aloud what she heard (1.13-18, 42-65). Her voices subsided as a young teenager but when she was around fifteen they returned more intensely than before. She would again sit in front of her bedroom mirror but her talking to herself was now far more compulsive (1.11, 32-38). Her voices vary in volume, sometimes shouting at her close up, while others speak at a normal level or even softly (1.73, 357-360). As her mental health deteriorated, she had no friends to support her and her family were struggling to cope (1.42, 232-233). She refused to see a counsellor (4.10, 49-51) and became progressively involved in alcohol and drugs (4.37-39, 140-146; 4.116, 456-457). Victoria’s memories continue to haunt her of what it must have been like for her younger sister growing up in the same house (3.99, 467-480).

Her illness was very severe three years before our first interview but she did not experience a relapse over the months we were in contact. It was during her period of acute illness that she slept at a bus stop in Port Augusta for several weeks before setting out to try to release the refugees held in detention at Baxter. On a lighter note, Victoria lays to rest any questions about whether voices possess an intelligence that transcends temporal barriers:

1.108, 492-495

and strangely enough … a couple of weeks later there was a protest at Port Augusta and I thought (She throws her hands up in the air) ‘I went in the wrong bloody week’ (She laughs) after all that I didn’t even go on the right week so …

She generally knows whose voice she is hearing while any uncertainty is liable to be seized upon:

1.71, 350-355

a couple of times I’ve not been sure who is talking to me and I’ll ask and they usually get angry for me asking so I don’t know what’s that about (…) but um most of the time just from their mannerisms and the way they’re talking (…) I can just tell who it is

Often her conversations with her voices carry on from or try to improve on conversations with people she has just been with (2.29, 174-181). However, one repercussion is that if Victoria returns to the original conversation her recall of what has been said can be distorted. In the case of her parents, when she was very ill this led to confusion and resentment at hearing Victoria wrongly attribute to them remarks they had not made (1.30, 158-163). These days she does not hear her parents as often as she now talks with them if she begins to hear their voices (1.65, 332-337). More positively, her voices sometimes invent jokes or make sarcastic remarks that remind her of her own “fairly dry sense of humour” (2.49, 462-464).

It is sometimes difficult for Victoria to describe what her voices say because “when it’s happening it’s almost like you’re sitting outside yourself” (2.29, 190-191). In addition, because of the sheer torrent of voices she has heard, it can be difficult for her to know
where to begin when asked to talk about them (2.39, 334-338). One conversation used to trigger countless others unless she made the effort to stem the flow (2.41, 373-376). More positively, she can now break off conversations before becoming overwhelmed, as well as now being able to block out her voices with medication (2.29, 189-199; 5.29, 102-104). In addition, unlike Shirley and Amy, talking about her voices with me did not have the effect of reactivating them (3.109-110, 547-548). She has also found that the practical nature of her jewellery design course helps to keep her mind occupied and relatively free of voices (3.18, 49-55). Equally, there are times when she feels she needs to be alone with her voices so she can talk aloud to them, which has become more difficult to do in private since she had recently started living with a boyfriend (5.30-33, 109-128).

In our conversations there was often overlap between her delusions and her voices. For example, in recounting an event she might foreground her beliefs but then refer to her voices more directly (1.100-108, 474-492). Alternatively, Victoria retells an episode solely in terms of delusional beliefs without referring to voices at all although there is a possibility they were also involved (2.39, 338-371; 2.43-45, 384-415; 4.160, 594-599). In such cases, portions of her account that did not specifically involve her voices were not included for analysis. However, it is apparent that the dividing line between delusional thinking and audible voices can often be unclear, and that the content of voices may extend beyond their sensory perception. At other times, Victoria’s perception of the difference between verbal thought and hearing voices appears to blur, making it difficult for her to reach decisions (2.25, 157-161). Nevertheless, her voices bear some relationship to what is happening in her life at the time (5.23, 62-70), so much so that I found following Victoria’s account confusing in places when conversations with actual people and their imaginary counterparts were interwoven (2.10-15, 64-88).

The most striking fact that emerged very early on in the fourth interview with Victoria and her parents was that they did not know she heard voices. They had thought her problem was that she was so preoccupied talking to herself that she could not be communicated with (4.2-5, 17-42). There were several other times where Victoria’s father, in contrast with her mother, made allowances for her compulsive talking to herself in terms of normal behaviour (4.120-123, 471-485). Her mother, however, struggled to understand that Victoria was repeating aloud what she heard, especially as this did not appear to conform to what she considered “external voices” (4.53, 211-213; 85, 333-335). Furthermore, she did not know that two of those voices represented Andy and her (4.57-61, 236-246). One possible reason for their not realising that Victoria heard voices appears to be related to their difficulties accepting the first of several diagnoses because of her obsessive behaviour in front of her mirror (4.124, 486-493). Andy and Barb may have discussed whether Victoria heard voices but it appears this was inconclusive (4.143-144, 555-560).

Victoria continues to hear voices at night which generally keep her awake rather than interrupt her sleep. This situation is further aggravated by her current medication causing insomnia at times (3.106, 529-530). She thinks her voices are more active after dark as she associates this time with when she was raped as a child (1.48-50, 267-268). She still says her prayers at night and although she recognises that the reassuring reply she hears is not God “it’s still comforting to get that response” (3.27, 85-90). Although they do not wake
her up as such, she has woken up to the sound of her own voice, and neighbours have heard her talking in her sleep (1.54, 280-285). All Victoria’s references to her neighbours were indicative of their friendliness and understanding (1.77, 371-377). Similarly, Victoria believes that her own illness has helped her be more compassionate with mentally ill people on the streets whom she would have ridiculed as a teenager (2.52, 472-499). Nonetheless,

3.35, 148-149 my illness has made me a better person but I’d at the same time I’d love to become an even better one and not have the illness at all

As a result of feeling strongly that medication has helped her have a more normal life (1.18, 73-78), she is now willing to talk to her doctor about her voices if their content becomes violent (1.88, 415-417). On the other hand, she recognises that she would probably try to hide her voices if she was very ill, in which case it would be up to the expertise of her doctor to detect them (1.88, 421-427). At the time of our second interview, she was hearing her voices for only a brief conversation only once or twice a week because of regularly taking her medication (2.6, 27-29). It is also only because of her medication that she has been able to return to study (3.83, 400). However, Victoria accepts that although medication has certainly helped control her voices, she does not expect to ever be free of them (2.39, 331-333). In a manner both reminiscent of Amy’s goal of “living beyond the voices” (Amy 1.19, 136) and distinctively individual to her own experiences, Victoria describes what recovery means to her:

2.31, 213-218 it can be quite a horrible thing to go through but once you’ve gone through it and you come out on the other end=if you get better I think you can appreciate life in a way that you can never before it because you finally have your voice back=you can speak to people=you can go out=you can do things and you’re not constantly confused by a million and one questions going on inside your head

Her comments are especially telling and poignant given how her own voice had physically been appropriated by her voices. Her remarks also contrast with Shirley’s observation concerning now recognising that “all the emotions all the you know the things that I felt were all you know me as a singular person” (Shirley 3.61, 331-334) belonged to a pluralistic sense of self and that Shirley needed to work towards integrating her alters into a unified whole (2.113, 634-641). The aim for Victoria, however, is for her voices to subside enough to allow her own voice, her own sense of a coherent self, to return home.
Mark

At the time of our interviews, Mark was a married man in his mid-fifties who had been hearing a voice since 1990. He was working as a psychiatric nurse when he became ill and associates his illness with his experiences of feeling the victim of unfair treatment at the hospital where he worked. However, the effects of this workplace conflict did not emerge until five years after he was forced to leave the hospital. He was first diagnosed with post-traumatic stress disorder as a result of the stress suffered but has since been given a range of diagnoses (1.112, 357-371), with the most recent diagnosis of schizoaffective disorder by Dr Simpson being the most satisfactory in his opinion. When we first met, Mark was in the middle of lodging a complaint with one of the universities on the grounds that he was being unfairly refused admission to study because of his mental illness. Because of the heated nature of the dispute, his post-traumatic stress symptoms had been reactivated as he felt he was again being unjustly discriminated against (1.54, 198-206; 2.88, 284-295).

Mark explains that the experience of hearing a voice itself did not interfere with his former work as a psychiatric nurse as it only develops into a problem when he becomes ruminative as a result of not being busy (2.136-138, 420-430). Despite initially accepting its appearance, in retrospect he views its gradual onset in sinister terms:

1.108, 348 Uh well when it first started uh I wasn’t aware of it it was something that insidiously crept up and over a period of time I had come to view it as a semblance of normality until I questioned my initial treating psychiatrist and say you know “I’ve a lot of things on my mind uh and I hear these things out aloud” and I said you know “Is that normal?” and he said “No” “uh” I went

For the most part, however, it is only when he is ill as a result of feeling stress and anxious that his voice becomes “counterproductive” (2.11, 38). When the “negative nihilistic components” (2.16, 53-54) become prominent, Mark then seeks admits himself to hospital. Otherwise, much appears to also rest on Mark’s attitude:

1.140, 440-446 And the thing is if I’d see it a hindrance and contemplate on that as a hindrance it will become a hindrance so I’d rather s-see it as something that I accept and with a need to flow with it because if not it will be counterproductive to me I do recognise however that it is counterproductive when uh I’m acutely ill um and then it develops in the form of an obsessional rumeration (sic) and that – when that happens I’m on dangerous ground

When he is focused on a project, he is able to filter out useful thoughts but when he is ill,

2.31, 118-120 the tangential thinking comes hard and furious so um the-then it’s hard to control it’s a barrage or a bombardment of ideas and often associated negativity

Although he may experience his thoughts as a barrage (2.173, 57), this is not mirrored by his voice acting in concert, for example by yelling. Instead, the perception of an increase in volume (2.79-80, 237-238) is more indicative of a sense in which his voice is so close and immediate, it becomes “omnipresent” in that it leaves no space for anything else:

2.177-181, 531-533, 543 Omnipresent is uh…it comes totally to the forefront (…) in your face (…) so from that point of view I consider it loud

At other times, it is experienced as a form of “tangential thinking” (1.4, 12-13) that
sometimes occurs when he is not actively occupied (2.117, 372-380), and which may escalate into an intense “pressure of thought” (2.6, 64, 203) and “loosened thought association” (2.66-72, 207-218) that occurs during “episodes of mania (with) an accompanying grandiosity” (1.6, 64-65). He is able to use cognitive-behaviour therapy strategies (1.10, 76-85) such as ‘thought stopping’ when needed:

1.16-18, 104-107 It’s something I hear out aloud in-in-inside my head (...) it’s like being in a cave

Mark has also experienced fugue states as a result of being intensely absorbed in a torrent of thoughts (2.78, 226-236), as well as episodes of extreme dissociation “accompanied by feelings of horror, dread and doomsday thinking” (1.71, 254-255) in which he has believed that he no longer existed (1.71-77, 250-274).

He openly discusses his experiences with friends (1.4, 29-31; 2.20, 68-70; 2.189-191, 563-574), comparing what he hears with how other people engage with their thoughts. Equally, when Mark sometimes vocalises his thought echo, he dismisses it as “mumbling to myself” (2.22, 77-83) if it is commented on by someone else, for example his wife, and does not discuss its content.

We met for two interviews before he withdrew from the study due to a rare seasonal illness associated with his rapid cyclic disorder (2.82-86, 243-280) which he called “The Beast” when we spoke on the phone. Despite his illness, Mark had set himself the ambitious goal of establishing his own business with the aid of a government grant to develop resources relating to disabilities for health professionals to use with clients (1.96, 312-321; 2.4, 6-13; 2.100, 333-338).
APPENDIX 4 Participant’s transcripts

Joan and Darby

Interview 1

Participants: Joan, Darby & Keith
Place: City Clinic
Date: Friday 20th February 2009
Time of interview: Around 2.00 pm

Notes: We’re sitting in one of the social workers’ offices. There is just a desk with a phone and several chairs. There are no papers anywhere and looks quite empty. I’ve placed three chairs around a square coffee table. I sit at one side and Darby and Joan sit next to each other at a 90° angle to me. Darby is wearing a baseball cap and chewing gum. Joan is wearing a long white patterned shirt. For a lot of the interview Darby looks out front as he speaks while Joan looks on with concern clearly expressed in her face. Darby’s expression tends to appear impassive and rarely shows emotion. When Joan speaks she looks directly at me. She often sees the funny side to what Darby talks about.

1 1 Keith: Okay thankyou again Darby and Joan for coming in (. ) I know when we uh met last year you told me a little bit about yourselves to me um but uh I’ve got a terrible memory and so I wonder if you could start again and from scratch just tell me a little bit about yourselves
2 2 Darby: Yeah okay well eh you-you mean um s-specifically about um our illness?
3 3 Keith: No- no just about you
4 4 Darby: All right
5 5 Keith: Anything you’d like to tell me about you
6 6 Darby: Um well I went to um (X) Primary School and (Y) High and then um uh and-and then joined the (Z) Bank and uh was in uh banking finance for about seventeen years um and then I became ill and um I spent the next um um well twenty-five odd years or thirty years in out in and out of mental institutions you know padded cells and strait jackets and um eventually I got better I learned to manage my illness and um returned to the work force um
7 7 Keith: When you said padded cells and strait jackets er i-is-is that literal?
8 8 Darby: Mmm mmm
9 9 Joan: Mmm mmm yeah
10 10 Keith: Uh…
11 11 Darby: Um…and um you know I returned to the work force and uh and…um…un-unfortunately I um in 2005 I had a uh relapse and um had to resign from my job uh and uh um…uh I’ve been su- – uh been recovery mode ever since (. ) it’s sort of taken a bit of a while sort of um um stablise myself but um you know I um I have to return to the work force and uh get to new working on a part-time basis
12 11 Keith: What kind of things would you like to do?
13 12 Darby: Uh I’m a qualified accountant mmm so I’d like to con-continue with that
14 (I look over to Joan to encourage her to speak. Darby also turns to look at her)
Joan: Um uh I was married first time back in ’84 and when my first child Eleanor was about a year old I had a miscarriage and that gave me – that was the beginning of my mental illness basically and um they diagnosed me with schizoaffective disorder so I struggled with that and my husband and I were all the time on the verge of breaking up because he just didn’t understand about mental illness (.) wasn’t really his fault so I can understand sort of understand where he’s coming from (.) he just felt alienated and upset and angry so we had another child um unexpectedly and by that time we were well apart and the second child was a son and Jim’s now sixteen so I’ve had my mental illness for about nineteen years um and I’ve been in and out of hospitals very much in the last nineteen years a lot probably seventy times yeah I think one of the nurses told me I’d been here sixty-three times (.) that doesn’t include (She starts counting off these names with her fingers) Glenside Kahlyn Fullarton Queen Elizabeth so um yeah I mean I had a normal childhood (.) went to a uh all girls school and um enjoyed myself there = I was quite successful and I did a degree in nursing d-d a degree in applied science and a few few more years’ study and I became a CNC Clinical Nurse Consultant at Southlands Hospital on the renal unit and I unfortunately I was in the middle of that job I got pregnant with Eleanor so I had to leave I was was only in the job about a year-year and a half (.) I loved it there I really enjoyed my work and I was good at it so um yeah but my mental health side had been swings from very high to very low usually very low uh and it includes voices and strange thoughts and delusions (She looks at Darby. He says ‘mmm’) so it’s um it’s been a very rocky road and the longest I’ve stayed out of hospital is twelve (She turns to Darby) was it ten or twelve months?

Darby: Uh ten months

Joan: Ten months and up to eleven months now (She beams) so I’m really rapt because when we got married about fourteen months ago fifteen months ago so I think having a happy home life is—is half the battle of overcoming a mental illness if you feel stable in a relationship=you’re happy and you’re loved and you love someone as well so yeah and children fit in well with our lifestyle (She turns to Darby) don’t they?

Darby: Yeah they-they | certainly do

Keith: I think it’s you – I really like the interview anytime when you talk and if ei-either of you want to comment on whatever the other person says please feel free=I’m n-not interviewing you formally (.) I see this more as a shared discussion so is there anything that Joan said that you’d like | to add to (He turns to Joan) | No no

Darby: | Yeah oh yeah okay uh um she– she’s um covered the-covered the situation or her life reasonably well…

Keith: This is obvious– well I think is a very remarkable uh having two people who living their lives together who are willing to talk to me about what they experience | um so I – what – could you tell me a little
Joan: That’s okay Keith.

Keith: bit about how you met each other? Is that all right?

Darby: Mmm yeah we uh we met back in um t-um the year 2000 um it was at a um um Parklands Mental Health um um I was a care worker back in those days uh and um I used to take one of my clients to um the Saturday morning club and uh Joan was there and uh I met Joan and uh we started going out and then uh Joan got ill= she dropped me (Darby smiles mischievously at me. Joan breaks into a half laugh-half sigh. She smiles as she looks into Darby’s eyes and reaches out to take his hand. She gives it an affectionate little shake. He smiles at her)

Joan: I wasn’t well (She lets go of his hand and makes a funny face as if to say “how could I have hurt him in this way!”)

Darby: And um but um I realised that she wasn’t particularly well at the time and uh but um I was very keen and um uh when Joan got a little better I uh uh renewed our friendship and uh things sort of blossomed from there (Joan says ‘mmm’. Darby turns to look at her. She smiles at him warmly)

Darby: and um (He laughs) we-we had a - we had about an eight year or seven year um engagement (Joan smiles and laughs. He laughs gently as he speaks) but we eventually got around to getting married (Joan lets out a little laugh)

Keith: Do you find that in your relationship the – when um if you have bad times with your own self uh that must be very – do you find you each understand what the other person is going through | or does that make

Darby: Yeah

Keith: it harder?

Darby: No (Joan shakes her head) Makes it easier

Joan: (Joan nods her head) Makes it easier

Darby: Joan uh begins to um um become unwell=it usually starts with a um sh-she um trends to stress herself out at times uh but I-I make her um you

Joan: (She nods her head) It’s good (She clears her throat) it’s not nice wh-what we go through but at least you have a person who understands and get right down to the nitty gritty and say (She clears her throat) “what’s actually bothering you? And what-what’s going on in your mind?”

Keith: Mmm so you got this – uh what I hear is needing to (Joan coughs) give each other space but at the same time | and-and not be afraid

Joan: Support

Keith: to ask each other | to talk about what’s going on (. ) you’ve got the two

Darby: Mmm mmm

Joan: No

Keith: things (. ) can you say a little bit more about writing things down? How does that work?

Joan: Just make a list (Joan uses her fingers to count out what she does) of things that are bothering me and usually not well sometimes write down the symptoms that I’m experiencing (. ) well Darby has that problem too so we just write down a list of things we’ve got to do for that day and what we can cut out and rest instead of attend to (. ) to have a day of rest (Joan turns to Darby) like was it Wedn- Tuesday or Wednesday this week we (unclear)

Darby: Tuesday yeah and
Thursday this week yeah Joan | or Thursday um
Joan: I just slept | I had to sleep
cont.Darby: um s- uh Wednesday night we went to um a the church home group uh
and um Joan um became a little uh anxious and paranoid at the-at the um at the
meeting and um so the next day you know Joan just said “look I-I feel tired
(.) I-I-I-I don’t feel up to going to Community House” so um we um um just
took the day off and uh Joan-Joan went back to bed and-and just slept and uh
so far you know I mean we’re-we’re limited in what we can uh do but those
that-that-that sort of precautionary um uh things to do uh certainly help in the
long run(.) it sort of just decreases the stress uh and um and hopefully it
prevents uh hearing voices and um once she starts hearing voices it usually
escalates um and then she has to be hospitalised here at the City Clinic but um
well we’ve gone-we’ve gone eleven months now so um every time she goes to
hospital we-we learn something new about what um what we could do in-in the
future (Joan nods) so um we’re always
mindful of that

Keith: When you say what you could do in the future |

Darby: Um well uh
last time or yeah f-from-from the last episode in hospital w- um we learnt to
um um we-we tended to push ourselves uh because we-we both wanted to
return to the work force so we don’t push ourselves quite so much we-we-we
take days off and just do nothing and that was a bit hard for us to do because
as I said we both you know we both work-orientated and um you know our
goals are to return to the work force but um um health is a-a greater priority uh
than returning to the work force (Joan says ‘mmm’ in agreement) so uh yeah
so uh

Keith: Can-can you tell me what is that you each experience that the other
person also goes through…in-in terms of when-when you feel unwell (. ) do-do
you have the kind of experiences?

Darby: Uh with voices yes

Keith: Right (I turn to Joan) can you say a little bit more about that?

Joan: Um (She clears her throat) well Darby’s (She coughs)

Keith: Can I get you any water or anything?

Joan: No I’m fine (.) uh Darby’s a bit different he um when he’s high when
he’s a bit manic he gets uh voices and delusions (Darby: Mmm) and when I’m
down I get voices and delusions when I’m manic I don’t=which is not very
often (. ) I don’t actually get many symptoms than a bit of extra spending and
gibbering on a bit um

Keith: How do you mean gibbering on a bit?

Joan: S-s- – talking really fast…mmm so but Darby (She looks at him and
smiles) Darby gets told that he’s the thirteenth disciple (Darby turns to me
with a wry smile) by his voices and he’s not allowed to tell anyone (She leans
forward) because it hasn’t been declassified (She smiles widely as if she’s
delivered the punch line. Darby smiles too and steals a glance at me) so I can’t
actually tap into what he’s thinking about because he tends to lock me out
(She makes a circular movement with her right hand. Darby smiles and says
‘mmm’) until something happens whatever it is that happens and it makes me
think ‘well he really should in hospital=he really needs help with this one’ so
mine’s more of a depressive thing and his is more of a mania type thing where
the voices come from so (. ) my voices are quite negative and derogatory so

Keith: How are they negative and derogatory?

Joan: Um accusing me of certain things (. ) they tell me stuff that um I should
do um ought to say to people um with the paranoia just um I believe people
   can read my mind and that’s a worry because I sort of I feel very conspicuous
   then (. ) when I’m depressed I just like to be on my own so
60  Keith: Can you say anything to add to what | Joan said particularly in your
61  Darby: Um
62
50cont.Keith: own experience?
63 51cont.Darby: Yeah well uh fortunately um I-I-I was well for about um about ten
64  years uh and then um um and then I became unwell in 2005 and-and um I-I
65  um became very manic uh and I had uh voices you know telling me that I was
66  the thirteenth disciple uh and um… yeah um…that I-that I couldn’t uh
67  you know tell anybody about it and but um I think that’s just um…um … s- uh
68  something that um I won’t do in future (. ) I-I-I will tell Joan=I’ll be more
69  open with her (. ) letting her know what-what is (Darby clears his throat) what-
70  what-what-what is exactly happening (. ) I said I’d um I’m promise myself that
71  I’d be more open with her…and letting her know uh what um what-what’s
72  actually going on my mind | mmm
73  Joan:                                    | Mmm          it’s very hard (She raises her right
74  hand to chest level) because it-it can creep on…creep into your mind slowly
75  and when it gets hold (She closes her hand into a fist) sometimes it’s too late
76  (Darby: Mmm) and the-the only warning signs we don’t necessarily recognise
77  straightaway because it might start with a thought which leads to a voice which
78  leads to a symptom um when you got it as a thought you don’t tell everyone
79  anything about what you’re thinking do you? (She looks at both me
80  and Darby) | but when it
81  Darby:                                    | No
82  Joan:                                    | Mmm it’s very hard (She raises her right
83  hand to chest level) because it-it can creep on…creep into your mind slowly
84  and when it gets hold (She closes her hand into a fist) sometimes it’s too late
85  (Darby: Mmm) and the-the only warning signs we don’t necessarily recognise
86  straightaway because it might start with a thought which leads to a voice which
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89  and Darby) | but when it
90  Darby:                                    | No
91  Joan:                                    | Mmm it’s very hard (She raises her right
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103 straightaway because it might start with a thought which leads to a voice which
104 leads to a symptom um when you got it as a thought you don’t tell everyone
105 anything about what you’re thinking do you? (She looks at both me
106 and Darby) | but when it
107 Darby:                                    | No
108 Joan:                                    | Mmm it’s very hard (She raises her right
109 hand to chest level) because it-it can creep on…creep into your mind slowly
110 and when it gets hold (She closes her hand into a fist) sometimes it’s too late
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112 straightaway because it might start with a thought which leads to a voice which
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114 anything about what you’re thinking do you? (She looks at both me
115 and Darby) | but when it
116 Joan:                                    | Mmm it’s very hard (She raises her right
117 hand to chest level) because it-it can creep on…creep into your mind slowly
118 and when it gets hold (She closes her hand into a fist) sometimes it’s too late
119 (Darby: Mmm) and the-the only warning signs we don’t necessarily recognise
120 straightaway because it might start with a thought which leads to a voice which
121 leads to a symptom um when you got it as a thought you don’t tell everyone
122 anything about what you’re thinking do you? (She looks at both me
123 and Darby) | but when it
124 Darby:                                    | No
125 Joan:                                    | Mmm it’s very hard (She raises her right
126 hand to chest level) because it-it can creep on…creep into your mind slowly
127 and when it gets hold (She closes her hand into a fist) sometimes it’s too late
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129 straightaway because it might start with a thought which leads to a voice which
130 leads to a symptom um when you got it as a thought you don’t tell everyone
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133 Darby:                                    | No
134 Joan:                                    | Mmm it’s very hard (She raises her right
135 hand to chest level) because it-it can creep on…creep into your mind slowly
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138 straightaway because it might start with a thought which leads to a voice which
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142 Darby:                                    | No
143 Joan:                                    | Mmm it’s very hard (She raises her right
144 hand to chest level) because it-it can creep on…creep into your mind slowly
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147 straightaway because it might start with a thought which leads to a voice which
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149 anything about what you’re thinking do you? (She looks at both me
150 and Darby) | but when it
151 Darby:                                    | No
152 Joan:                                    | Mmm it’s very hard (She raises her right
153 hand to chest level) because it-it can creep on…creep into your mind slowly
154 and when it gets hold (She closes her hand into a fist) sometimes it’s too late
155 (Darby: Mmm) and the-the only warning signs we don’t necessarily recognise
156 straightaway because it might start with a thought which leads to a voice which
157 leads to a symptom um when you got it as a thought you don’t tell everyone
158 anything about what you’re thinking do you? (She looks at both me
159 and Darby) | but when it
160 Darby:                                    | No
161 Joan:                                    | Mmm it’s very hard (She raises her right
162 hand to chest level) because it-it can creep on…creep into your mind slowly
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169 Darby:                                    | No
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209 leads to a symptom um when you got it as a thought you don’t tell everyone
210 anything about what you’re thinking do you? (She looks at both me
211 and Darby) | but when it
Joan: Yeah yeah so I was sort of be on the verge of going (She leans forward and opens her mouth as if about to tell someone to f- off) and thinking ‘hang on where is this thought coming from (. ) this is potentially dangerous you know’ (She laughs a little nervously)

Keith: So you stop yourself do you?

Joan: Well uh sometimes just in the nick of time=sometimes not so

Keith: Sometimes you say it

Joan: (She nods) Mmm like Pat (unclear) one day (Darby: Mmm) I just told her she was a bitch and told her (unclear) (Joan covers her face with her hands in embarrassment) uh I said (Joan speaks apologetically) “I’m so sorry Pat you’ve got to understand it wasn’t me” (She speaks in a demanding kind of voice) “Well who was it then? You were pretty rude=who was it?” (. ) (She speaks in a sheepish voice) sorry it was just a voice I’m sorry (She gives a little laugh)

Keith: You say that straightaway after or | another time?

Joan: Not-not straightaway=after a certain period of time | the other person is still reacting on what I’ve

Keith: Like

Joan: said yeah and they’re acting towards me in a negative way

Keith: So in the same conversation or another |

Joan: No probably days later |

Keith: Oh

Keith: A part of you?

Darby: Yeah because when it happens you don’t think (She raises her hand and points a finger to her head to show she’s thinking) ‘ah that’s a voice (. ) I won’t act on that’ but (because?) as though-as though it’s a part of you .... do you know what I mean?

Keith: When you say declassified what does that mean?

Darby: Um it—it’s uh it’s—its secret and um it just hasn’t been declassified (. ) you’re not allowed to tell anybody

Keith: That sounds like a government | type thing=is it (unclear)?

Darby: Mmm yeah

Keith: .....and do you hear more than one?

Darby: Uh usually two (Joan: Mmm) mmm (Joan: Mmm)

Keith: How are | they...different?

Darby: D-different um um the-they’re-they’re two distinct voices um...but um where Joan’s are uh demonic um and-and put her down m-mine tend to um um you know tell me fanciful stories

Keith: What kind of fanciful stories?

Darby: Um w-well I-I – they told me I was the thirteenth disciple um and that certain people were the devil um.....yeah...

Joan: And-and they guided you to different churches | to get blessings

Darby: Oh right yeah yeah
they – I’d wake up y-you know during the night and-and um drive around to
diff-to different churches and uh and I-I was-s standing in front of the-the
stained glass windows and-and get certain blessings (Joan nods) um
Keith: How did the blessings come to you?
Darby: I just (Darby bows his head) bowed down like that and (He raises his
right hand) I-I was blessed
Keith: Did you feel anything?
Darby: No no I didn’t no no…um…
Keith: How many churches did you visit?
Darby: Uh oh quite a few (.) as far away as Murray Bridge…
Joan: Maitland–church of Maitland
Darby: Oh yeah went to Maitland yeah (Joan laughs)
Keith: How did you know where there were churches?
Darby: Um……um…..I used to y-
- you know first of all it was just a
general
direction of g-going to say Murray Bridge and then um I’d just drive around
and uh eventually I’d find a church…yeah the voices didn’t actually um um
you know d-direct me=well I’d…(He lets out a sigh) um…the voices didn’t
actually direct me to the church but they um I-I a-as I said I just drove around
till I found a church and then-then the-then the voices-voices tell me to stop
and-and uh I was about to receive blessing mmm…
Keith: Did the voices – didn’t mind what denomination church?
Darby: No no no
Joan: The more stained glass the more steeples the better | (She smiles warmly
at Darby)
Darby: | Yeah (He gives a
little laugh)
cont.Joan: (She gives a little laugh too) more blessings | (Joan looks at me, nods
and smiles widely
| Right
(See then reaches out her hand and gives Darby’s hands on his lap an affectionate rub.
He laughs a little)
Joan: Things we’ve done eh? (Darby: Mmm) yeah
Keith: How do you (I’m searching for words) as you
you have your own
experience of voices (.) how does that help you unders– with each other –
living with each other?
Darby: Um when-when Joan um Joan from time to time gets voices um um
and-and it-it alerts me to the fact that she’s-she’s um probably under a little bit
of stress (He turns to look at her and she nods) and uh she needs to take the
time out so um I’m very mindful of when she starts saying “oh you know a
voice told me to um you know to tell a person to f- off” or something like that
in mind (Joan lets out a little laugh under her breath) uh as I said it-it uh starts
ringing bells and-and I just say “ah well tomorrow we’ll just uh spend a-a day
around the house and um and-and not do anything and you can-you can you
know s- uh spend the day in bed (Joan: Mmm) or the morning in bed (Joan:
Mmm) mmm and she – usually uh some sort of stress is building up you know
Joan’s had to um um do a lot you know uh…but we-we-we try to um even
things out=we don’t uh we don’t too much in the one day um…
Keith: (Trying to include Joan) Anything you can say about
how you having voices and Darby having voices=how that helps you
understand each other?

Joan: I think when we’re both well it’s easier to-to pinpoint either of us are
getting unwell but once we’re unwell that’s when I think you know we need
professional help not just helping one another…um…hmm
Keith: Earlier you said uh a happy home was really important (.) can
Joan: yeah (She smiles) yeah
Keith: you say more about that?
Joan: it is (She looks warmly at Darby) um…..yeah I think on a regular basis
we just ask one another how we’re going and sometimes we talk=sometimes
there’s no need for conversation…(She looks into Darby’s eyes) a lot of it’s
non-verbal (Darby: Mmm) is there? (Darby: Mmm) yeah (She drops her gaze
from Darby) and we don’t play loud music or go to any parties and that so (.)
our life’s fairly quiet yeah (.) we got lots of lovely friends and our family’s
great (Darby: Mmm) Darby’s got his dad still alive at the age of ninety and my
mum-mum and dad’s still alive and my sister so yeah we’ve got happy-happy
healthy lifestyle
Keith: Can you tell me anything about how people in your family um…live
with or deal-deal with what you go through?
Darby: My uh father and brother…the-this is yesteryear (.) they-they um
weren’t able to um well they weren’t very sympathetic they um um you know
“just give yourself a good shake and-and-and get back out the work force you
know there’s nothing wrong with you” |
Joan: | “You’re a malingerer”
Darby: “You’re-you’re a malingerer” (.) I found |
Keith: | Who said that?
Darby: Uh a doctor one time=this is this is very early on when I had m- um
when I-when I started getting unwell and um um…um yeah I-I lost uh uh faith
in the medical fraternity um
Keith: Because of that kind of att | itude or because ?
Darby: | Yeah because yes no because of that-that-
that-that type of attitude (.) this is this is back in the-the uh eighties uh yeah
Keith: Have things changed?
Darby: Yes (Joan: Mmm) oh yes | de-definitely um although they’re
Keith: | How?
Darby: far more understanding these days um and they’ve a bit more
compassion uh and um they’re aware of the – well they-well they seem to be
more aware uh of people with mental illnesses mmm but um i-in the eighties
um that sev- late seventies and eighties they-they certainly weren’t um very
compassionate um at all…(He turns to Joan) Joan’s had better luck with
doctors (Joan: Mmm) (She nods her head)…
Keith: Can you say any-anything about that?
Joan: (She looks at Darby) Um…I used to be heavily medicated in the very
beginning about 1990 (She takes in a deep breath) till about (She lets her
breath out).’98 | yeah just if I had a problem
Keith: | (quietly) Wow that’s a long time
Darby: Yeah we um we um we had a lot of uh problems with Jim that’s uh
Joan’s youngest son (. ) he um um um he was quite a uh delinquent at school
um I mean uh one-one year he-he got um um sent to the detention room
twenty-six times uh and um eventually we decided that we-we got to get some
uh – and-and-and he wasn’t able to live with – we-we tried to um we tried
having him live with us but uh Joan got ill and I-I wasn’t actually living with
Joan at that time uh I was still living with my-with my father and looking after
him and um uh Jo-Jo- uh unfortunately um I couldn’t be in two places at once
and uh um so uh Jim went into f-foster care uh and um uh he um…um uh we-
we eventually got him to see a um – he-he wasn’t at the time seeing a
psychiatrist but uh not psych- (He turns to Joan) psychiatrist? Or psych-
psychologist um we-we got him

Joan: I think uh
psychologist

Darby: to see a psychologist after that and-and um and um he was able to sort
his problems out um a lot of it was sibl- a sibl- um | Sibling

sibling rivalry?

Joan: Yeah sib-sib-(He turns to Joan) sib-sibling rivalry wasn’t it?

Joan: Yeah

Darby: but um

Joan: Yeah ...so um

Keith: Between Jim and | Eleanor your daughter

Joan: | and Eleanor (unclear) yeah

Keith: What about friends who know what you go through or perhaps see what
happens to you like you talked about your friend when you told her to| yeah

Darby: tick off (She lets out a little laugh) um I-I don’t know (. ) I don’t normally
discuss well I-I-I’ll probably say I’m not all that well or not feeling a
hundred percent=I don’t usually give details (. ) that’s for Darby |

Darby: Mm yes I-
I-I just follow through or follow up with uh a comment to-to the friend that uh
you know Joan was hearing voices that day and um and um you know she
just wasn’t herself and-and mo-most people are-are-are reasonably
understanding because they-they’ve experienced it themselves (Joan: Mmm)

Joan: Friends of ours mental health friends of ours
Keith: So they
Darby: (unclear) yeah most of our friends are um uh ha-ha-have a mental illness
Keith: Mmm So you feel that – what about friends who haven’t had a mental illness?
Joan: Um they’ve been really good (She looks at Darby) (Darby: Mmm)
you’ve got Paul (.) Paul understands (.) I’ve got Wendy and got mutual friends with Nina and Jason Eunice and Rob and Con and yeah just handful of people that if something goes wrong they usually click ‘oh that’s what she’s going through or that’s what he’s going through’ (.) I understand what you’re saying’ so
Keith: Do-do you feel it’s harder to keep friendships with people who don’t go through experiences like yours?
Joan: Not really (She looks at Darby)
Darby: Initially I um I lost a lot of friends because they just didn’t understand or you know they um…I-I was in and out the work force and they couldn’t understand why I couldn’t hold a job down and um and you know I wasn’t um um I didn’t represent any competition
Keith: How do you mean?
Darby: Um I wasn’t uh I guess it’s another word – an another way of saying I wasn’t good enough for them
Keith: One question um in – I’ve had in my mind a little bit is with your voices (.) do your voices ever say (Joan looks out front to the left for some reason) anything about the other person’s voices?
Joan: No no never no
Darby: No no no
Keith: Why do you think that is?
Joan: (unclear) got two different brains (.) two different thought patterns
Keith: Mmm but do your voices seem to know about Darby’s voices then
Joan: I’ll just say “oh do you okay is everything okay in your mind you know (.) is there anything you want to talk about? Discuss? Bring out in the open?” And if i– when Darby was really unwell back in 2005 he was-he was walking up and down (She moves her hand from left to right) that – our our courtyard back and forth (.) I felt sometimes (.) I think I’d love to say “are you okay?” but he’d get upset because he’s busy listening to his voices and I wasn’t really – I was intruding (Darby: Mmm) (She turns to Darby) would you say that was right?
Darby: Yeah it has
Keith: So your voices never comment on the other person’s voices?
Darby: No
Joan: No no no
Keith: actually we’ve never discussed that though
Darby: No they ne-never no they-they never offer an opinion or anything mmm
Keith: So |
| They often just give instructions rather than opinions

Joan:        | They often just give instructions rather than opinions

Keith: Oh can you say a bit more about that?

Joan: Um well sometimes if I’m not well and I’m driving along in the car (She puts her hands out as if holding the steering wheel) and hear (She lifts and lowers both hands slightly each time to beat out the rhythm of each instruction) “crash the car (.) crash the car (.) crash the car” (.) (and I go)? (She takes in a breath and looks from side to side apprehensively) “but I don’t want to crash the car (She lets out a nervous laugh) I don’t want to do this” I’d pull over (She mimes steering the car over to the kerb) I’d be on my own – pull over and just (She takes in a big breath and lets it out) take a deep breath and think ‘ah (She closes her eyes) do I really want to do that? (She opens her eyes) No I don’t want to do that’ so the voice would (She puts her hands out and mimes the voice moving off to her right in stages) peter out and go so I don’t know that I’ve got a lot of control over it when it happens but um I’ve got to tell myself that it’s not real (.) and that doesn’t come=initially that comes after several days or a week of me hearing voices and thinking (She shakes her head) ‘this is just outrageous (.) this is (Darby: Mmm) incredible (.) so unreal’

Keith: Do they keep up that |               for           twenty-four hours or?

Joan:                                     | Oh yeah (unclear)                                    oh sometimes they wake me at night but usually it’s just during the day

Keith: How do you do what you do when you got that?

Joan: I just listen and think (She shrugs her shoulders and moves her head) ‘oh yeah okay oh yeah oh yeah’ (She gives a tired laugh) but of-often I – when I get voices I’m unwell (.). that means I go to hospital so

Keith: Do they – I know psychiatrists – d-did-did your psychiatrist ever ask you questions like “where does it speak to you from?” or |                what –

Joan:                             | Probably

Keith: do-do you remember any of the kind of things that psychiatrists ask you about the voices?

Joan: Um who – if I know who it is and what they’re saying (.). that’s basically it

Keith: Okay and do they never ask where it comes from or where you perceive it?

Joan: Oh (Joan raises her hands to her head) c-can you just hear it in your own head (She moves her hands away from her head out to the sides) or do you hear it out aloud |

Keith: Is that what they ask?

Joan: It’s definitely out aloud | I think it starts as a thought and then it

Keith:                               | Oh right

Joan: turns into internal voice and then it turns in-into a auditory voice (.) like a stage=do you know what I mean like um um a progression (Keith: Right) as such so when I hear it I think ‘oh hang on something’s going wrong here (She expresses rising mock alarm in her face and voice) I’m not meant to be hearing voices’ so I get really frightened (She looks at Darby) don’t I Darby? (Darby: Mmm) scares me so

Keith: How about for you Darby uh things that ps-pe-psychiatrists ask you about your | voices?

Darby:  | Yeah yeah they ask me similar questions to uh Joan um and-and uh (Darby raises his hands to both sides of his head) m-m-my voices um are-are within-within my brain (He lowers his hands back to his lap) mmm
Keith: Can you describe what that – how do you know or how does that?

Darby: It’s just it’s just like me talking to you now except there’s a voice in your brain (Joan nods strongly) and it-and you know it’s very distinct from thoughts it’s just a-a-a voice (Joan nods) it’s um it’s-it’s um it can be quite loud and-and it’s usually very persistent (Joan nods)

Keith: But you

Darby: It’s just like me talking to you now except there’s a voice in your brain (Joan nods strongly) and it-and you know it’s very distinct from thoughts it’s just a-a-a voice (Joan nods) it’s um it’s it’s um it can be quite loud and-and it’s usually very persistent (Joan nods)

Keith: But you

Darby: It just happens (Darby raises his right hand so that it’s in front of his face) it just happens with within your brain (He lets his hand fall back into his lap. Joan nods)

Keith: Mmm I’m still struggling to understand

Darby: (He again raises both hands to either side of his head) I mean I-they’re-they’re pretty silent (Joan looks up to the left again for a moment then briefly closes her eyes) but um but your um um your voices are-they know they tell me outrageous things…. (Joan nods briefly)

Keith: So if your voices in your brain does that mean then you don’t make a mistake of thinking that somebody’s in the room talking to you= is that what you mean?

Darby: Oh right okay yeah sorry (He clears his throat) in that sense yeah I yes uh well I recognise that that um-th-th-that they are voices (Joan nods) I mean you-you can identify that that they are voices and not thoughts and that a-and similarly that um you know they’re not coming from uh somewhere else in the room although at one time um well for quite some time I-I um um used to um hear um uh voices uh hi-— well no that was—that was in my-that was in my-within my brain as well (Joan nods) um when I used to lis- the-the-listen to the um television I-I’d get voices and um I remember one time um my voices telling me to-to uh to go to a radio station and uh and get an interview with um with the-with the news presenter there yeah

Joan: (Joan comes in animatedly) What about the car (She smiles) you went to—pick up your two Ferraris?

Darby: Oh yeah (Joan chuckles and Darby smiles)

Keith: What’s that about?

Darby: I went to—(Joan smiles widely and gestures to Darby to tell the story) my voices told me that I had two Ferraris to pick up (Both he and Joan chuckle) (Darby can’t help smiling) so I went to this c- to

Keith: If only! (Joan raises her eyebrows humorously in agreement)

Darby: This um sort of to the (Joan looks up to the left smiling) Ferrari dealership and uh fronted management and said that I had two Ferraris to-to pick up and

Joan: He said “just hold on a minute and I’ll see—check out the back” (She laughs and keeps laughing as Darby tells the story)

Darby: “What was your name?” “Hammond (.) I’ve got two-two cars to pick up” (Joan drops her head as she’s laughing) he came back out and said “no we haven’t got anybody in the name of Hammond (Darby turns with a smile to Joan who is still laughing weakly. Darby turns back shaking his head)

Keith: What happened then?

Darby: (He laughs) I said “Oh I’ll—I’ll look into this and uh and get back to you” (Joan laughs heartily)

Keith: Why did you say that? But—what were you thinking?
Darby: Well I um (Joan briefly looks up to the left – was her eye caught by something out of the window?) I uh I sort of partly came out of my delusion (. I thought ‘gee I-I wonder if this is true or not’ (Joan: Mmm) because there was only the voices and I thought – oh I had got any um hadn’t got any documentation to prove it so um yeah so I um (Joan laughs through her nose) I backed off (Joan laughs and so does Darby)

Joan: (Joan smiles) What about all the CDs and DVDs you bought?

Darby: Yeah I got a little bit manic at one time and bought um | (about?)

Joan: | Three hundred two hundred was |

Darby: uh two-two hundred two hundred was |

Joan: | Music and DVDs | all sorts=adventure and love (Darby: Mmm)

Keith: | Any?

Darby: | Told him what to buy and where to buy it from |

Joan: | Like the voices just told me to buy them |

Darby: | Told him what to buy and where to buy it from |

Keith: (I exclaim) | Oh really! (Darby: Mmm) (I speak with a slight laugh) can you say a bit more about that?

Darby: Well um uh I’d wake up in the mornings and uh and the voice would say “right you-you’re going to buy a DVD today” and um I-I’d um quickly get dressed and have breakfast and go to um um Sanity or um Ezy DVD and um and you know buy about three or four DVDs at a time you know they thought they thought it was fantastic (. the-the owners of the store (Joan laughs) I ended up spending about $3,000 (I let out a quiet gasp)

Keith: Joan you were saying they also told Darby where to go for them (. did you say?)

Joan: | Was-is-is that right or am I – forgotten | (unclear)

Darby: | Yeah no I know no-no they just-they just told me to go to-to West Lakes and uh and um uh go to Sanity

Keith: | Wow

Darby: Um occasionally yeah (Joan nods and smiles)

Keith: Great library there

Joan: Our children (She corrects herself) uh children use them as well on the computer so | you | you get to watch whatever they like (I laugh and)

Keith: | Wow

Darby: I still-still | do

Keith: | (I’m laughing as I speak) You watch them?

Darby: Um occasionally yeah (Joan nods and smiles)

Keith: Great library there

Joan: Our children (She corrects herself) uh children use them as well on the computer so | you | you get to watch whatever they like (I laugh and)

Keith: | Wow

Darby: | Yeah yeah (Darby smiles)

I still-still | do

Keith: | (I’m laughing as I speak) You watch them?

Darby: Um occasionally yeah (Joan nods and smiles)

Keith: Great library there

Joan: | Friends | friends do borrow them from time to time too (. they...
know we’ve got a good selection so they might pop over and have a coffee and
watch a DVD at the same time so (She smiles) it’s a good social point |

Keith: | Yeah

Keith: Just thought before we finish because we’ve had quite uh a-a big chat
together (.) just a l-last thing to ask is…do your voices have a personality (.) I
mean are they like people in any way?

Darby: Um m-m-mine (Joan slowly shakes her head) are—are very um um
demanding a and dogmatic (.) you know “you will do this and-and you
are the thirteenth disciple and um uh and n-now-now we’re going um to North
Adelaide uh and we’ll have a look round for a few churches um n-now park
your car here and-and get out and go to the church” (Joan slowly nods)

Yeah m…very demanding

Keith: Mmm how did you feel about them?

Darby: Um well I—I’m manic at the time so it-it—it’s rather exciting…

Keith: In what way?

Darby: Uh exciting that uh |
I’m going to get a blessing

Keith: Mmm (Joan raises her eyebrows) are they– do you think of them as
demons as a spiritual force o r is that…? |        or does it mean demon

Joan: Um | Usually
what they say makes me think a certain way=I don’t actually look at them as a
personality (.) because what I hear is-is quite frightening and I….She briefly
closes her eyes and lets her breath out) I don’t know I…to me it’s a reality (.)
what they’re saying is correct (.) I remember I was in the Queen Elizabeth uh
emergency room (.) e-emergency department and the doctor had (Joan raises
her hands near her eyes and moves her fingers like flickering flames) flames in
his eyes (.) I could see flames | and I

Keith: You saw it?

Darby: Mmm yeah that was

Darby: | Mmm yeah that was

Darby: | Adventurous

Darby: um not-not that I’ve um felt…um not that I feel anything like
it=the blessing but um it’s still um you know it just-just it – you – a-as I said
I’m—m manic at the time and I just get very excited

Keith: Mmm and I think you said about Joan’s voices I think=did you use the
word ‘demonic’?

Keith: | You saw it?

Darby: | Mmm yeah that was

Darby: | Mmm yeah that was

Darby: | Mmm yeah that was
Darby: particularly bad episode

Joan: you know “don’t come in here=don’t come in the room=(She keeps
fending off the psychiatrist) just stay there=just stay there” so but that –
what they tell-told me was pretty repetitious and it wasn’t like Darby’s which
was exciting and adventurous and interesting (. ) mine were demonic and
scary (. ) they were really really scary

Keith: Mmm we might leave it there | to talk about but

Darby: | Okay

Joan: Oh okay

Keith: perhaps next time I might just ask a little bit more about the type of
scary things they say if that’s all right but we won’t talk about that |

Joan: Oh

Keith: now we’ll leave that (. ) now how are things – you – how was that

Darby: Yeah um um um yeah n-n-n-n-not-not a problem

Keith: All right okay we’ll stop there then thanks a lot

Joan: That’s okay

Darby: Okay
Interview 2

Participants: Darby, Joan & Keith
Place: City Clinic
Date: Friday 22\textsuperscript{nd} May 2009
Time of interview: Around 2.15 pm

Notes: We’re sitting in one of the group activity rooms. There is a long table. I have placed 3 chairs at one end of the table and put the camera on the other side of the table. I sit nearest the camera. Darby sits in the middle and Joan sits on his left. Darby seems a lot brighter today. He isn’t wearing a baseball cap or chewing gum.

1  Keith: Okay thanks Darby and Joan for coming in=again sorry for keeping you waiting um is there um anything that we can talk about um since we last talked to each other about 3 months ago? Is there anything that happened in terms of um your voices or just general state of being that you think we can talk about?

2  Darby: Um I-I-I haven’t had any voices and-and (He turns to Joan) oh Joan’s had a few | so I-I guess we can-we can have you know a

3  Joan: I’ve had a few

2cont. Darby: talk about those (Joan: Mmm) um

4  Joan: It’s only happened when I’ve been stressed | really stressed

5  Keith: Oh right

4cont. Joan: certain things that set me off or sort of snowballs and the voices come back and |

6  Keith: | Okay … can you describe what happened?

7  Joan: Um I have problems with uh social situations in groups of people (.) I get a bit paranoid and overwhelmed um and they tell me – the voices tell me stuff about other people in the room

8  Keith: Can you describe a situation in which this happened in the | last 3 months?

9  Joan: | Yeah

8cont. Keith: months?

9cont. Joan: well-well um a couple of times in the church bible study group on Wednesday night Wednesday fortnight and they were telling me that Julie was a whore (She laughs) which she is not (Darby looks at me and smiles) but she was a whore (..) she she worked the streets at night to pay the bills (She smiles and then turns to Darby) and is it Austin? | was an

10  Darby: | Austin

9cont. Joan: undercover police officer

11  Keith: Is – did you hear this when you were in the group? | Can you describe

12  Joan: | Yeah

11cont.Keith: what was happening when | the voices started to talk

14  Joan: | Well I don’t talk – very-very overwhelmed with the fact that I had to contribute to the group=reading or speaking or whatever and that got a bit much for me I’m all right in a group of say six people sitting down and reading out loud and I don’t have to do it in a group of fifteen-twenty people=it’s just too much (.) I get very overwhelmed and uh the voices last most of the night and if I’m lucky they’re gone in the morning

15  Keith: Okay so |

16  Joan: | So it’s just stress – the stress of being in a group and contributing there | it gets to me

17  Keith: | Is it is it okay to kind of take me through step by step if we kind of went back to – was it in the evening? (Joan: Mmm) can
you like take me through uh what was going on and just describe so I can kind
of imagine it and I can see it?
18 Joan: Well I was stressed before I got there thinking that I’d have to contribute
and I’d make a mistake or just make a fool of myself so I was feeling quite
self-conscious uh |
19 Keith: Did you say this to Darby before you ?
20 Joan: Not at the time=when
I got home that night and I was still hearing voices I mentioned it
to Darby but I um since that time I’ve had to have a word to the leader of the
group just to say that when it’s my turn to read or to speak just pass because I
can’t cope with the social contact of having to contribute and explain myself
so I just felt very overwhelmed and there was a night when um um this voice
came to me and said (Joan lowers her voice) “did you know that Julie is really
a whore at night?” and I thought ‘oh right that’s incredible to think that of
Julie’ and that thought (She makes circular movements round her the side of
her head) was tossing round in my head with the voices telling me the same
thing and I thought ‘well she doesn’t look like a whore (.) I’ve never heard
that before’ so I just let that one ride and then about an hour later there was
another voice another-another distinct voice that said that Austin was an
undercover policeman and if I put one foot out of line he’d arrest me so I
wasn’t—I wasn’t (She raises her hands to mime quotation marks) ‘allowed’ to
speak=they were telling me not to speak (.) not to contribute (.) they said that
was dangerous—I could get arrested so when I got home I told Darby=he said
“I think they’re just voices” so I-I had a pretty disturbed night that night
certainly didn’t sleep a great deal but |
21 Keith: That was the night before | or after
22 Joan: No this
21cont.Keith: Bible class
22cont.Joan: was on the night after the Bible class
23 Keith: When you first uh-uh heard this comment about Julie being a whore did
that – was that a thought do you think or was it | something more
24 Joan: No
23cont.Keith: audible than a thought and it was a voice that you had heard before and
was | ?
25 Joan: Yeah probably probably (She looks at Darby)
26 Keith: When you say ‘probably’…
27 Joan: Well it-it – I mean I-I couldn’t say it was a man in his fifties or a woman
in her twenties=it was just a voice |
28 Keith: Okay because I remember last week when
you talked | about a voice that said about that was being – telling
29 Joan: | Oh it’s a male it was a male
30 Keith: you were the devil and it was a very husky voice when you were uh
describing it (.) was it like that or | ? uh right so you thought ‘oh
31 Joan: | Yes it was
32 Keith: I’ve heard you before’
31 Joan: It took me a while to sort of register because um people weren’t
responding to the same voice that I was responding to and I thought ‘well why
would they be telling the group? Why-why-are they just telling me?’
32 Keith: So when you first heard it you thought others could hear it too?
33 Joan: I probably did yeah
34 Keith: Like someone in the group said it?
Keith: That was a bit confusing was it?
Joan: Was a bit yeah
Keith: Yeah and how did you then work it out that perhaps that nobody else could hear it?
Joan: I don’t know=I just-just questioned it myself and that can’t be-can’t be right=she’s=I think that’s a good woman
Keith: What were the others doing at this time?
Joan: Oh they were just chatting away about Moses or whatever (She laughs weakly)
Darby: Yeah I mean we were just um yeah talking about um um um you know the-the Bible discussion
Keith: What was the passage you were looking at?
Joan: I can’t remember=it was the life of Moses and what happened when he saw the burning bush and the fact he was eighty when he started his ministry and he died at a hundred and twenty so forty years of-of input for God so yeah interesting-interesting story about Moses and how he was just a simple man he said “look God I’m just a simple man” and God said “but I’ve commissioned you=I want you to do this (.) you’ve got to take people out of Israel across the Red Sea out of Israel into the Promised Land which he did=he led them in the desert for forty years (She turns to Darby. He nods and says “mmm”)
Keith: So when people were talking about Moses I imagine that hearing a voice saying something like that | It’s out of context out of context (.) I think that’s what I realised and I thought ‘well no one else is responding like I’m sort of going (She puts on a shocked face and speaks quietly) “whoah-whoah-a whore is she really! A whore! (She draws in a breath) and then no one else was responding and I thought that was a bit unusual=I’ll just let it ride and the voice came back and reiterated what it was trying to tell me and…
Keith: Did you (unclear) Darby?
Darby: I-I noticed that Joan was very quiet uh and um and she was um absorbed and I thought um uh ‘she might have voices’ so (He reaches out and puts his hand on Joan’s) I just-just held her hand and uh and um she um s-sort of looked at me and she was – I could see that she was a little distressed so-so I just um um you know just um just continued on
Joan: I didn’t really want to discuss the voice with anyone
Darby: Mmm I-I usually let Joan just you know if- if I see her in that situation I’ll ask her you know I-I wasn’t going to ask her in front of everybody else I just uh ask her later on uh you know I think I asked her when we got in the car I said | yeah were you – did you
Joan: | Yeah I burst into tears or something
50cont.Darby: hear voices tonight or were you hearing voices you know was it and um yeah so um uh yeah uh and Joan uh uh doesn’t always um tell me what the voices are straightaway but sooner or later she does tell me you know I think – I remember when I had voices um I-I wasn’t allowed to tell anybody because they hadn’t been you know it was top secret you know they-they hadn’t been declassified (Darby smiles and Joan starts smiling too. He catches her eye and then breaks into laughter.) and you believe that of course
Keith: What else happened that evening? Anything more? | Those two
Joan: | Um
52cont.Keith: comments about | those two comments (.) that was enough and when we – the group ended and we were all having coffee I thought – I was just
sweating I was hot and sweaty and just so wrung out with the whole ordeal
and I said (She speaks in a slightly pleading voice) “let’s go” to Darby “it’s
okay we’ll go now” I found it hard to communicate with people because I had
this interfering (She circles her left hand around the side of her head)
conversation just going round in my head

Keith: What was the conversation?

Joan: That Julie was a whore and Austin was an undercover policeman

Keith: And it was just like re- – the same phrase repeated or | in different
ways?

Joan: | There were there

were a few things like “you uh you are just a dumb bitch=you wouldn’t know”
yeah a bit of dormitory stuff yeah so

Keith: Can you think of any other … things it said (.) you know like |

Joan: | No that’s

all yeah

Keith: How long did that last?

Joan: Um probably till the next night (.) 24 hours (I let out a breath) yeah I was
in tears=wasn’t I Darby? (He nods his head with a “mmm”) I don’t often
cry but I was crying=it was just too much to handle

Keith: Mmm (She nods her head) what was the (10.30) hardest part to handle
… you think?

Joan: “Dumb bitch” (She laughs a little)

Keith: Uh having that said to you? |             yeah and that was like

Joan: | Yeah

Keith: lots of times wasn’t it?      okay=did you get any sleep

Joan: | Yeah

Keith: that night?

Joan: (She turns to Darby) Not a great deal no

Keith: Kept you awake?

Joan: Yeah

Darby: Yeah tossed and turned

Keith: Is there anything you do to try and make the voice go away?

Joan: Probably should take medication but that’s the last thing I think of when
I’m going through it … just try and battle along myself and |

Darby: | (unclear) um…..I

thought you did take extra medication that night |    mmm

Joan: | Oh did I?

Keith: So that was one bad experience (.) were there any other
experiences? | that you can think of

Joan: Um I seem to get stressed just at the Bible
study group and um…can’t actually pinpoint what the voices were saying to
me on the other occasions but I had fleet-fleeting (flitting?) voices (She waves
a hand in front of herself) that come and go when I get a bit stressed and when
I get stressed for several hours on end is when the voices start=they don’t sort
of start and then afterwards stress (.) it comes after the stress…a bit like a knee
Keith: In what way?
Joan: If I get the stress the voices come after that yeah
Keith: Does that mean the thing you need to deal with is the stress |
Joan: | Mmm
Keith: is it about managing stress is that the thing you find you’re doing?
Joan: Probably yea
Keith: How do you try and manage stress?
Joan: I deep breathe and like Darby was saying-saying occasionally I take extra medication um it-it doesn’t last more than about twenty-four hours at a time (.) if it was lasting days I’d probably think about seeing my doctor and whatever so
Keith: How does it go away? … is it like | ?
Joan: It just dissipates like having a cold and having the symptoms of the cold (. ) the runny nose the fever the aches and pains the sneezing and the coughing (. ) the symptoms of my illness (13.30) are present but they don’t last forever—they only last a day or two and if that’s all that happens then that’s fine
Keith: Mmm mmm anything Darby that you can add to what Joan was saying?
Darby: Uh
Keith: saying?
Darby: (He lets out a sigh) No not really um n-n-n- not y-y-you know I-I a-apart from taking the extra m-medication sometimes-sometimes we-we do sort of forget it um but um um I mean we’ve had two Bible studies or probably three Bible studies since we last saw you but um um the-the the last Bible study wasn’t as um dramatic as-as the uh the second to last Bible study (He turns to Joan) was it?
Joan: No
Darby: she-she is you know getting better uh at handling crowds uh and uh not-not so overwhelmed … I-I think it’s – I-I found myself uh when I was um hear-hearing voices and-and psychotic and manic that you tend to um uh withdraw from society and-and-and don’t uh you-you don’t mix very well because you’re-you’re preoccupied with your thoughts and voices uh and um and uh you-you don’t feel lonely but um um you-you just-you just sort of prefer your own company
Keith: Mmm can you say a bit more about that?=that you-you don’t feel lonely
Darby: Yeah um well I-I was-I was going to be the thirteenth disciple uh and um I was you know totally engrossed in that and um I remember um um being in Moore Hospital and the voices were telling me that that particular person over there was Jesus and that bloke was the Devil and uh that bloke
was Pontius Pilate and you know all these things

Keith: When you say a story – almost makes me think that it’s like a drama

Darby: Yes bit-bit of a stage play

Keith: And you’re l-living it out or you’re (unclear)

Darby: Well-well I’m just listening I’m-

I’m standing there listening yeah

Keith: Are you in the drama or you’re watching the drama?

Darby: W-watching the drama yeah

Keith: And does that-does that make you feel special in any way?

Darby: Um … it-it-it didn’t um I mean um … I-I didn’t feel

Keith: Or different?

Darby: elated when I found out that I was the thirteenth disciple

(.) I just-I just sort of accepted it and “oh yeah okay” um you know I wasn’t

um over-over the moon about it (.) I was just – I just accepted it as I said I just

accepted it and and um |

Joan: And that was considered fact at

the time (Darby: Mmm) –that-that’s the information that you got and believe it

because someone’s told you (.) we don’t always question everything people

tell us | with voices if-if it seems

Keith: | Okay

Joan: out of the ordinary and-and you can recognise the voice it’s easier to

accept it and tell someone else it’s a voice like me telling Darby it’s a voice (.)

it – sometimes it’s totally out of context with what’s going on

Keith: Mmm and that was your experience at the Bible study group

Joan: Yeah

Keith: So what you were questioning – you weren’t sure about the correctness

of information but |

Joan: After a while I thought ‘oh this is incredible (.) no one is-is

saying anything about it’ (.) because it told me not to say anything to anyone

but instructed me not to-to mention about Julie and Austin

Keith: What did it say – I mean (unclear)

Joan: “Oh this is um confidential” | yeah “this is-this is um

Keith: | It used that word?

Joan: not for you to discuss with anyone else”

Darby: Did-did we discuss it in bed that night? | I don’t think-I don’t

Joan: | We did

Darby: we did no=I said

Keith: S-so that sort of makes me think that you know when you – your

experience with the voice is like something that could’ve happened to anyone

because like we can hear people outside the door now | and you know I

Joan: | Yeah

Keith: don’t really think too much about it and then I start to wonder about

it=if it’s telling me something that other people aren’t responding to that’s

quite | important so it kind of – does it like sneak up on you?

Joan: | Yeah it does |
Darby: It sort of intensifies.

Joan: It starts off very quiet (She uses both hands to show the voice building up in a step-wise way) and it just builds up and builds up (20.00) until it say “don’t say a (she mouths “fucking”) thing about that” and you think (she mimes shock) ‘oh okay all right’ and um just live with it for a few hours and at the end of each day Darby and I sit down (.) lie in bed and night we just say “How was your day today? What did you do to make it such a good day?” Or “was there anything you’d like to change for tomorrow?” And we’re sort of pretty right in that department (Darby: Mmm) aren’t we=debriefing (Darby: Mmm) and helps us to sort of get things.

Keith: Yeah.

Joan: in context to – whether we hear voices or thoughts or

Keith: So that helps you sort them out (Joan: Mmm) for what you remember during the day

Joan: Yeah.

Keith: but you-you would say that you both had that experience where it intensifies (Darby: Mmm/Joan: Yeah) so that’s something that you both can – you really have in common | so that – is there any-any other things that

Joan: Yeah.

Keith: you have in common with the voices or anything that’s sort of different that each of you doesn’t have?

Darby: Well um mi-mine seem to be plea- – you know pleasant stories whereas Joan’s at times can be um um maligning and um and y-you know it’s a real put-down (He turns to Joan) and uh and that’s-that’s basically the difference isn’t it?

Joan: Yeah

Keith: You mentioned that last week – | time

Joan: That’s right but it’s part of the psychotic depression and Darby’s a psychotic mania but if it – I-I don’t know what it’s properly called=whether it’s that or not but Darby’s happen when he’s manic and mine happen when I’m depressed so or stressed.

Darby: (He’s looking at her) Yeah you’re not really depressed=you’re stressed aren’t you?

Joan: Yes stressed yeah (They continue looking at each other for several seconds in silence as if quietly taking in a new understanding together. Joan then slowly nods her head and looks down then looks back. Darby then quietly goes “mmm” as he looks down)

Darby: Um a-as to whether we uh go to the next uh um um meeting um will depend on how Joan feels at the time (.) you know on the day (.) if she feel-if she’s feeling confident then we’ll go (.) if she’s not feeling you know too confident you know you know um – it-it’s not worth going and uh risking uh risking um and you know having a um her voices that you know are going to persist and make her ill and uh hospitalise her again.

Keith: It-it’s – makes me think though it’s something you like doing with a group of people and-and to um – I can imagine the voices can really stop you | (particularly?) around

Joan: | Enjoying myself yes very true very true

Keith: people – I think of a Bible study group as being fairly quiet is it? Or is it a very – uh lots of discussion? | oh it is right

Joan: Lots of discussion

Darby: Yeah we usually break off into groups or-or or we can break off into
groups and uh and um and uh you know dis-discuss-discuss certain things –

discuss what’s been said

Keith: Does that actually uh does that kind of can block out voices or does the
voice get different? (.) people talking to you – is it when things are quiet the
voice comes? |

Joan: No it just happens (.) it just creeps up on you…I don’t – I just –
the thoughts produce the voices – the thoughts produce the feelings that
produce the voices

Keith: Okay so that’s a couple of steps there |

Joan: Yeah |

Keith: thought |

Joan:Well at home and – or at Community House and pottering
around or doing a bit of housework or work at Community House I’m fine (.) I
don’t get any trouble whatsoever |

Darby: Yeah I-
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Darby: It-it’s only been in recent times (.) I-I-I don’t whether um um Joan was feeling a bit of stress because of um it um Joan usually-usually goes to uh hospital um or-or ends up in hospital every-every um well thir- — it was at one time it was every you know three or four months and now she’s been able to extend it to ten months and-and she’s just you know she’s just been twelve months you know um of not being in hospital so it-it could’ve it could’ve you know sort of um Joan could’ve uh been worried that uh the twelve months was coming up and was getting a little bit anxious about — I mean it-it was good in one sense that you know she she hadn’t been to hospital but uh she was — she could’ve been you know subconsciously telling herself well you know it’s time-time to go to hospital you know you might get unwell

Keith: So that anxiety is [Yeah created a bit of anxiety (He turns to Joan) do you think that?]

Darby: Yeah

Joan: (She nods slowly) Yeah…yeah (she continues to look at Darby and nods. They both look down)…..(She looks back up Darby) but Darby’s been ill haven’t you?

Darby: Mmm yeah I-I haven’t had any voices

Keith: Mmm how long’s that been then for you?

Darby: Um uh—um since uh around about uh December 2005 mmm mmm

Keith: Mmm mmm with uh with Joan has experiences with voices and-and you-you talk about them with her (.) do you ever feel um anxious that that could trigger off your own?

Darby: No no I-I don’t (.) I don’t feel anxious um and-and I-I just uh um (he turns to her) want to help Joan um you know uh uh reassure her that you know they are only voices and you know I ask her um um be-because soon-soon after um uh hearing the voices like um um we—we heard them — or Jo-Joan rather — heard the voices at the Bible study group we went to the — we-we-we left and were sitting in the car and I asked Joan and she said “oh do you know that Julie’s a whore?” I said um I could tell Joan sort of believed it yet when we got home I-I said to her “D-D- Do you-do you really believe that Julie is a whore or were they voices?” and then she sort of had to — she thought about it and said “Oh they were voices” you know and uh I said “You don’t really believe that do you?” (Joan nods) she said “No no no” and Joan is um I mean um let’s say uh three or four years ago Joan would uh didn’t have that ability to make that distinction (.) she-she would you know she would um I-I would ask her the next morning and she would sort of say uh “Oh no no that Julie-Julie’s still a whore” you know Joan would have said that you know that uh whereas um these days Joan’s able to make that distinction quicker and uh and-and-and realise that-that they’re only voices and they can’t harm you because that was-that was you know what I finally you know um well helped me um with um with my voices that-that they were only-that they are only voices and they can’t harm you (.) you know I mean they can’t do anything to you and that was one of the things that um Joan found very difficult to accept especially when she was hearing demonic voices she would um um you know had all sorts of paranoia (Joan nods) and um very confused and I-I used to say “Look they’re only voices Joan” (Joan nods) and um and um um with me persistently saying that to her she-she’s come to realise that um that she uh uh that-that they are only voices and-and they’re not going to harm her and uh um
(He turns to Joan) she hasn’t she hasn’t had so-quite so many
demonic voices |
57
162 Joan: | (She shakes her head) No none
161 cont. Darby: and um there’s a few putdowns and other - and I say to her you
know (Darby’s hands are folded and he speaks with feeling as he looks ahead
of him down towards the floor) “You don’t believe that you’re a dumb bitch do
you?” um I mean I said “You-you-you’ve-you’ve um you-you’re re-you’re an-an
um you know you’re an intelligent woman you um you’ve got your
s-science degree from the um um from-the-from the university (. ) I said
uh and uh uh you-know you’re uh you’re an intelligent
woman |
in-in-in – you’re not a dumb bitch you know Joan sort
163 Joan: | Because some-
161 cont. Darby: of think about and say “Oh yeah I suppose you’re right”
164 Joan: And I say-might say to Darby “Do you think I’m a bit slow or a bit
stupid?” and he says (Darby: Mmm) “No why?” so I “Just-just thinking about
it” (she laughs weakly) because it’s-because of the |
165 Darby: | What they-they voices
166 were they that told you that? | Or was that-or was that a
166 cont. Joan: It was a thought |
167 Keith: What’s the time-
168 the time frame?
169 Joan: Um hours to days
170 Keith: Between the thought | and the voice? and so if you were asking
171 Joan: | Yeah mmm
172 cont. Joan: one day it develops into a voice and that voice can be very powerful
very disarming very worrying and I don’t sometimes think to say to Darby
“Darby I’m hearing voices” because (She briefly looks at Darby) he usually
picks it up in me just by my behaviour that something’s not quite right (. ) I’m
not chatting like I normally do or holding a conversation contributing (She
nods her head) (.) so when it happens it-it gets you by the balls (She laughs and
speaks to the camera) excuse me (She nods)

Keith: So because when you first talked about power I was wondering did that
mean you were afraid that the voices said that they could do things to you but
what I understand from what you just said is the power on that uh—the effect
on your emotions (Joan nods) is that the kind of power you mean that is they
have? | the power they can um affect the way you feel

Joan: | Yeah

Keith: about yourself

Joan: Yeah that’s right

Keith: So there’s not this idea they can physically harm you but

it’s just |

Joan: They do stuff that is harmful=they don’t-don’t say they’re going to

harm me

Keith: What kind of things are harmful they say?

Joan: Well things like “crash the car | =crash the car | =crash the car”

Keith: | Mmm | Yeah okay that-

that could be really really harmful

Joan: Yeah “take an overdose=take an overdose=do it now=do it now=do it

now”

Darby: That’s what I was referring to when-when I said that-that the voices –

they’re only voices (unclear) they-they’re not going to harm you and once I

realised that they were voices and that-and-and they couldn’t do anything to

me I-I seemed to be more accepting of the voices=you know I wasn’t um um

afraid of them (Joan: Mmm) (.) no matter what they told me I could-I could

then make the distinction ‘that’s a voice’ and I don’t-and and um I don’t um

there’s nothing they can do to harm me (Joan nods) but as Joan said you know

I mean when she gets repetition and the voices then tell her to crash the car

that might — that a bit different—I haven't experienced that (He clears his

throat. Joan softly says “mmm”. We sit with the silence)…..

Joan: In some ways Keith it makes you question anything people tell you (She

smiles slightly) yeah in a non-cynical way but just to say well um—I was

having a conversation with another person (.) I sort of debrief myself you know

and um think ‘What were they meaning to say when they held this

corversation? What did they actually say? And what was out of context with

what was being said (.) so

Darby: For-for a while there you were getting voices um mid-midway through

a conversation with somebody and you-and you have this voice saying “Tell

them to fuck off” |

Joan: | Oh yes (Joan laughs) that’s a classic isn’t it? “Tell (unclear)

to f- off”…..

Darby: And you had to restrain yourself from telling her “Well you’re over the

question” you know whether uh or | stop yourself-stop yourself from

Joan: | Whether I really wanted to

191 cont.Darby: actually saying that

Keith: I’m very interested this thing of the effect the voices have on how

you...um deal with people (Joan nods and says “Mmm”) so you feel you have

to be careful with — when people talk to you about (Joan nods and says

“Yeah”) about what they really mean (She nods slightly) or um when you have

to just check that you’ve |

Joan: | It’s in context=it’s got to be in
Keith: All right if it’s not in context?

Joan: I don’t question it – I don’t do it out loud=say “Excuse me (She leans forward in her chair) did you mean to say that I’m a (She mouths “fucking”) bitch?” (She smiles) and they might say “No I didn’t” so I avoid bringing to conversation the voices – the parts of the conversation that I think are out of context (. ) I keep them on board and I usually debrief with Darby that night Keith: And the things that are out of context…?

Joan: “You dumb bitch” and | but you didn’t know it at the time when Keith: comes from the voice? | Yes Joan: Yeah 197cont.Keith: you were registering it?

Keith: And the things that are out of context…?

Joan: “You dumb bitch” and | but you didn’t know it at the time when Keith: comes from the voice? | Yes Joan: Yeah 197cont.Keith: you were registering it?

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Joan: “You dumb bitch” and | but you didn’t know it at the time when Keith: comes from the voice? | Yes Joan: Yeah 197cont.Keith: you were registering it?

Keith: And the things that are out of context…?

Joan: “You dumb bitch” and | but you didn’t know it at the time when Keith: comes from the voice? | Yes Joan: Yeah 197cont.Keith: you were registering it?
Darby: it’s definitely you know I mean you have your thoughts and they-they just know quieten=they are thoughts you-you can make that distinction but when-when you hear voices as I said it’s just like me talking to you now and then they become um voices although I-I-I wouldn’t be a hundred percent sure about that but um just-just talking-talking to you now I’m thinking back um to what I experienced and that’s-those – think that’s what I experienced I mean you know talking four years now and I was um manic at the time (Joan: Mmm) so I’m not-I’m not a hundred percent sure but I think that’s how they – think that’s how it works with me anyway (Joan slowly nods her head)

Darby: You-you-you might have a th- -you might have a thought but well with me you might have the thought but then it sort of goes away and then-and then...a-a-and then and then all-a-and then you know as time progresses it-it-it becomes a voice and-and-and you might not-you might not um um or you might be talking to somebody else and all of a sudden um you-you-you realise that ‘oh I’ve got voices’ and-and-and-and they’re talking to you and they may have been talking to you for a while without you realising that because I-I-think they sort of – with me I think they sort of lapse into thoughts and voices (Joan: Mmm) and all of a sudden they become very distinct (Joan: Mmm) and that’s a voice and then you recognise it as a voice and it’s not a thought anymore

Keith: S-that’s a new one on me so yeah I was thinking there that it kind of progresses in this linear thing but you’re saying from your experience it-it-it can go back backwards and forwards and you’re not always | thinking it sorry if I | if I misled you

Joan: | It’s a progression (Joan spreads her hands out in a line) a continuum |

Keith: | You then know
Yeah it’s definitely a voice— you think ‘oh wow I’ve got voices’ al-although um um um… I don’t always recognise that I have got voices because you’re so— become so engrossed in-in-in the-in what the voices telling you that you um i-it—it’s only um later on when you come down from that manic high that you realise that um that you — I-I’ve—I’ve had voices—I’ve had uh um um that you’ve had voices although um um um… I don’t always recognise that I have got voices because you’re so— become so engrossed in—in— in the voices telling you um that you um it’s only um later on when you come down from that manic high that you realise that um that you—I’ve— I’ve had voices— I’ve had uh um um um that you’ve had voices—

(unclear) if I— just let me check if I understand that when you know you’ve been hearing voices that becoming conscious of them (. ) becoming aware that stops a relapse into hearing a voice and not knowing it’s a voice (. ) when you know it’s a voice you don’t then go back to that earlier stage of where it creeps up on you—

No because you’re usually at the end of your uh mania—

— How do you— how do you— sorry | what was that?

— Y-y-you — sorry you’re at the end of your manic episode—

It’s like a climax isn’t it?

Yeah yeah it sort of— it um I mean it—it only lasts for so long and-and it—it may last for several days (. ) mine used to last for several days and uh and then-and-and then there was um (He raises his hand and lets it slide downwards at an angle as he speaks) o-on your way down from that emotional high you— you were then able to realise ‘oh gee I’ve just had another bout’ um ‘I—I’ve had voices’

Keith: It makes me think sometimes people might not say “I’m hearing voices” but “I’ve heard voices before and now I’m only just realising it” so you may not know at the time—

— Mmm mmm yeah (Joan nods) yeah that’s possible—

What with hindsight?

Oh right okay—

You see Joan—Joan revealed to me that uh um she only tells um her psychiatrist uh and-and-and me uh you know what her actual voice’s saying and she—she’s v- revealed to you | um but um today but um it’s um um I’ve had voices—

Keith: sometimes during a little bit later so if you’re talking about—

Yeah

— yeah (Joan nods) yeah that’s—

what— put um today but um it’s um

Yeah

What - you both shared don’t you?

Yeah

And there has been times Darby I’ve not been allowed to speak to anyone about anything (. ) (Joan uses her face to great comic effect as she speaks) he’s come to visit me in hospital and he’s said “how are you?” and I’ve gone (She makes a glum face by turning her mouth down and nods guardedly) “How’s your day been?” (She makes the same face, opens her eyes wide, and looks from side to side) “They telling you something?” (She opens
her eyes wide again, raises her eyebrows, and nods then laughs) “…not to
speak to me?” (She makes the same face and nods more briskly) so
occasionally they’re quite anti-social
Keith: Mmm and-and that can happen again I mean like in your past
experience you’ve had one experience where they’ve told you not to talk
(Joan: Mmm) and yet they can still manage to stop you talking another time
Darby: Mmm yeah I remember when I was in Moore Hospital (. ) my last
episode you know I wasn’t allowed to talk=I wasn’t allowed to tell the doctor I
had voices…because it hadn’t – you know it was confidential information and
it hadn’t been declassified
Keith: And that happened more than once?
Darby: Oh yeah yeah u-usually when I have a manic episode I’m not allowed
to um tell the doctors that
Keith: And are you able to question that from when it happened before=do you
like think back ‘well I had this before and they told me the
same thing | so I don’t have to worry’
Darby: | Um no I’m not um I'm u-usually that
engrossed in the story and the story that you-that you you know you believe
what the voices tell you and you-you don’t question them
Keith: So if they tell you you were the thirteenth disciple that is so
engrossing | that you know that itself would plus being told not to talk
Darby: Yeah
Keith: About it | (Darby:) stops you
Darby: yeah yeah yeah while-while-while
you-while you’re having a manic episode (Joan slowly nods) …..
Keith: Since we um had um seen each other last time um=but we’ll have to
stop soon sorry=kept you overtime (. ) d- have you – there have been um the
voices (Joan looks up) haven’t commented on anything about our talk before?
'(Joan shakes her head)
Darby: Well mine haven’t
Joan: No mine haven’t
Keith: Just one thing=I don’t know if you noticed what I put in the transcript
last time=a couple of times I noticed (Joan looks down but looks up at me
when she hears her name) Joan you-you had looked up when during the
interview and I just wondering was it something outside the window that
caught your attention (She looks toward the window) =not-not | this time=the
Joan: This time?
Keith: last time yeah (She shakes her head) uh I-I was wondering whether you
uh during the interview were hearing any-anything that was coming
into your |
Joan: May have been something innocuous
Keith: But not | not not okay do you think it
Joan: Not harmful not upsetting no
Keith: was a-any voice activity going on?
Joan: Oh maybe not(?) or maybe just background noises (She gestures behind
her) and I’m being distracted
Keith: Okay so again the same today=you don’t feel the voices | have been
had any today
Keith: in-in-involved today=all right good okay shall we stop-stop
there?
Darby: Okay thanks Keith
**Interview 3**

Participants: Darby, Joan & Keith  
Place: City Clinic.  
Date: Friday 20th August 2009  
Time of interview: Around 4.00 pm

Notes: We’re sitting in the same social worker’s office where we had our first interview. Both Darby and Joan seem quite relaxed even though this interview needs to be shorter as they need to be somewhere.

1 Keith: Okay thanks again Darby and Joan (They both smile warmly) um it’s been ah since May (A piercing sound comes from the desk behind me)
2 Joan: (She looks over towards the desk) Telephone (She gets up and replaces the handset I’d taken off earlier)
3 Keith: Thankyou (unclear) thank you um (I clear my throat) it’s been May since we seen each other and I-I know Joan that’s been a bit of a … you know
4 you’ve had a bit of a traumatic time (Joan: Mmm) since we’ve seen each other=would you mind saying a bit more about it?
5 Joan: Um in conjunction with my doctor I reduced one of my tablets because I was feeling tired in the mornings and about a month afterwards I became sick mentally unwell so probably because of the reduction in medication um I came here and he not only put me back on the same dose but a higher dose of clozaril which is the one I was … reducing um … and it took about five weeks and I was well again so
6 Keith: When you say you got sick … what happens when you get sick?
7 Joan: Um hear voices and become anxious and agitated and see and hear and feel things that aren’t real
8 Keith: Mmm can you say – is that okay if I ask you a um any examples that (Joan closes her eyes and grimaces) you can tell me or
9 Joan: (She looks at Darby) I don’t really want to go there (She breaks into a laugh) | no it was-it was just a horrible experience but I’m all
10 Keith: | okay all right
11 cont. Joan: right now yeah
12 9 Keith: Can you say anything Darby about what it was like?
13 10 Darby: Um … it – Joan uh was-was very uh stressed with the-the or-ordearl of hearing voices and-and becoming very anxious (.) she-she experienced anxiety um before uh the actual voices took hold uh she’d get very anxious um particularly about my driving uh and um uh and then she’d just have bouts of anxiety um you couldn't sort of put down to anything in-in particular but she’d just have you know bouts of anxiety uh (Joan nods her head) uh and then-and then she started hearing voices uh and she didn't actually realise that she was hearing voices (.) she thought they were um well she was – they were just thoughts to start with uh and then she came in or-or-or she came in to see her-her doctor (.) just a-a r-routine uh appointment a-and um and he-he asked her whether-whether she was hearing voices or not and she said “Yes I am hearing voices” and uh yeah so he s- – he uh he enquired to what they were and uh and then uh he decided to put her into-into hospital (.) admitted into hospital
14 11 Keith: What-what type of questions does a psychiatrist ask … in that situation?
15 12 Joan: Don’t know
Keith: What did he ask? Do you remember what he asked?

Darby: Well

Joan: Not really

Darby: Well uh he-he-he’s quite simply said “Are you hearing voices?” well that’s what Joan related to me (Joan nods) uh and um Joan said “Yes I am hearing voices” …. (Joan nods. A couple of seconds later, Darby looks at her and she nods again)

Joan: I can’t remember I can’t remember

Darby: That’s that’s what you told me

Keith: And was that like an immediate admission=what happens in that situation?

Joan: Well I was in hospital the next day (. ) admitted to hospital the next day…..

Keith: Is there anything in the … from the last interview that we did that you’d like to add to or um um clear up=if there’s anything you felt |

Joan: No it was fine

cont.Keith: okay

Joan: I found it hard to follow sometimes (She leans over to pick up the manuscript) your … where it gets to this point here half-way through the line was I interjected to that

Keith: Yeah that shows when something I um yeah yeah that’s that’s not important but um th-e story you were telling about being in the Bible group=have you been back since then?

Joan: A couple of times (Darby: Mmm) mmm

Darby: Um Joan’s uh taking – what-what medication are you taking?

Joan: Lorazepam

Darby: Lorazepam and she uh is-is taking that at the moment that uh and that quells her uh anxiety um have a um for example we had uh an open day at Community House uh last Friday uh where um Joan was in a fashion parade uh and then were-we were actually sitting there as well uh in front of a-a-a large aud-audience and um um Joan took her medication um at lunch time and then again at four o’clock wasn’t it? (Joan: Mmm) four o’clock yeah and-and she got through the day and-and uh was uh quite happy about it (Joan: Mmm) mmm…

Keith: What kind of things were you doing in the show?

Joan: Um just parading second-hand clothes that we bought at the op shop (. ) just to advertise that you could still look good and be on the pension um and we had a couple of brackets singing (. ) choir and half a dozen of us get together and sing in choir…

Darby: And Joan wasn’t daunted by uh having to sing in front of an audience uh we had um two sessions uh and she made it through on each occasion

Keith: What were you singing?

Darby: Uh |

Joan: Beatles Clapton

Keith: Your choice?

Joan: No the-the coordinator’s choice

Darby: Yeah we um we-we-we-we practised uh during the week uh uh yeah and uh yeah it was uh most enjoyable uh and yeah (Keith: Mmm) mmm

Keith: What you said earlier about – and you also talked about it in our last interview about the voices not knowing that they’re voices but they come over as thoughts first and it’s very hard to – you don’t know at the time? Is that right? (Joan: Mmm) have I remembered that correctly?
Darby: Yeah sometimes um Joan gets uh uh it starts off being very distinct voices but this time round it was um she she didn’t realise she was hearing voices (. . . ) it was only when that psychiatrist um asked her “Did” – you know=“are you hearing voices?” she said “Yes I am hearing voices” (Joan nods) and they seemed to be um um . . . I don’t know she she just didn’t realise that they were voices (. . . ) she just – she she she assumed that they were thoughts (Joan: Mmm) 

Keith: Are you able to say anything more about them? 

Joan: (She makes a face) Not really | can’t remember a great deal about the whole thing (. . . ) (She looks very apologetic) sorry 

Keith: Mmm mmm is that because of medication or? 

Joan: Not too sure … 

Keith: Mmm mmm is it the – if someone asks you - you a direct question like that was the way of … understanding what was happening before you saw him … if someone asking you a question was an important way=without that perhaps you wouldn’t have known | they were voices … she she seemed a little um preoccupied 

Keith: (unclear) Can you say anything about what you thought was going on? 

Darby: Well I-I-I think from-from my experience you you uh you seem to be a-a-absorbed into your um you know world of thought uh and then um gradually the voices just take over and um by the psychiatrist uh asking her a direct question that made Joan-Joan realise that you know they were actually voices …. she she seemed a little um preoccupied 

Keith: Before during or after? 

Joan: Seeing the doctor yeah 

Darby: Well I-I think they-they – wh-when you actually saw the doctor you were hearing voices because y-you you told him so (Joan: Mmm) … . 

Keith: Do psychiatrists or your psychiatrist ever ask about what the voices say? (Joan nods and says “Mmm” but says no more) right um do you remember what you said? 

Joan: (She looks down) No I’m sorry I’m not much more help I just don’t remember (Keith: Mmm mmm) he said I had a-an acute psychotic episode 

Keith: What does that mean? 

Joan: (She breaks into laughter which helps lighten my feelings of just going round in circles) Don’t know (. . . ) out of touch with reality for a while | Yeah um
um (Darby looks down thoughtfully) … I think it - I think it was um I-I do
recall you um um … saying you know you-you we- – you-you were a child of
the devil (.) you had voices saying that you were a child of the devil
Joan: And burn in hell
Darby: You’re going to burn in hell (Joan: Yeah)
Keith: That’s what Joan |
Darby: Joan told me yeah
Keith: How did that come up?
Darby: Um I– I’d see when she gets very
anxious th-that um that-that’s-that’s what uh that’s what the voices tell her
Keith: How did it come up also that she told you?
Darby: Oh I think I asked her I remember yeah ….
Keith: So you think the voices were being really negative very |
Joan:                                                                                             | Mmm at that
time they were yeah |
Keith:                       | rude and um were they telling you to do things?=do you
 think?
Darby:        | Yeah I’m not too sure whether it was um I think it was this time
they-they actually told her to uh crash the car (.) remember?
(Joan nods) We-we uh went and saw Dave uh that’s my father uh and were coming
back and coming back … uh where were we? …. No that was-that-that was-
that sorry that was when you were in hospital we-we-we went and saw Dave
uh and uh he and we were driving back here in the evening um Joan uh the
voices were telling her to uh grab the steering wheel and crash the car (.) I was
driving yeah
Keith: How did this – how did you know this?
Darby: Because Joan told me
Keith: When?
Darby: H-Here – wh-wh-wh-what when we uh arrived back here at the
hospital yeah
Keith: Can you remember how the conversation ran? (Darby: Um) Were you in
the car=were you out of the car?
Darby: W-Well Joan-Joan um had the uh uh uh or has developed the ability to
sort of stand back from the voices and not actually do what they tell her to do
you know she said “I knew they were voices and I knew not to grab the
steering wheel” … and um also um when she was um one evening or-or one
night when she woke up wh-which she was staying here at the hospital she uh
got to the balcony up-up top there to have a cigarette and um they-they told
her to uh stand in the middle of the-the uh O-Bahn uh and uh she uh you know
she knew not to you know she yeah (He turns to look at Joan) do you
remember you telling me that? (Joan silently shakes her head) you did
tell me |
Joan: | Sorry I’m not much more help (.) I just can’t remember Keith it’s …
Keith: Is that okay Darby talking about | ?
Joan: | Is that all right with you?
Darby: Oh yeah that’s okay with me – it’s – you know I should have asked you
first I suppose |
Joan: I've got no idea (.) don't know when it was (She laughs again and our
Keith: Was it a bit cold out there (Joan laughs) or was it summer?
Mmm)
Joan: (They look at each other and she giggles) I remember that (Darby:
well they tucked her away for the night
Joan: 's at um Parliament House (He lets out a laugh and Joan smiles
broadly) and um uh I don’t know whether she bought a taxi back or whatever
but she-she eventually found her way back here and you know they-they uh um
well they tucked her away for the night I guess
Darby: Oh yeah well she went to one night she was uh in hospital here and she
went to the uh uh the voices told her to go to uh Parliament House and wait
out there for instructions so she went there in-in her nigh-nightie (He lets out a
little laugh but Joan laughs more openly) and uh was standing on Parliament
House (Joan laughs) waiting waiting for further instructions and um I-I-I think
I-I-I took her – I um she’d taken her cellphone with her – her mobile with her
and um I-I-I happened to phone-phone her on-on-on the-the mobile and she-
she told me she was waiting at Parliament House (for) further instructions
(Joan laughs) and then I phoned (Joan says something as she laughs but I can’t
catch it) I phoned the-the-the City Clinic nd uh they said “Oh no she’s in her
room”=-I said “No she’s not=she’s in – I think you’d better check (.) and she’s
um she’s at um Parliament House (He lets out a laugh and Joan smiles
broadly) and um uh I don’t know whether she bought a taxi back or whatever
but she-she eventually found her way back here and you know they-they uh um
well they tucked her away for the night I guess
Darby: She’s certainly been able to
Keith: Very interested Darby-Darby said about being able to stand back from
the voices (.) are you able to say how you were able to do that?
Joan: Um I think I recognise the voice as a voice and if it’s that serious that
I'm going to jump on to the O-Bahn you sort of think 'can’t be true (.) couldn’t
do that' (.) (Darby: Mmm) just question-question everything I mean like we do
in life um I guess I’m-I’m lucky now=I’ve got a bit of insight into it
Darby: O
Keith: They still seem to be the uh um … the-the-the same negative voices
yeah
Keith: Mmm mmm yes I remember you talking about that …. do you – have –
do you think Joan your voices have changed in any way?
Joan: Not really …
Keith: …
Darby: O
Can you tell
me any examples?
Darby: Oh yeah well she went to one night she was uh in hospital here and she
went to the uh uh the voices told her to go to uh Parliament House and wait
out there for instructions so she went there in-in her nigh-nightie (He lets out a
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broadly) and um uh I don’t know whether she bought a taxi back or whatever
but she-she eventually found her way back here and you know they-they uh um
well they tucked her away for the night I guess
Darby: They were better voices?
Keith: Mmm mmm yes I remember you talking about that …. do you – have –
do you think Joan your voices have changed in any way?
Joan: Not really …
Keith: …
Darby: O
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room”=-I said “No she’s not=she’s in – I think you’d better check (.) and she’s
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do you think Joan your voices have changed in any way?
Joan: Not really …
Keith: …
Darby: O
Can you tell
me any examples?
Keith: Um can I just check if I understand something but … from talking with you m-my feeling about voices is that it-it’s um being in a different state of mind? Is it? Um so that instead of knowing you’re hearing a voice i-i-it – you kind of in a different state of mind where you don’t know what’s going on around you and do you become like um absorbed in something but you don’t know what’s going on? Have I – am I ] (? (unclear)

Darby: | Yeah yeah yeah you’re certainly on the right trail you-you yes you um you-you-you – I-I find that I listen very intently to the voices and j-just follow their-their instructions and um at times it’s-it’s it’s difficult to um to – it’s-it’s difficult to make the- the break from-from-from the illusion that all the-the auditory hallucination that you’re experiencing into the real world sometimes you-you-you-you-you can’t make that break you-you can’t break away from it (.) you-you-you become that absorbed in it that you just follow the instructions and-and-and do it um example being you know going to or getting up four o’clock in the morning and going to churches to get blessings uh and um and yeah

Keith: Joan can you (Joan: Um) say anything about that?

Joan: Mmm not (She clears her throat) not too sure of the time or the events that happened between getting the thought and getting the voice (.) there’s a bit of a grey area um but once you’ve got a voice and you recognise it that’s the first step-step to recovery isn’t it? (Darby: Mmm) Acknowledging that-that-that what you’re hearing is-is only a voice and Darby’s taught me that=I haven’t haven’t done it on my own so

Keith: Can you say a bit more about how Darby has been able to help you there?

Joan: Just talking to me and (She looks over to him) repeating to Joan that they – that-that-that they are only voices (.) uh this time I – when I said that to her you know she – it seemed to make more sense to her=she said=she said after a while she said you know “I guess they are only voices” I said “they can’t hurt you (. ) they’re only voices” I said “don’t-don’t follow the instructions that they give you but because they are only just voices” and um and she – it-it – she-she was able to you know realise that they were just voices and uh not to uh um um you know follow through with-with their instructions .....

Keith: So things like trying to record what a voice is saying or write what a voice is saying would be difficult because at the time you don’t know (.) is that right? If some- -- if I was to ask you to write down what the voices say it’s not something you can do when you’re hearing voices

Joan: Never tried…. (They look at each other)

Darby: It-it-it – um

Keith: That’s a technique sometimes that’s used to um be aware of-of the voices (Darby: Mmm) is that something that could – is it possible to do that or in your state of mind things like that you can’t | Well uh uh um ….I – from my experience I-I would have thought that it would be very difficult because you-because you –you-you trying to um not I-listen to the voices=you-you-you’re trying to sort of stand – I-I’m sort of forcing myself to sort of stand back and say “Look they’re only voices” um you-you know it’s-it’s-it’s at times it’s very difficult to make that distinction that-that you-that you realise that they are uh that it is that-that-that that they are only voices because you-because you’re so-so absorbed in what they’re saying that-that they uh overwhelm you
Keith: So that means you can’t think of anything else?
Darby: Yeah uh yeah exactly at-at-at times yes sometimes they are that overwhelming ….. (15 second pause)...
Keith: So that means that would stop you from doing normal things | (Darby & Joan both say Mmm) | (unclear)
Darby: [Oh yeah ] con-con-context- you know
Joan: Just avoid everything
Keith: So that means you can’t think of anything else? (Darby & Joan both say Mmm) | (unclear)
Darby: | Oh yeah |
Joan: just avoid everything
Keith: So that means you can’t think of anything else?
Darby: | Yeah |
Joan: | Yeah |
Keith: So that means you can’t think of anything else?
Darby: | Yeah |
Joan: | Yeah |
Darby: Yeah at-at-at times yes sometimes they are that overwhelming …… (15 second pause)…
Joan: | Just preoccupied aren’t you?
Darby: Yeah that’s right you’re | preoccupied |
Joan: | I think preoccupied with what they’re telling you just (She raises both hands in front of her face and makes a gesture that suggests being blinkered or tunnel visioned) just in that mindset | aren’t
Darby: | Yeah |
Joan: | Yeah |
Keith: (To Joan) Would that mean like the voice telling you to go to Parliament steps … later you would think ‘what am I doing here?’ or would you know how you got there?
Joan: Well I was looking for a messenger (.) that was my instruction=I was to follow the instruction
Darby: Yeah she-she-she-she-she would um well I’m just-just for my own experience she would um she would know that the voices that they told her to go there and be aware of this uh messenger uh you know wait-waiting for instructions
Keith: Is – does it – b- is it like an unconscious | experience?
Darby: | No |
Joan: Totally conscious
Darby: No you’re totally conscious and you’re totally aware you-you just uh um you-you um you’re focused (.) you-you-you just fall into a different uh mindset I think you-you-you just um um you just listen to the voices and-and follow through with them…(Joan nods and says Mmm as she looks at Darby)
Keith: So that to me that sounds like it’s a very s- high concentration
Darby: Yeah (Joan: Mmm)
Keith: Very vivid=what other words could you use?
Joan: Very intense mmm…
Keith: And like does it block everything else out?
Joan: At times it does yes (Darby: Mmm) …you become totally absorbed (She circles her hands around in front of her face) in your own world of thoughts and voices and (She looks at Darby)…sometimes even having a-a plain old conversation is too difficult isn’t it?
Darby: Yeah it-it’s you know | yes you-you um um you-|
Joan: | Distracting |
Darby: you-you uh you-you don’t want um or you prefer to be by yourself and with your voices and-and-and not listen to you know uh ordinary conversation you know with friends or anything like that you just uh uh alienate yourself from-from people
Joan: Your voices are a bit different than mine but they-told you or gave you the instruction not to discuss the voices with anyone (Darby: Mmm) uh until it had been declassified (Darby: Mmm) so that was Darby's and so

Keith: Have you had anything like a voice telling you not to tell anyone?

Joan: No no

Darby: Although you’re-you’re very um um um… I remember you saying that you-you-you’ve only told um um me and your psychiatrist about voices (.) you were um very hesitant to tell anybody about them… (She nods. Darby looks over her shoulder at the clock on the wall) we might have to make a move |

Keith: I was just going to ask=are you okay

Joan: Sorry about that

Keith: Yeah that’s fine=well we’ll stop there=thank you

Darby: That’s okay

Joan: Sorry I couldn’t be more helpful (She lets out a little laugh)

Darby: Yeah yeah I-I-I-I think um Joan probably needs to um um th-think about what the voices actually said to her=see if you can get any recall (Joan: Uh) it-it still might be early days for a |

Joan: Probably – I’m sorry I couldn’t be much | more help

Keith: | No that’s not it – that’s the reality of what it’s like
**Shirley**

**Interview 1**

Participants: Shirley & Keith

Place: One of the meeting rooms at MIFSA’s new premises

Date: Friday 14th May 2011

Time of interview: Around 4.00 pm

Notes: I wait for Shirley to come out of a Talking Heads group meeting. She is bright and cheery as we chat together on the way to the room I have booked for our interview. As Shirley sits at the large meeting table on which I am setting up the recording equipment, she begins to look a little apprehensive. As the interview gets underway, she becomes more animated despite the interruption from one of her voices soon after we start.

Keith: All right Shirley=thank you very much for agreeing to talk with me um … can you – what can you tell me about your voices? (Shirley takes in a deep breath) Is that the right word to use for ?

Shirley: | Yeah yeah I like that=that’s all right

Keith: |  Just then um I’ve always heard them=I don’t know a time when they weren’t around um (She clears her throat) only recently do I think I’m starting to get um a better understanding of what they are um but it’s pretty much been mostly an area of confusion um they s- – come from (She gestures to her head with her hand) inside my head (.) they never (She gestures away from her head) come from outside um they um (She smiles) sorry (She turns her hand from side to side next to her face) just interrupted me ah (She laughs)

Keith: What-what happened just then?

Shirley: Just then um they just – they said (She speaks more seriously) “we don’t like you talking about it” um which doesn’t often happen actually=they don’t often – or I don’t hear them or they don’t talk to me often when other people are around um it’s mostly when I’m by myself um I found when I was single raising my kids on my own which was for about nine years um it was the hardest time because they were so dominant um when I – like now I’m married and I f- – I’ve got a full house I’m not often by myself so I don’t hear from them as much=it’s only when I’m sort of driving in my car or something that I tend to hear from them a bit more often um so it’s unusual for me to hear them while someone’s around (She lets out a sigh & laughs a little nervously) I don’t know=I don’t really know

Keith: W-w-when you um – what – can you tell me like when did you first know you had this happening to you?

Shirley: Probably um it registered that something – it – this wasn’t perhaps what everybody went through=it was probably about the time of my separation and divorce because the divorce | Can you tell me when that was?

Shirley: Uh twelve years ago um because it was so um they became so intense and I think because I felt so alone and so abandoned and I didn’t have – because of going through a divorce at the same time I’d lost a lot of friends (.) I don’t have particularly good family support um and I was trying to raise two kids on my own=one of whom was a screaming newborn child=he just screamed almost non-stop um (She waves her hand around the left side of her
face) it was very easy to get lost in my head and that was probably when I
started thinking ‘okay this is overwhelming=this is more than you know (She
gestures to the side of her face with her left hand) occasional voices coming
into my head at which I just took to mean I was thinking things or
whatever=this became – this is when it really became something a bit more
than that and that’s when I started to think ‘okay maybe this isn’t what
everybody has=maybe this is something a bit different’ um so that was it yeah
like I said that was only twelve or thirteen years ago um but prior to that it was
just – there was always someone prattling on in my head at odd(?. She
stumbles over the word) times=I can’t – I’ve tried to explain to my
husband=I’ve tried – because he of course is not a voice hearer and I said “but
when you’re (Her left hand goes to the side of her head) thinking of things
doesn’t a voice (Her right hand goes to the other side of her head) another
voice come in with a comment?” and he’s like “no I just think of things” and
to me that’s – I can’t understand that so yeah it’s just – I’ll be thinking (Her
hand goes up to the left side of her head) and then another voice will come in
um – they actually will change how I feel within myself um I might be um
thinking along a p- uh – the worst time was of course during that dark time
when I separated um I would be thinking about something (Her left hand goes
up to the side of her head. She then moves her right hand to the other side of
her head) I tend to use (She moves both hands around her head) places in the
brain to explain them um (She gestures to her forehead) when I’m in the front
of my brain um it tends to be when I’m very (She broadly gestures ‘blinders’)
focused on something um (She makes the same gesture again) when I’m
focused on taking tare (care?) of you know the kids in a particular way or (She
repeats the gesture) focused on my work and generally I can (She waves her
voices away with her right hand) pretty much shut them out (She makes a
decisive gesture with both hands of focusing her mind) because my mind is
that focused on a set task um and when I tend to go (She raises both hands to
each side of her head and gestures backwards) further back is when I probably
more am a bit more relaxed and whatever in my brain and that’s when I tend to
be more inclined to hear them um and I find that um (She smiles) I’ve just lost
focus where I was just now that (She clears her throat) when um
sometimes if I’m not – I don’t know – not (She gestures quotation marks)
“concentrating” or not perhaps not open to hear what they’re saying or
something=(she smiles) not that I do that a lot anyway but um that they’ll (She
gestures both hands to the right) say things and there’s an emotion attached to
it=an emotional response attached to it um I will – they’ll say something and I
will feel suddenly feel really bad (. ) I’ll feel like I’m worthless I’m useless um
it’s almost they’re I don’t know how to explain it=I don’t understand it myself
but it’s almost like they impose on me this emotion um I have had a bit of a
change=for the longest time (. ) for up until maybe two months ago um all the
voices were were negative (. ) always um – not-not um suicidal or anything
like that but always telling me I was doing the wrong thing=always saying I
shouldn’t have done that=it was my fault that that happened (. ) always that
sort of thing um so which makes it very hard to=as you can probably imagine I
suppose=I just got through a day when anything that happens you know “well that
was your fault that happened=you shouldn’t have” um so obviously most of
my life I haven’t had a lot of self-confidence because there’s (She quickly
points to the left side of her head) always someone telling me I’m useless um
and even little things=I came – I started coming to the voice hearers’ group
here a year ago and I came out one day from the group=I was over the moon to
be able to talk to other voice hearers and got in my car and my phone wouldn’t connect to my Bluetooth which normally just clicked in and um (She quickly points to her left side of her head) voice said to me “It’s because you went in there—now it won’t work” and it’s just like that constant downputting all the time um and it’s that=you lost because you you know you still got well what is and wha- you know is it true? what-what you know and you get stuck—about um two months ago well probably even less a month ago I started reading a book um sort of in a self-help type philosophy but it’s a book called um “Today I’m Alice” about Alice Jamieson and um (She sees the look on my face) don’t know that one?=she’s um she’s a voice hearer but she’s also got multiple personalities um and I just found it on the internet and thought ‘oh that sounds interesting’=always been fascinated with multiple personalities and so I bought the book and started reading it and it’s transformed the voices bizarrely enough and transformed (She pauses and smiles shyly) me um as I said to the group yesterday I don’t really understand exactly how it’s worked but predominantly in the book Alice talks about her past and what her father did to her to sort of her to get her to wh-where she is and unlike most multiple personality people who have explained their stories they focus a lot on the splitting and the switching between personalities whereas Alice focuses a lot on the voices that she hears and less on the splitting um almost like she heard the voices first and then started to split later on and I don’t know in some way I think I just connected really closely with her story and she explains that um in the book she would be like making her father’s sandwich or omelette or whatever and she would put in—she would (She raises both hands near her face) feel like there was somebody inside her (. . .) she was still there=’she’s still conscious (. .) she would feel like there was somebody inside her putting extra butter in to make it like unhealthy for him because she was obviously very angry at him and I … sometimes I feel like that too=I feel like there’s somebody else (She holds both hands in front of her chest) inside who um doesn’t have control necessarily but who tends to—more emotional control um there’ll be times when I would just— I don’t know it—it often is if I’m relaxed=uh it would nine times of out ten it’s when I’m more relaxed and if I’m watching a movie and I tend to get emotionally involved in the movie I might find myself you know if I have to go and pick up the kids or something I might find myself very angry and in a-a way that=because I’m usually a very passive person—in a way that um isn’t me and I can feel almost inside me but I don’t know quite where it’s come from um I can still function and do everything=I’m still aware but there’s this emotion and this (She raises both hands up to her face and moves them around) mental uh conversation I suppose going on in my head um and if I have to like as soon as the kids get in the car or whatever I can (She gestures throwing the emotion of the car to the left) force it out and focus on them=here I come again in front of my brain and it goes um and I don’t that these-these things have been happening over years I don’t understand any of them—I feel like I’m really new to even beginning to understand my own brain and how it’s working and the experiences I’m having but um yeah it’s just the last month with this — having read this book now the voices are…not as negative since I started reading this book since I connected in um they’re much more — before they always sounded almost like angry male voices (. .) now they tend to sound like more female voices um (She starts laughing) sounds really strange I suppose but um and they tend to be at the moment because I’m tending at the moment – I’ve—I’ve cut back my hours at work and just taking after my health a bit more um I’m getting a bit more
time to just sit down and relax and-and not be go-go-go (. I’m finding that
you know the voices themselves too seem calmer and are more um … I don’t
know not telling me off so much all the time=it’s just been more descriptive
there is still – some voices I can’t hear (. the voice is almost like um (She
raises her right arm and gestures with her hand behind her) someone’s talking
in the distance (. you get an impression that there is a sound (She gestures
with both her hands to her chest) that will have a physical response in me (. I
was e- (She breaks into laughter)

Keith: Physical?

Shirley: Physical response=I was eating ham salad at-at work the other day
and I don’t know what I was thinking about=work things probably and um ate
an egg in the ham salad (. inconsequential in any form (. instantly there was
– it wasn’t a voice per se but I knew somebody was talking (. it was almost
like I’d just missed the conversation sort of feeling and I instantly felt nausea
( at – my stomach just felt like I’d – like you’d eaten something that was off
or something and I sat and I thought ‘I know this egg is fine’ and I said if you
like “look I don’t know who you are (. and I don’t know what you said but
it’s okay” and the nausea lifted and I’m realised-ing again this is a new time
for me of learning that um that’s happened a few times (. even driving to the
group yesterday (. I can’t remember what I was thinking=I was driving along
( somebody said something and I suddenly felt sick and I said "I didn’t hear
what you say (. I don’t know who you are (. I’m not going to listen to that"
and it went um so I’m realising that it – there is a physical reaction in my body
(Shes gestures with her right hand behind her) to what these voices are saying
(Shes starts laughing) and again I don’t understand any of it uh you know
how they have this physical response and I will feel um for some of them
um there’s one voice that I’m starting to recognise differently um she’s m-
calming (. she’ll tell – say “it’s okay=you don’t need to worry about that” and
I feel calmer whenever she speaks um and so there’s little things like that that
and this is like – and when I say I’m starting – I mean within the last two or
three days I’ve noticed some of these changes and some of these differences so
this is very new for me so it’s come at probably a good time to be able to do
this and I as I said to you I’ve never seen a psychologist psychiatrist anybody
(.) my husband knows (. my s – one of my sons know because he’s heard
voices himself um but they’re the only people that know besides the people
that I’ve met here so um yeah this is all very self-exploratory type scenario I’ve
always felt like I can’t – you can’t tell people (. they’ll think you’re mad (She
laughs) um my cousin has schizophrenia or manic-depression I don’t
know which=they don’t know which really and when I’ve seen what he’s been
through um you know you don’t want to put your hand up and say that
anything’s a little bit strange=it just yeah you don’t want to risk that so…”

Keith: Um when um you liked to talk about did you know at what age you f–
you said the voices – something’s already – always been there |

Shirley: | They’ve always been there (. ) | I can’t remember a time when I haven’t
always?| |

Keith | always?

Shirley: heard voices (. I don’t remember a lot of my childhood I must
confess and there’s patches here and there but I’d say 90% of it I don’t
remember anyway um but I always recollect (She stumbles over the word)-
recollect (She gestures towards the left side of her head with her hand) to
something been going up there=(She gestures again to the left side of her head)
never being alone in my own head really
Keith: Mmm um voices is that the right word to kind of use?

Shirley: (She starts laughing) That’s what I use

Keith: All right um…are you able to like know how m- are there –is-is there a number to them=is it like how many | ?

Shirley: | I don’t know how many um like I said it’s all very new for me um I’d say – look it’s hard I think because they changed recently you know I would have put it all down to you know just before when it was mostly predominantly seemed like angry male voices it could have been one or two you know but now as I’m listening to them and they’ve changed=they seem to be nicer calmer um I’m – I don’t know at this stage I would get a few maybe five but I’m guessing at a rough sort of thing based on more the physical response I get from when they speak you know just like how many | ?

Shirley: | I don’t know how many um like I said it’s all very new for me um I’d say – look it’s hard I think because they changed recently you know I would have put it all down to you know just before when it was mostly predominantly seemed like angry male voices it could have been one or two you know but now as I’m listening to them and they’ve changed=they seem to be nicer calmer um I’m – I don’t know at this stage I would get a few maybe five but I’m guessing at a rough sort of thing based on more the physical response I get from when they speak you know just like how many | ?

Keith: Mmm mmm um with the uh the-the – with your experiences with the voices when you say they’re negative is that because of how they make you feel emotionally or physically or is it something that they say or is it what you think about them? (.) How do you know?

Shirley: um “that’s your fault that that happened” (.) “you shouldn’t some examples?

Keith: have done that” (.) “you did the wrong thing” um even down to little almost OCD type |

Keith: | What’s OCD?

Shirley: Obsessive Compulsive type things um the other day I was pouring a couple of drink bottles to take to work and for that split second I must have
like ‘which one do I pour first?’ inconsequential in the scheme of things (She
gestures towards the left side of her head) but a voice inside of me—I—I poured
the one to the right and the voice – like where to put the water in – the voice
inside of me said “you should have done that one=that was the wrong one”
and I actually felt agitated=I actually felt like you know uncomfortable um and
I’m like-like I really had done the wrong thing like it was going to be such a
big event because I poured the wrong bottle first and I know just sort of
like no it doesn’t matter which bottle I pour first=it’s not important um and
you know went on with it but it was such – it’s—it’s a very strong feeling um
very like you’ve really hurt someone badly=it’s that really strong emotion that
comes with it um so yeah and-and that’s the sort of thing=it’s just “you did the
wrong thing=you shouldn’t have done that=it’s your fault” um I had a lot of
feeling of that – you know obviously I’m not you know I'm not very conf-
?=?you know I’m not a very worthwhile human being but also um just that you
know people are always watching me and-and stuff like that (.) that seems to
have lifted again now um with the new stage but in the past it was very much
you know um “what would people think of you?” type thing and you know that
sort of thing so very negative (.) never – they never used to say anything
nice at all (.) never encouraging um I have noticed some changes=again just
before I started reading the book um I’ve never been one much for swearing (.)
it’s just not me um but my new husband and I play a game=his father is a big
one for saying the ‘f-‘ word and will always say “oh why the ‘f-‘ didn’t you
want to do that?” and it was bugging me and I told my husband one day and
we-we started a game and when the kids aren’t around we walk around and
every second word would be ‘f-‘ just for the fun of it um I noticed one day one of my voices said it
and they’ve never sworn and I didn’t use to swear=it was only because I-we started
playing this game that it came up and I said to my husband “one of the voices
swore (.) they never swear” (.) I said “maybe it isn’t just something that’s –
it’s not static=maybe it changes what they say (.) it’s not just the same
recording over and over again which made me sort of want to investigate a bit
further um every time they speak it’s been directed at me um like a
conversational point to me “you should have done this=you should have done
that” or “this is how you should have behaved” until the other day um standing
in the bathroom doing my hair and I heard almost like you’re overhearing a
conversation with somebody and they were talking about somebody I didn’t
even know and I just stood there and I thought – and it was quite clear (.) I
can’t remember what they said but it was along the lines of you know
“something something she was doing this and then and –” I think her name
was Caroline or something and I just stood there and thought ‘I have no idea
what they’re talking about’ and I’ve – they’ve never done that before I’ve
never heard them talk about anything that wasn’t | directed to me

Keith: | (unclear) between

Shirley: yes and not directed at me like conversing directly to me um so yeah it
was again very strange um (She lets out a sigh)

Keith: Can you tell me of like with the calming voice – what kind of – do you
remember anything that voice says to you?

Shirley: Yeah um just – because I tend to worry quite a bit you know worry
about your kids=worry about whatever and I um I worrying – I was worrying
the other day actually about um you know whether me being a bit – a little bit
left of centre is affecting my kids I suppose and um I was sort of running down
a mental you know path of what this could (unclear) (. ) she just said to me "you don’t need to worry about that" and I felt this calmness come over me um and I felt – it almost sort of stayed in that mind position for want of a better term (. ) um a place in my mind that I-I felt calm and I didn’t need to worry about that and um yeah

Keith: Mmm y-y-you talked about like this place in your mind and you talked about the-the back is um when things are okay – calm? Is that | right? Or is

Shirley: | No

Keith: that distressful?

Shirley: no um more the front is focused | when I’m focused on my job

Keith: | Okay

Shirley: or work or kids or whatever and the back tends to be more – probably when I’m more relaxed or I’m not – my mind’s just wandering a bit more freely um and that’s probably where they’re more op – it’s more open I suppose to hearing other things or whatever whereas when I’m you know focused on a specific task um yeah that’s probably when I don’t hear them quite so much

Keith: Mmm mmm um so you are able to choose the times when you want them out of your |

Shirley: | Too - most of the time yes (. ) I can’t necessarily um talk to them when I want to like I know that a lot of um voice things that I’ve read about they talk about you know saying to the voices “okay let’s perhaps talk at this convenient time rather than jabber to me all day” I can’t do that (. ) they jabber when they feel like it but if I am very focused – if I get focused into something um like say I’m at work (. ) my work um I tend to work by myself most of the time so I can be focused in on my work and they might still (She gestures with her right hand a voice popping into her head) come in but when I’m really zeroed in on something it’s – that’s my focus that’s my brain is uh it’s like all my brain power is at that focal point so it – they don’t tend to it tends to be – I feel (she clears her throat) I feel a bit like I’ve got this front (She gestures with her left hand in front of her head) again spaces in the brain but front part of the brain where I tend to think through the daily you know things like I might be thinking ‘okay how many light globes do we need here? Uh is that going to be enough?=you know should I order in some more=I’ve got to straighten that up’ that sort of thing as I’m at work and there’s almost like a secondary (she circles her a finger around next to the right side of her face) um conversation going in the back of my head and it can be just what I consider to be me talking away=it might be secondary things that I’m thinking about like worrying about the kids or you know ‘how am I coping? Do I look “normal” (she indicates quotation marks) to people?’ All that sort of stuff um and it’s while that (she again makes the same circling gesture) secondary conversation’s going that that’s (she opens her right hand and makes a clutching gesture towards the side of her head) what they will come into (. ) where the front conversation (she opens both hands up in front of her face) I might still be thinking about my work um that’s probably the hardest part when I was separated was that because there was so much going on just physically around me um I would be quite often in this front part of my brain but the back part would be – the conversations would be going so fast and so many I couldn’t listen to any of them=I couldn’t keep track of them (. ) I just – it was like a jumble of-of voices=occasionally if I stopped and listened I could grab bits of conversations=almost like being at a party=you can grab bits and pieces but you can’t hear the conversation but because they have such a strong
emotional pull=I would be thinking in the front of you know what I’ve got to
do next=’I’ve got to go to this person’s house’ whatever and suddenly I would
hear a negative voice and I would suddenly feel like ‘oh my God I’ve done a
horrible thing=I shouldn’t have done that’ and I would be standing there going
‘I don’t know what I’ve just done () I don’t – I can’t remember what – I didn’t
hear what that voice said but it’s just made me feel really really bad' and I felt
I would be walking along fine and suddenly just feel like ‘oh my God you
know ‘I’m a horrible person=I shouldn’t have done that’ and I don’t even
know why um God it must be sound really crazy (She starts laughing) doesn’t
it? um

30  Keith: I think – do you ever get fed up with it?
31  Shirley: Yes I do um I – they’ve never – the voices have never been suicidal in
any way=never about hurting myself per se=they’ve put me down but never
hurt myself but there have been times when I’ve thought ‘I don’t know how
much longer I can cope with this’ because it becomes so hard to find peace
and quiet and I think there’s been times when I’ve just thought you know ‘I-I-I
don’t believe in killing myself=I don’t believe in all of that’ but um it’s tiring
to constantly be have to fight and to not know what’s real and what’s not
32  Keith: Mmm this-this is a very interesting question what’s real and what’s not
() can you tell me a bit more about that?
33  Shirley: Um well I think because most people don’t experience this () I’ve
spent most of my time feeling ‘okay like I’m crazy’ um and because even I
noticed I think it was you a year ago=were you still doing your research a year
ago? (Keith: Mmm) yeah? Um the ad that you had in the MIFSA website
talked about auditory hallucinations and I saw that and I don’t like the word
hallucination (Keith: Okay) and because I was in a different place then I
looked and I thought ‘oh no he’s researching the wrong thing () I’m not
interested’ and I didn’t contact you a year ago because of that one word um
because to me that means it’s not real () it means there’s a – something in my
brain that’s uh making me see things in essence or hear things but the
equivalent and I didn’t like that so um for me it’s sort of um it’s real in
that I know they’re there () I don’t feel – although they affect me emotionally
um yeah I don’t feel like they’re – I don’t know now at the moment I don’t
feel like they’re bad () since the changeover I don’t feel like they’re bad=I
feel like they’re good um and I feel like they’re helpful um I don’t know why
the change () why it went from angry male voices to the other more caring
voices um but I know that in some ways I’ve used them as a bit of a
directional thing=like again when I was going through that really bad patch
um with my ex-husband um we were quite busy and quite involved in the
church life and that sort of thing and I just found with dealing with everything
the voices were getting really bad and eventually I got to a stage where I said
to myself ‘this isn’t going to work because (She brings her hands up to each
side of her head to show the pent up feeling of having the voices filling her
head) I can’t live with this in my head’ and I found that when it was really bad
if I sort of focused on doing some cleaning or cooking dinner for the kids it
would get my head again into a different spot into the front to a focal point and
um the voices (She waves her hand to show the voices going behind her)
would fade into the background and I found that okay I sort of decided that
I’m not going to – if-if I head in a certain direction of you know get involved
in activity or do something and they (She gestures with both hands to her
head) start to get really bad then I’m not going that way and if that means I
just stay at home for the evening and do nothing then whatever sorts out my
head is what I'm going to do um and that was sort of how I climbed out of it I
think um for a yeah that's probably the way I led myself out of it was just
wherever they went quiet that was the way I was going to go because I just
couldn't live with the constant (She waves her hands around her head)
attacking in my head it was just too much
Keith: What-what are they? I mean (Shirley laughs) to – I mean the (unclear)
what you said about the message that I got on the MIFSA thing changing that
so what are they (. ) well how do you explain (Shirley grins and slightly shakes
her head as if to say she doesn't know) what it is you hear
Shirley: I just say they're voices (. ) I don't know what they are |
| Where do they come from?
Shirley: I don't know (. ) I had um a theory that I was (She starts laughing)
Keith: hypothesising myself um and I don't know like I said I-I don't know the
legitimacy of it all um I ac-actually just spoke to a girl yesterday in the group
that I went to and she sort of said that it's a high possibility that my theory is
possibly correct um that like with multiple personalities often um that's
formed from a childhood you know traumatic situation um and I know I don't
um you know I don't have split time and stuff like that or at least time that I
don't split per se but I found that the voices – I feel almost like the different
people in me almost um and I mentioned – I was talking to this girl yesterday
who is actually a multiple personality person and she said that there's not
actually a set line that separates and say okay that this is just a voice hearer
and this is a multiple personality person (. ) she said there's sort of this bridge
in between and she actually knew somebody who used to hear voices and like
they recommend for some voice hearers to ignore their voices and for others to
listen depending on what works for you and she had been told to try ignoring
her voices and um this girl said they got so bad that eventually um because
that she wasn’t listening to what they were saying that she - she started to split
and have – like lose time like a multiple personality and in essence what she
said to me was that you know she – while she was listening to them and doing
what they were saying it was okay but they needed to express or show her
directions and things like protect her or whatever and she wasn’t listening so
they’d have to come out and it was I don’t know s-sort of followed along the
theory that I had that perhaps there is some sort of link um that’s come from
again childhood trauma that has taken me I think= this is all new philosophy to me too to near a place of like a multiple personality um because I feel emotion
attached to these people and I feel when they – when certain you know certain
voices come in because they can make me feel a particular way (. ) it’s almost
like it’s another person and I can be feeling fine and they’ll come across and
I'm not and then they can go again and it’s okay and because my emotions
change so much with different voices that’s where I'm sort of thinking maybe
I’m somewhere – I’m not just you know a multiple per se but I’m somewhere
nearer that than perhaps just hearing random voices in my head=I don’t know
(. ) that’s just my philosophy (She starts laughing and throws up her hands) at
this time so
Keith: When you talk about them as people – I’d like to talk about that a bit
more I mean uh can we say you have relationships with them I mean that you
have a – some kind of a like in real life well no (She smiles) let me change
that= in your social life at home you have relationships (Shirley: Mmm-mm) with
people and in your inner life (Shirley: Hmm-mm) your relationships with
voices or is that – am I – have I got | ?
Shirley: No no um previous to the sudden changes that my angry male voices um probably I’d say no because they were just berating me all the time um and probably that was the time when I felt the most “crazy” (She indicates quotation marks) for want of a better term (.) now I feel like I can in a sense (.) um this calm voice almost feel like it’s leading me a little bit you know like it’s “don’t don’t remember that=just stay calm= this is what you need to worry about” and because I’m trying to find out myself you know what this means=where am I going? Am I thinking along the right track? Um it’s sort of – I feel like…her particularly is helping me um but it’s not at any stage where I can necessarily clearly ask questions=I feel like um they’re still a bit distant um sometimes I’ll hear them quite loudly but sometimes it’s almost like a missed conversation or a whisper and when you’re trying to do=you know the front part of my brain’s maybe dealing with something else and I’m sort of ‘hang on a minute=what did you say?’ You can’t quite catch it so um yeah it’s sort of – I don’t feel like yet like it’s the same as like I have with my husband or my kids um but I have started over the last few days perhaps interacting with them more than I used to um Keith: You say interacting?

Shirley: Answering them talking to them (.) if I hear a voice like the water pouring in the bottle thing like I heard that time now I would say "that’s ridiculous (.) it’s fine=it doesn't matter" and I would talk back to it and say "look its fine=it doesn't matter” and I have had times when I've done that and it’s just gone quiet and I | they haven't said Keith: They don't say anything back?

Shirley: anything back and I thought 'okay that's interesting' and so I’ve just gone on with whatever I've done |

Keith: And did you speak aloud or in or in |?

Shirley: It depends if other people are around (She starts laughing) um mostly I would say out loud so that I know I’m saying it out loud um and because it’s more natural um but I have thought things in my head sometimes so yeah Keith: Um you mentioned earlier about church activity um would – so does that you-your own spiritual beliefs your religious beliefs do they help you or do they influence the way you think about voices at all?

Shirley: (She sighs) They've made it very hard in some ways um my ex-husband and I used actually to be leaders in church | Which church – what type |?

Shirley: Christian church (Keith: Mmm?) uh it was sort of like a Pentecostally (Keith: Okay) type thing um and um so it sort of in a leadership position you’re expected to be able to know what God’s saying etc. and for a long time I used to think that the voices were him talking to me (.) until I came to realise that that really wasn't what was happening (She starts laughing) um because he’s not going to berate me all the time and all that sort of stuff and um so that was very hard and it took me a long time um to really get to a stage where I sort of had – was able to separate God from my voices and pretty much said just – I just I said to God "You know I can’t-I can't tell what’s you and what's not (She brings her hand up to the right side of her head) in my head so you have to communicate with me another way” and if I would hear a voice after that and it didn't – I was in doubt because I thought ‘Oh that could be God speaking’ I had j-just-just say again and I had-had to pretty much come down to my faith that God will do you know what's going to be right for
me and just said "Look I can't – don't (She brings her hand back up to the right side of her head again) – I can't understand= I don't know whether that's you or not=please explain it to me another way if you're another person or whatever (She points to her head with her right hand) I can't trust this any more" um and so that was yeah that was probably a couple of years ago I sort of came to that realisation and that made it a lot easier because=and even now occasionally you know something might happen and I think 'oh that sounds most like it could be God' but I've got to – I can't trust it (.) I've just got to wait and see if something comes another way um so it's been-it's been entangled you know made it harder in a lot of ways because uh in there too there's that you know okay as a Christian you believe in like God um but also in angels and devils and that they can speak to you and so there's that whole=like has this got a religious context in it? Or is this just my mind reacting to something? Um you know all those sorts of things have been through my head um I don't really know that I have any understanding other than you know I still believe that God is real and I still know that he exists but I know that my mind just works a little bit differently to other people's

Keith: When you read the Bible and you you-read you know the accounts of God talking to people or people hearing someone talking to them (Shirley: Hm-mm) how do you look at that?

Shirley: Um I-I definitely believe it because I know that you know people can hear things um I don't know I-I guess I believe that it's real and it happened(.) I believe that it could happen but I don't want it-I don't want him to talk in a voice to me because I don't trust it so yeah that's probably....

Keith: Can I go back to something you said earlier=you-your hypothesis your theory and you linked it to something to do with childhood trauma (Shirley: Hm-mm) do-did you have something happen to you when or you were a child? Are you all right to mention that or?

Shirley: Yeah um um um both my sister and I were sexually abused as kids and my parents went through a horrendous divorce and we were sort of – it was back in the 70s so caught in the middle and pulled back and forth and so it was a very traumatic time=I remember at eight years old wanting to die um going out sitting out the little cubby house we had and saying "This is it= I've had enough= I don't want to do this any more” um so looking back now you know there was a – I think at-at the time I explained it as just my thinking but I looking back I think it was probably um the voices even then chiping(?) in and saying “Look you know it's bad now but everybody has a good time in their life and you just have to hang on until a good time comes” and that was sort of what got me through that time was just you know thinking 'okay= it's going to get better= it's really bad now but I'm going to hang on because I don't want to miss out on when life is good' so um yeah

Keith: Do you think the voices – that you were hearing voices before you were abused or | | so you think the voices they

Shirley: I don't know (.). I don't remember

Keith: helped you get through – hang on?

Shirley: (She lets out the big sigh) I don't know (.). I don't really don't remember much before about the age of twelve fourteen um I've got little – honestly little pictures here and that's all um I know that as a child I was a very quiet child= my parents said I was the perfect child because I didn't get into any – any mischief but I remember not playing much at school even (.). I would be away from my friends and just sit in the little playground area and
think and ponder um so I know that you know things didn't quite – weren't quite right even then but I don't – I don't remember the voices being clearly separated as they are now but then I was a child so I probably – that was normal um

Keith: And do they – do they talk ever about things from your past – ever

(unclear) ?

Shirley: [As I've again read this book um and she talks quite graphically in there about to her – the Alice book um (She clears her throat) I sort of obviously wanted to-to remember more of what happened back then because it is still very um phasey(hazy?) I have some recollection but not a lot um and sometimes you know the voices all say to me with "Oh you know you're not ready yet" (.). "don't-don't" you know "don't go there yet" um |

Keith: Is that the new voices? |

Shirley: Yes the new voices (.). the female voices will say "you're not ready yet= don't worry about it yet" um but you know I still up to a – less than a week ago remembered something that happened back when I was a kid so obviously you know there's obviously a process going on in there at the moment but so…

Keith: And j-just a couple more minutes if that's okay |

Shirley: Yeah that's fine

Keith: we'll-we'll finish um when you said you-you it's not really something that you – you talk about with other people or want to let them know are you able just to des-describe to me a time when someone knew you were hearing a voice or someone was talking to you or did you tell them something= just a-a time when another person was involved |

Shirley: (She puts her hand to her mouth) Pardon me um (She lets out a sigh) probably when I went through that really bad patch after my separation um (She puts her hand to her mouth again) pardon me the voices were really bad (.). I had some um friends and elders from the church who were sort of helping me get through the whole situation and I said to them "Look I’m not coping" and I said that you know I mentioned to one of them I think that I heard voices um and they thought that maybe it was just postnatal depression which turned out I had that as well but um nothing was really much said about the voices per se it was just sort of like you know we’ll-we’ll get you some help and that was sort of it um I did remember mentioning it to somebody else in the church as well and he says “Oh I hear voices too” and that was sort of the end of the conversation= (She smiles) we sort of whizzed off in opposite directions um and he was you know a high functioning elder of the church at the time um (She lets out a sigh) but I think that’s probably – I – the only other time I've told anybody was when I s- – I came here first and got some information and came to the first group um then they sent out a newsletter and my husband wanted to know "okay what’s this about?" (She smiles) um so I had to tell him um and he was very-very accepting=he doesn't understand at all um but he’s very accepting if I say "Look I’m having a bad day=I can't get my head to settle" (.). he'll um "What you want me to do?" you know "I’m there for you" sort of thing so which is very good um and I try and (She starts smiling) you know you like after group yesterday I was a little excited (.). rang him on the phone trying to explain (She waves her hand near the right side of her head) you know what – he was – he doesn't get that but um my younger son he’s twelve (.). when he was ten um we were at a friend’s New Year’s party I think it was and I couldn't find him= he wasn't anywhere to be found and I found him in
one of the bedrooms his friend’s bedroom by himself and I said "Are you okay?" And he said "I feel like I've got a hundred voices screaming in my head and I can't stop them" and he’d never said anything like this before to me and I freaked. I was very scared at that point (She laughs nervously) um and I said “It's okay (.) don't panic=it's okay" and I just prayed for him and he said they went away and he hasn't had anything since but to reassure him I said "Look don't panic (. ) I've heard voices in my head too" so he knows that I'm a voice hearer um we – I don't want anybody else to know only because being a combined family (. ) the exs find out (. ) I’m looked to be a bit of a freak and you know as I said to my husband yesterday I said you know he knows I'm a high functioning person=I hold down a job=I raised kids on my own=I-I’m not insane um but that's not how it's going to look to other people so I suppose that's the big thing is yeah= how everybody could look at it you know

Keith: Why did you decide to come to the voice hearer's group?
Shirley: (She lets out a big sigh) Um I think about that time – I don't know I was sitting watching a show on TV=I can't even remember what it was and I just remember thinking – there was – it was something on mental illness type movie= you know one of those midday drama type things and I remember thinking you know maybe I should look into the fact that I hear voices and I didn't even at that stage have any comprehension that there could be anybody else out there who heard them or that it was a condition or anything I just – may- – I just thought maybe I'll do an Internet search and just see if there’s anything out there and that's pretty much how I got into it and I found about MIFSA and that they actually had a group um and so I thought well I'll come along and have a look and see if there’s other (She starts laughing) people like me in the world and I read a lot of the information that’s online which was nice to just see that I wasn't the only one going through this

Keith: Mmm-mmm right well look thank you very much Shirley well |
Shirley: | No worries |

Keith: | is that all right to stop there?
Shirley: Yeah that's fine (Shirley takes off her lapel mike)
Keith: Can you tell me how you’re feeling?
Shirley: A bit nervous um I've never done anything before=I feel a bit like – the constant thing that I feel is a bit like if I (I turn off the camera)
Diary 1

(Shirley speaks brightly)

Hi Keith um you know sort of just talking to this like I’m talking to you like I did today seems to be the easiest way um just really as I was leaving um the centre today I felt very anxious um and uncomfortable and I was you know sweaty palms and feet and quite nervous and I um was driving along thinking you know what – how yeah thinking about how I felt about what had happened and I – sitting there and I had this little voice and um inside me saying "I'm afraid=I'm very afraid(.) I don't want to do this” and again the-the feelings of this small weak person just so afraid and I felt fear and I felt um like I was oh literally was about to cry I just felt this overwhelming emotion to cry and then I felt another voice um separate and strangely enough to the-to my right-to the right of the little voice um and it felt like a-a stronger voice=a bolder voice saying "But I think – but I want to do this” and as I-I sat there it was like watching – almost watching um two different identities um communicating and within myself=although I had felt the fear of the little voice um I connected and I agreed with the bolder voice and I said "I want to do this=we’re going to do this” and I felt like the little voice just disappeared and I felt stronger=like I felt like I’d somehow connected with um the bolder voice=the stronger voice um and I – the-the fear went and the sweaty palms and all that sort of thing went and I felt much bolder and stronger and I felt like ‘okay I’ve made a decision=I’ve just decided this is definitely the way I’m going to go’ but it was interesting to see um that you know – I suppose in essence the three of us (.). the-the s—the weak the strong and myself were in a sort of communication with each other and then ultimately I was able to make the final decision of which—which way I wanted to go and go from there um so it was a bit of a – you know I’d barely walked out of the door and this was what was happening um I'll try and keep this – tell it as best I can um I feel quite – actually quite comfortable letting you hear most of this=it's nice to be able to talk to somebody about it=so that's today Friday the 14th um I'll see how I go and try and communicate as much to you as I can because I think it's helping me to help you um it's nice to be able to get down in some form or another exactly what’s happening to me so that it clears my head as well=it’s not just running around in circles so bye for now.
Diary 2

It’s now Saturday the 15th at two o’clock in the afternoon (. ) last night (Her voice goes down in tone noticeably) was a horrible night (. ) I didn't get to sleep till probably about three (. ) my head was spinning (. ) I couldn't get any clear conversations with the voices necessarily but there was just so much chaos I had trouble focusing outside of my own head um (She clears her throat) so I was up about – to about three watching TV trying to get my head out of my head (She laughs slightly) so that I can just think= I usually have some self hypnosis tapes that I listen to that help me go to sleep but even they weren’t working last night so (She takes in a big breath) I may have to find another way to sort of help me sleep if we’re going to – if I'm going to (She laughs despite herself) find two more nights like this = it makes it a bit hard=it’s not uncommon though for me not to be able to sleep because my head’s buzzing (. ) that's all for now (. ) bye.
Diary 3

(Shirley sounds very tired and speaks a little sleepily to begin with.)

It’s Sunday morning um the 16th about 10 o'clock = I’ve just been lounging around in bed (.) not long been awake really=I was just lying there….and I feel really weird saying this=I don't know if I'm like in the wrong headspace to-to do this but like I'm not the right person to be saying that at the moment (She takes in a deep breath) there’s a resistance to me saying it um…and I was just trying to list through in my head the voices to see if I could get like put name-in essence names or identities to them to find out how many and um I was sort of you know real- – obviously I was still in bed so I'm really relaxed and s- in probably in that back part of my brain more than anything and I could hear them and I just went through and there was Carmen the calm one who I told you about who just makes me feel calm then there was Denial=D (.) we’ll call her D for Denial (.) “You know everything’s okay and you don't need to- don't need to worry about all this stuff = it's all fine” (. ) there’s the Scared one who’s always afraid=she's little (.) when I say little I don't mean a really small child but I mean little=I-I see her always to my right (.) in my mind's eye I can see her and she’s sort of curled up and she’s afraid=always afraid and wants to cry and then there's the Brave one who stands up and says “But I want to do this” and I can feel part of his emotions over me now=I can feel that strength that braveness that I can do this um and-and he for some reason does have a he character (.) it’s like um a male recognised sort of um almost not an adult male strangely enough (.) Carmen’s the only one who feels about my age=the others feel different um the Scared one she’s young probably I don't know maybe tennish? The Brave one he comes off as like a-a teenage boy um agewise the voice the tone not quite um changed with male depth but just that age (.) anyway as I was lying here going through out of nowhere popped up a voice um it-it startled me because it was almost like it jumped up in the middle of nothing and it said (She speaks in a low voice that sounds a little menacing) “And I'm Susie and I’m his victim” but it didn’t say it in that tone (.) it was like a uh I don't know how to explain it=the tone was different and it startled me because I’d never heard it before but it just came up and she just said (Her voice sounds more casual) “And I'm Susie and I’m his victim” uh I def-’ve no idea what it means (.) sort of blown my brain a bit um and the voice was quite confident not weighed down not-not heavy like you'd expect someone who was to say that=someone who was quite confident and quite
almost light not-not-not burdened per se (She lets out a sigh) um so I suppose ultimately that gives us five so far (. ) I know that even as I’m lying here doing this = this is like talking um I can feel the different emotions of different ones of them sometimes coming across you know like the Brave one = I lay here for a while contemplating do I record this stuff for you and um I could feel like (She speaks in a deeper voice) ‘no you don't want to do that no’ but it was a feeling more than a-a voice per se and then what I presumed was the Brave one came over and “Yes I do=I want to do this” and I-I felt this natural urge to just go and pick up a recorder which is almost lying right next to the bed and record this but again as I started to speak I felt this almost like reserve hold back um which I’ve obviously just pushed through all of those things to just do it anyway but it’s a – the emotions are very strange I-I don’t know whether the emotions are connected to the voices intentionally or whether they’re just my natural emotions um but yeah I give – I guess that gives us five voices with different personas and I suppose names really (. ) I’ve sort of named Carmen calm because she makes me calm (. ) D for Denial (. ) the Scared One because I don't know what else to call her= she’s small and scared= the Brave One because he is and Susie’s sort of named herself (She speaks with a hint of self-disgust) uh I feel like a total freak=I really do and it’s hard sometimes to believe that all this is going in my head and that I’m not making it up but at the same time why would you make this up? I don’t know (. ) okay that's all for now.
Diary 4

Um it’s uh today the 22nd of January 2011 (She sounds like she’s leaning over to the side of the bed to check the time) and it’s about 10.30 at night um I’ve been sick for the last um week or so um not entirely sure what’s wrong um healthwise physically but it's been a shocker for the head and the voices absolutely terrible um I’ve had trouble finding my space and getting back to being me=have felt lost in a s-sea of voices and confusion and – it hasn't been good but anyway in amongst all of that um just one thing I wanted to make note on was um you know how I mentioned about the egg how I was eating a ham salad and I ate a egg and I – a voice said something and I felt sick and I s-spoke to the voice and it went away and then I had a small thing on Sunday morning decided I wanted scrambled eggs for breakfast and somebody said uh something about not having them and I felt nausea and I felt really sick and normally I’d just resist it and push it away (.) this time I just let it ride for a bit and eventually it went and I ended up having scrambled eggs for breakfast and they were yummy and I didn't feel sick having – when I ate them obviously I’m like – anyway um well later on I can't remember when during the week it was there was a voice that popped up and said “Reg hates eggs”… (She lets out a sigh) um I don't even know who Reg is but apparently he hates eggs (.) I don’t know who said that um but some voice somewhere at some stage during the week said to me that Reg hates eggs so I'll leave that one with you=I have no real answer as to what that means at this stage (She lets out a sigh) um other than that I've just been trying to get well and just try and get away from any listening to voices because it’s just been too hard um to get better physically and mentally with all the voices in my head I feel like I've sort of opened a can of worms um but (She tries to sound upbeat) okay bye for now.
Interview 2

Participants: Shirley & Keith
Place: One of the meeting rooms at MIFSA
Date: Tuesday 25th October 2011
Time of interview: Around 3.00 pm

Notes: I’m surprised when I meet Shirley out in the waiting area to see that she has a bright pink streak in her hair. She is wearing a black t-shirt with the word HOPE written in big pink letters. I walk with her into the meeting room where I have set up the recording equipment. We start with me asking her how she’s been. After a few minutes I ask if she is ready to start the interview and I turn the recording equipment on.

1 Keith: Great to see you again (She smiles broadly and laughs freely) Shirley | it's been a bit of a while um tell me what's been happening?
2 Shirley: | No worries
3 Shirley: A lot (She laughs quite heartily) um (She lets out a sigh) I don't know where to start um yeah I realised after I spoke to you=I was spending time in
4 the voice – Talking Heads group with the voice hearers and that my voice were
5 sounding – were very different to everybody else’s there |
6 Keith: | In what way?
7 Shirley: Um we were talking about um foods one day and different foods you
8 like to eat and I mentioned to people – you know "do your voices affect what
9 foods you can and can't eat? And do they change how you feel" and they s-
10 (She makes a sound that suggests she’s got her words round the wrong way)
11 most of them have schizophrenia and so most of them were like "No (. ) we
12 just hear the voices that's all" and I said "ah well my voice’s will actually get
13 upset if I eat the wrong food or um change how I actually emotionally feel
14 within myself and " |
15 Keith: Because I remember your story about the um the
16 scrambled eggs | you told me about Reg hates
17 Shirley: | Yes yes (She says brightly) yes yes
18 Keith: eggs
19 Shirley: one of them hates eggs and um and also I um I used to love those little
cans of tuna mayo-mayonnaise and corn in the can um stood in the kitchen
burst into tears one day because I was thinking of having that for lunch um no
realisation (She breaks in into laughter) why at that stage but I’ve since
learned that um because I have dissociative identity disorder (. ) that one of my
alters um really doesn't like that food and so |
20 Keith: | Hang on this is
21 a big step | (unclear) so dissociate-dissociative
22 Shirley: (She laughs cheerfully) dissociative identity disorder
23 Keith: all right how was that diagnosed?
24 Shirley: I left um after that-that-that group=Talking Heads where I thought
25 ‘okay my voice is different’ I thought maybe I need to start looking into why
26 I’m not like other voice hearers sort of um |
27 Keith: | Because of the food issue?
28 Shirley: Becau- well because they affected voi- my voices had a bigger effect
29 on me than everybody else’s voices=everybody else's voices just seemed to be
30 voices and they couldn't change necessarily like my moods would switch in an
instant and I would feel nausea over a particular food or you know just will go from being hungry to not hungry in an instant just because I was thinking of eating something different um and because I had that dramatic effect which nobody else in the group did I thought ‘oh maybe mine’s different to theirs’ and that's when I thought ‘okay maybe I need to start seeing someone professional to really get a better understanding of what was going on um I’d already done a bit of research on my own and had thought that it may be | D.I.D.

Keith: | How - how did you do the research?

Shirley: Um mostly Internet um and just you know looking things off from the Internet=Google searching everything |

Keith: | What did you en- -- what were the keywords? | what how did you find

Shirley: | (She starts laughing heartily) um can’t know if I can remember (She says this with a big smile) um don’t know really I think I'd you know done obviously done a lot of stuff on voice hearing um and I don’t – because I think there’s one group in the – one lady in the voice hearers’ group Georgie who um I knew had D.I.D. uh I'd spoken to her a little bit as well and um she’d sort of said that you know there's not – it's not like you-you have it or you don't have it= there’s a sliding scale quite often and so I thought well maybe I'm closer to the D.I.D. side than I had thought um and so left me to go do a bit of research on D.I.D. and that sort of thing and yeah after m- you know a little while of researching I sort of come to the conclusion that that looked what I had |

Keith: | Was it a kind of a (I click my fingers) “That's it!” or was it a s- more slow | ?

Shirley: | More slow sort of building of information um and then like the first session with my therapist as soon as I sat down and said to her "This is what I've got (...) this is what happens de-de-de-de (i.e. blah blah) she said “Okay that sounds like the D.I.D” and I was (She starts smiling and laughing) "Okay that’s what I thought too" so

Keith: Can I ask how did you feel...when you knew that's what you had?

Shirley: Um | it made it easier and a lot of ways

Keith: | Did it make it easier or?

Shirley: because at least there was um a definite something that you could put – get your hands on and I knew that there were you know other people like me which made it so much easier to deal with um at the same time it was very hard because it’s a relatively rare condition (...) trying to find other people like myself that I can communicate with is very hard um but mostly it was a big relief to sort of finally get it underway (...) it was also scary because quite often D.I.D. is caused by trauma and that meant that um somewhere there was some trauma that I'd have to sort out so that was scary as well so yeah that was a big- a big thing yeah to come up with so

Keith: Mmm so you uh you attend a different group now?

Shirley: I still go to the Talking Heads group um mostly because I’m – the – consider most of those people my friends now um and because there’s still – I get so much from the group (...) it's-it’s a fun group um and |

Keith: | Can you tell me more a bit more what you get out of the group?

Shirley: Um it's-it's just – I mean tech- – I mean I still hear voices so I still fit into the group and there’s still things that they talk in the group about how to manage their voices that still help me and still remind me um daily I suppose
(she starts laughing) or every time I go in there that it's okay to have a bad day.

all the time um and I think it's just that acceptance and that I don't have to be

you know perfect all the time and that it's okay to now you know have a bad
day=to have days when my voices are just on top of me and I don't want to do

and I'm not coping um and that's=that's normal (She starts laughing) for voice

hearers and that's you know and within that realm I feel normal you know I
don't feel like I've got some sort of weird disorder um I feel like I'm just like
them just like everybody else you know um and it's introduced me to other
people with D.I.D which has been

totally helpful and through that um one of the

people with dissociative disorders including people with D.I.D. and so through

that I've also got to meet a lot of other people with D.I.D. which has been

absolutely amazing so yeah the support is really the biggest thing and just

knowing that you're not alone and you can talk about stuff and people just
accept it (She laughs) as normal |

Keith: | Do you find you can talk more

honestly | to them than anyone else?

Shirley: | Definitely very much so even like my husband

who's very supportive and very understanding um doesn't really – he's never

had any mental illness himself um doesn't really um understand things the way

that the others in the group do=I mean never having heard voices=never

having you know gone through all that of stuff=he just – I can say stuff to him

and he'll go "Oh okay" and it's not – like somebody else in the group will go "I

totally get you=do you do this and this and this" so it's=it's a much better

support system than you know anybody else can give me=even my

psychologist doesn't give me quite the support because I think it's you know

more peer related rather than um professional so yeah it's invaluable (.) I

couldn't imagine=if I hadn't gone to that group I don't know where (She

laughs) I'd have been today because they've really led me on the journey to

where I am now so it's been awesome

Keith: Can I ask –a--about with your family when they found out (Shirley:

Hmm-mm) because you=you have your husband you

have a son I-I |

Shirley: | I have two sons and three stepsons |

Keith: Could you tell me

something about how they responded or | ?

Shirley: | My stepsons still don't know (Keith:

Okay) only just because um they're not really=they=they're all teenage boys so

they’re all pretty self-absorbed and you know (She laughs) not that interested

in what's going with anybody else's life so we haven't bothered to tell them um

my own sons know and my husband knows and my mum knows um Geoff

was sort of my=Geoff my husband was sort of working with me on trying to

figure out what it was so by the time we got to an official diagnosis he and I

had pretty much come to that conclusion anyway um and his – he was very

good=he'd sort of said to me well you know as long as it doesn't change us um

he'd – you know he’s fine um and he's sort of taken it pretty low key=um I

think he has more struggles with it than he realises or wants to admit but um he

does very well (.) when I told my eighteen-year-old son who now lives –

he-he moved out of home about the time I got my diagnosis=actually he

moved out to move with his – into his dad's house and um he had just watched

a movie or something about someone with D.I.D. um attacking everybody or

91
something with a knife and so he was like "Are you going to attack me with a knife?" (She starts laughing) and I'm like "No (She continues laughing) I've always had this (.) I just only got diagnosed you know so it's not – nothing's going to change" um but again being eighteen and living his life it doesn't feature very highly for him and I think he forgets about the fact that mum's got it because he doesn't – he doesn't see me every day or anything like that so for him it's pretty low key um my youngest son who’s now 13 Pete has probably the – been the most remarkable um a very intelligent child=always been well-advanced for his years um is fascinated by the entire disorder (.) has asked me immeasurable number of questions about it um when Georgie started the dissociative group he asked – Pete asked if he could come along um to learn more about it and to learn about other people uh one of the things we have with the dissociative group is that outsiders aren't really allowed to come because we don't want people just coming in to gawk withat us (.) because it’s considered a rare thing people quite often just want to have a look um and see the freaks um so Georgie um organised to have an information evening so that um people like Pete or family and friends could come along and learn about D.I.D. particularly and um get a better understanding of what was involved so Pete came along to that um he asks me so many questions (.) is fascinated by how my brain works (.) he just yeah is a little treasure=he's absolute sweetheart and if I’m (Keith: Sorry) yeah I was just going to say if I'm having you know if I sometimes when I go through like the trauma – having to do with some of the trauma some of my younger alters will often come out and um he will um he knows when they’re there and quite often if they’re quite upset I'll have to go and=I've got a big stuffed bunny that I'll go curl up and cuddle when I get my blanket and he’ll put a DVD – kids’ DVD (10.30) on for me and sort of snuggle me up in the lounge room and rub my hair and all that sort of thing just to help calm me down and he-he's really supportive= he's amazing for someone his age (She laughs)

Keith: You’re using the word ‘alter’ (Shirley: Hmm-mm) that’s quite a specific word to uh dissociative identity disorder= can you tell me about that? What it means and | ?

Shirley:Yep um alters just means referring to the alternate personalities that we have so the other people I suppose that are inside or are the other parts of us technically correct um inside of us um so yeah (.) at this stage last check we had about – I had about fourteen so

Keith: Because I remember when you (I let out a sigh) you were recording you have five (Shirley: Mmm) don't know if you remember | [She laughs] I don't remember exactly what I said= no but | calm-the calm one?

Keith: (Shirley: Yep) D for denial (Shirley: Yep) little scared one (Shirley: Yes. (She says this in a softer tone)) the brave one (Shirley: Yep) and then there was a new one that popped up that said "I'm Susie and I’m his victim" (Shirley: Yes. Yes (She says this in a deeper tone)) do-do you remember | ?

Shirley:Yes I remember the-the basic (She laughs) beginnings yes | [She laughs]

Keith: Are they still with you?

Shirley: Yes very much so yeah

Keith: Can you tell me a bit more about um the other voices that have come to you and the ones that you remembered having before uh how they’re um if they’ve changed or how they’ve developed?
Shirley: Um (She lets out a sigh and pauses) I don't know it's been um interesting sometimes um at the end of the day I would lie in bed at night and just say "Okay is there anybody here that wants to introduce themselves to me?" and I've had different ones introduce themselves to me at different times |
Keith: How do they do it?
Shirley: They all just um the first time I did it I saw pictures in my head um I saw um a young girl probably=what I don't know eight maybe dressed in sort of older style clothes and she sort of was coming down some stairs and sort of took a little bow and I heard her name at the same time um and then there was another=just uh like a shadow form nothing more than a shadow that was just right here (.) I didn't get a name for that um |
Keith: So you see them first?
Shirley: I sp- – not always no sometimes I just hear a name or when they're = I can feel that they're sort of starting to take control um I will you know say "okay who's this?" and quite often they will tell me I have um an eighteen-year-old boy or man I suppose um who is a protector within my system and quite often if there’s something that I'm listening to that is going to be upsetting um Michael will come forward and he'll take over and when Michael's forward I tend to stand up straighter=I feel very confident and strong um and you know the other parts of me that are probably more likely to get hurt from this just disappear and go back um so you know taking time I suppose to sit quietly and just listen and see what they're going to say to me um sometimes there’s just a jumble and I just=I just tend to write everything down that I hear and then if it gets confirmed later on then I run with it=if I – you know because I've heard heaps of names but that doesn't necessarily mean they're alters um so yeah I've started doing a lot of journaling um to keep track of you know what everybody wants to say and-and things like that and if I’m upset by something that's often a good way for everybody to have a say on a piece of paper=just write stuff down and things like that |
Keith: So when you write in your journal it’s you Shirley writing but do you also write for them?
Shirley: It's not always me writing um the writing in my journal changes quite dramatically um my normal writ- – what I would say was my normal writing – is quite round and reasonably large um but there’s writing in my journal of all different sizes and shapes=some of it is this like big and um so obviously they're having different effects=there’s – I think it's one of the little boys um I'm left-handed but there comes a stage when I can't use my left hand and just trying to hold the pen – it pushes out and my hand just curls up and I can't use it and I have to start writing with my right hand and the only time I know that’s finished is when I can use this hand but if I try again and it's not ready my hand will just curl – it won't be – I physically can't hold the pen and I have to keep going with this hand |
Keith: Have you ever written with your right hand before?
Shirley: (She starts laughing) No not really |
Keith: So what does-what does your hand writing look like | (unclear)
Shirley: Um it's-it's slow and it's hard to do (.) it probably looks like the writing of-of like a child maybe um but um yeah I mean it seems to fit the age of whoever um is out at that time (. ) I don't really know who it is yet um but um yeah it’s–it was – particularly in the beginning it was very hard to do= the more I’m doing it it's yeah becoming a bit easier but yeah it’s still – it's legible so
Keith: And when you're writing in other uh types of handwriting that the
alter’s – you're writing what the alter is saying | or the alter is writing

Shirley: | Yes

Keith: through |

Shirley: | it’s sort of about writing through me because quite often I-I’m
just writing whatever comes=it just comes and I just write and just keep
writing

Keith: Is it a conversation?

Shirley: Um it can be but it's not always (.) sometimes um to do a conversation
I got to switch between two people um there was um somebody recommended
it with one of the groups and I actually had done it where you write a
question with one hand and – with your normal hand and then with the other
hand you answer it and actually had done that with my little right-handed alter
whoever that is um I'd written a question and then they’d altered it – uh
answered it

Keith: Why the two different hands?

Shirley: Um partly because he always uses his right hand um but I think
they(?) trying to get you using a different side of your brain so you're not
going into that natural rhythm thing=you're getting into something else=that
clicks something else over=I don't really know=that's just what the
they suggested
um and yeah it seems to work so yeah

Keith: Can you tell me something about what they say – I mean the type of
things they talk to you | about?

Shirley: | (She lets out a sigh) Yeah um I hear – still hear a lot of
"you’re not listening to us” that’s probably the most common or "you're not
listening to me" it's probably the- the most common words I hear every day um
which is frustrating (She starts laughing out of exasperation) because I'm
trying but it's not always easy um other than that it tends to be=like if when
I'm going through some trauma work um it will tend to be on um you know
anger or frustration towards you know the person that people-people that –
who hurt me um and so that will be you know words like "I hate her" or you
know "she’s a bitch” and all this sort of stuff so real anger coming out and
they just express that on the paper so

Keith: Is that anger towards people who hurt you when you
were a child | or? all right

Shirley: | Yeah yep (.) I mean there’s still anger that comes out
too um you know situations that are happening right now um like with one of
the boys – particularly one of my stepsons is particularly annoying (She laughs
slightly) at the moment um and it tends to hit certain different people inside
and I find that um quite often I'll be writing about him rather feverishly and-
and I sort of think 'oh okay we’re a bit upset at the moment' so um yeah and
even like today um the company that I left – was working for um still haven’t
sorted out my final pay that you know – shonky as and um I had to send them
another e-mail today and talk – ring the manager again today and say "Look
you know what’s happening with this= it's been long enough I need some sort
of – at least acknowledgement of what’s going on” and it just stirred this anger
and I was also still talking to another girl who still works for the company and
is just only today resigning um how frustrated she is by the whole thing and
um it stirred some anger in me today=it really did and I was sort of=I had this
back internal anger but I couldn't quite fixate it on what part it was and I was
getting angry and then started to get anxious and I was having – nearly got to
an anxiety attack and it was all just sort of like – my husband came home and
um you know he went off to the kitchen to do his homework and I was about to follow him and then I heard the voice say to me "No=worry about us not worrying about what's happening with him so I lay down and got my big cuddly bunny rabbit and lay there for a little while and see if I could just calm everybody down and find out what was upsetting everybody so much um which I don't think I really did (She starts laughing) very well um but it was a little better than what it would have been because I was quite anxious—I was getting you know heart racing and that sort of thing so

Keith: Um in addition to the five you told me about (Shirley: Hmm-mm) earlier this year are you able to describe— you talked about Michael who makes you (Shirley: Hmm-mm) is he— he's not the same as the brave one?

Shirley: I don't think so um I don't know=I haven't always been able to connect those original ones up with ones we've met since um

Keith: Are they a different type of voice to those early ones do you think?

Shirley: No not really um I think they're probably all the same sort of—it's hard sometimes to-to pick out a voice from another— they don't always come through very clearly and different um and some of them don't talk a lot=like I've got one little girl Olivia who’s about eight I think she doesn't talk much um so hearing her voice doesn't happen very often but I know when she’s forward because I won't talk much either um so yeah other than that um Elizabeth is five and um she's the one that doesn't like to eat tuna mayo and corn um and if you force her she'll cry and throw a tantrum and I'll stand in the kitchen and cry (She laughs out loud) and throw a tantrum so and this-this little boy's Anthony – I think he’s about four=five—he is interesting=he actually doesn't know who Shirley is um when mentioned to him you know about Shirley he said "who's she?"

Keith: | Who mentioned Shirley to him?

Shirley: Um oh yeah just yeah in conversation and um |

Keith: | What do you say | (unclear)

Shirley: | He was—he was out in—in one of the groups that I was at=one of the D.I.D groups at=he was forward and um he was just colouring— we were just colouring on a piece of paper during the group which we were allowed to do and um I can't remember how it came up but somehow I mentioned something about Shirley having to answer some of the questions they were asking or you know people would talk to me and say "oh Shirley what do you think of this?"=because he was forward he was pretty much ignoring my name and um I said something about Shirley you have— you know acknowledging Shirley or something and he's like "well who's she?" um and that's when I sort of thought 'oh okay he's really no idea (She starts laughing) what's going on does he?' um and I think it was him—he was out a little while ago and um I don't know he was having a rough day with something I can't remember what (.) I got into bed and my husband was lying next to me and he said to me um "Is that grandpa?" (She starts laughing and keeps laughing) and I said "No that's not grandpa" I said "That's Shirley's husband" and he was like "Oh okay" (She breaks out into laughter again and I join her) when my husband found out he was not impressed (Now she really bursts out laughing) but that's okay

Keith: So do you tell your husband about some of these | ?

Shirley: | Yeah I tell him about quite a bit (.) I've actually got a blog that I’ve um been working on | yes=yes
Keith: Really? Is that something – is that up and going now?

Shirley: Yeah yes it’s been up for a little while now um I wanted to have the opportunity to um tell my friends and family how I was going without actually having to see – I don’t see a lot of my family particularly um and without having to explain things over and over again and-and that sort of thing and also to help me just sort of keep track of what’s happening for me um (She let out a sigh) so yeah it’s been-it’s been a very good experience for me to be able to just write about what I’m noticing=what I’m learning um because it’s been such a big learning curve um about everything that’s happening and-and what I’ve learnt and you know sometimes about the different voices and things like that so yeah

Keith: S-so they can read it at any time? leaving your diary open?

Shirley: Yes yep Well yeah I mean there-there's plenty of stuff I won't include on there and um one of the things I had with um Olivia the quiet one who doesn't talk much um is not uncommon for people with D.I.D. when they look in the mirror to-to not see their own face but to see somebody else's face and the day when Olivia was forward I went to the toilet and for a split second I saw Olivia's face not this face and um I had – I went and drew it um later on on a piece of paper how I s-saw this face and it was an amazing feeling after I’d done it=it was like I had achieved one of the best things in my life=it really was (. ) obviously what she was after was some form of acknowledgement and acceptance and um I thought oh well maybe I'll put it up on my blog and show people um but no that was definitely not a good-good idea=everybody inside was not happy with that and the more I tried to do it the more there was uproar and just mess inside=and I thought ‘okay no no I won't put it up’ um quite often they don't like people knowing about all the ins and outs and details so I didn't-didn't end up including it in my blog but yeah (unclear) so hmmm

Keith: Um when uh you’re with uh people who have uh been diagnosed with a- a different condition and – what are some of the similarities and differences between their experiences and your (Shirley: Hmmm-mm) – when do you think ‘oh yeah this is what we have in common and this is where I’m different’ (. ) can you think of any examples?

Shirley: Um (She lets out a sigh) just the experience and hearing voices and the experience of feeling helpless I think is common among all us um sometimes because most of the other people in the group who hear voices have schizophrenia=they often have um delusions and things that go with it which I don't tend to have um so that can be quite different and they’ve often said "Oh how do you handle that?” And I’ve thought ‘well I don’t have them so I don’t um uh but there’s a – we get a big sheet actually with a list of coping techniques on how to cope with different voices and most of them work um both for all of – like well for all of us you know they’re all – obviously different things work for different people but between people with schizophrenia and between um DIDers um the techniques are quite valid for all of us to try um I found that listening to my voices is more beneficial than ignoring them um

Keith: In what way?

Shirley: Um trying to acknowledge them=listen to what they say and trying to um incorporate what they say and what I do um seems to cause less upset and less furore and (She starts laughing) less confusion um than if I just try and ignore them um it doesn't work out well uh tends to cause all sorts of trouble and strife in my head um whereas there are many people I know with the
Keith: When you're involved in conversation is that a – out-loud conversation or silent

Shirley: Both um obviously if I'm around people I'll tend to do a silent in my head but if I'm – at home just me and a dog I'll um talk out loud

Keith: Can um since we've been talking – are you all right (Shirley: Hmm-mm) has anything – inside are they |

Shirley: No they're all pretty quiet at the moment yeah |

Keith: um I remember after we talked last time and you had quite a severe reaction I think you were in your car (Shirley: Hmm-mm) afterwards you felt sort of very anxious um and then I think y-ouuu were quite ill uh I think I'm not too sure but you were – physically sounded very ill (Shirley: Yeah) and I think the voices were (Shirley: Yes) um playing up (Shirley: Yeah) on-on the night um did that-that-did that actually start you off to look at further support?

Shirley: Um I – it definitely headed – helped head me down the road because it was when – that was – I think s-s-s- the illness I'm talking about (.) I spent nearly two weeks I think being sick and I was quite ill physically but also mentally I was quite ill and I felt that there was a lot of pressure on me on the home front to be still upholding=you know make sure the kids get to school= making sure everything gets done and um so it was a big change in time=at that stage my hus-husband really didn't have a good grasp of what was going on and I really had to sit him down and say 'Look I need – times like that I need you to just to forget I exist basically (.) get on with life without me and obviously take care of me but don't depend on me for anything=I can't make decisions=I can't function effectively as you know an adult in this family at that-time um and since then he's – you know and I've tried to explain that to him more and more that there are times when I just can't be the one you depend on (.) I just don't have the strength and he's done a lot since then to really change things around and really um take the weight um a lot of the time=which has been good and when I'm having a bad day and I'm curled up with my big bunny um he knows then not to bother me about you know what's happening in the house=just to get it sorted and you know deal with me later so um I think that’s why I haven't had – I haven't been really sick since then um it is usually worse when I'm sick especially if I am really physically sick um which I haven't had since then=I’ve been quite well so I haven't had to deal with that but yeah definitely stressful situations will always make it worse um and physical illness definitely and I think that's something that I’ve noticed from the voice hearers’ group (.) it’s quite common across the broad – across the board is that when you're physically ill your mind gets worse as well um possibly partly because you can’t use your usual coping techniques um you know like you might not want to listen to loud music to help get rid of the voices when you’ve got a headache or you know you can't go for a walk when you feel like you're going to faint (She has a little laugh) and things like that so your usual coping techniques aren't available to you when you're physically ill so it makes it that much harder to deal with the-the voices as well

Keith: Um I think if I remember right you-you talked about the-the voices – some of the voices were beneficial (Shirley: Hmm-mm) um they were more
positive (Shirley: Hmm-mm) um is that the same voices positive or there’ve been new voices that are positive?

Shirley: Um | I think there–there’re still occasional negative

Keith: | Are there negative ones

83cont. Shirley: ones but not much |

Keith: | Less than before?

Shirley: Yes definitely less than before um I think because as I’m acknowledging um them acknowledging the whole s-setup and acknowledging the D.I.D. and coming to an understanding of why they’re there and what caused everything and what um what function they serve um it seems that they need that acknowledgement and when that acknowledgement happens they’re much happier and much calmer um and so they tend to talk to me more calmly um so yeah there’s a lot more that are probably much nicer um I don't get the "It's your fault that happened" all the time and you know "It's your fault" and that sort of |

Keith: | That's different

Shirley: constant berating all the time=that doesn't happen as much any more(.) there's still occasional times when I'm definitely get told off or um you know "You shouldn't have done that” that still happens but it's not you know almost constant=it's probably about 20% rather than 80% of the voices that I hear so it's definitely decreased a lot which has been good

Keith: You talked about the function they serve?

Shirley: Yeah well in the um the whole premise behind D.I.D. is that um as um the child is going through the trauma they’re unable to cope with obviously um they disassociate and get another part of them to take over and deal with the trauma um so that next time the trauma happens again that – the original child can disappear and let that alter take the pain or the shame or whatever’s happening and so ultimately they tend to carry that – that alter take – carries um that with them while the original child or whatever can go on living life as if nothing’s ever happened um and I guess that's ultimately how I’ve gotten to where I am today is because you know I have the alters that help me to just get through each day and to enjoy life and to raise my kids and laugh and have fun and live relatively normal life but underneath are alters that hold the trauma uh from the abuse and the – are broken and–and you know very damaged and if it wasn't for them then I would have to live with that constantly and while in the healing process I've got to basically acknowledge that and you know face it and that sort of thing(.) it's not something that day to day I do and so acknowledging that they’re there for a reason you know they might – those alters might get uptight and might want to be heard as well but acknowledging that they’re there – they’ve helped me through you know to survive what was really quite a horrific thing to have gone through um so yeah they’ve served a very important purpose in helping me to get right where I am today

Keith: They have names (Shirley: Hmm-mm) so does that mean – um because they’ve carried your pain for you – what kind of relationship do you then feel you have with them?

Shirley: That's an interesting question (She laughs out loud) um oh well we were talking about this the other day actually about |

Keith: | Who with?

91cont. Shirley: one of the support groups that I was going to (.) the trauma support group and also in the D.I.D. group um that when you’re doing the trauma therapy um and when alters carry particular memories and um particular
emotions particularly for what happened um it's very easy to be able to say “oh
well that happened to say Elizabeth my alter (.) she was abused (.) she was
forced to do this this and this” um but it's– it's keeps it at a distance (.) you’re
not having to face it=it didn't happen to me=it happened to one of my alters
and that makes it very easy to sort of distance yourself from and not have to
really connect with it happened to me and it's – so it's – keeps it somehow
distant (.) you can talk about it in the third person a lot more readily and you're
not having to actually say "I'm – I was abused=this happened to me"

um which |

Keith: | How do you talk about it in the third person?
Shirley: Um (She lets out a sigh) well just (She lets at a couple of sighs) I don't
know how explain it (.) it's like um…saying that you know "we were abused"
or you know even saying "I was abused" is a hard thing sometimes to say um
whereas you know “I have D.I.D. therefore” um keeping it at a distance I think
and-and not being – you know having to say "this happened to me" you know
I can look at what happened to Elizabeth and say you know "what she went
through was horrendous but that was her” (.) even though she's a part of me
and I made her to help s- make myself survive somehow she’s not me at the
same time and that keeps a safety distance I guess (.) so I guess – there’s sort
of – a kind of weird relationship (She starts laughing) I suppose (.) there’s
some of them are seen – some of them I see as my friends and others I seem –
I see as an annoyance um as I'm getting to know them better um sometimes I
depend on them a bit more um if I'm a bit in a situation where I might feel a bit
scared or a bit um unsure or unsafe um I might sort of say "look Michael can
you just come to the front a bit so that I know you're there" and sometimes you
know I’ll feel his presence at the front and um that just makes me feel better
because I'm a bit more confident when he's around and you know things like
that so it's very early days and I'm still learning a lot about them but from that
perspective it-it helps and getting to know when I'm having one of those times
when I feel like I just want to cry all the time knowing it's not me per se it’s
somebody inside is upset about something and if I can just sit down take some
time to you know listen to what's going on and try and hear what's happening it
can be a lot easier to help things go through so

Keith: Remember when you talked about that – were-were the feelings that
you didn’t know (unclear) the feelings came first or the voices came first
(Shirley: Hmm-mm) what happened for you= it was a very emotional
experience=did that – does that fit in with the D.I.D situation | – does that

Shirley: | Very much

Keith: make sense?

Shirley: Yeah very much it makes sense now um the – well you get a lot of
emotional overlap where you might be in – say you – what you feel is in your-
your normal person but you'll be picking up emotions from somebody else
inside um where they might be afraid or they might be angry and you'll be
picking up those emotions and feeling it within yourself but you've got no real
idea because you're still thinking ‘well I’m not angry now=I-I feel fine= I'm
happy= I'm having a good time’ but I'm picking up somebody else’s emotions
and I have no idea what that is um and that can be quite intense and sometimes
almost overwhelming um and now that I know that it's D.I.D=I know that
somebody else in my system is upset about something um it makes it a lot
easier because I know I can – okay there's something I need to deal with= I
need to – that’s coming up for a reason and they’re obviously upset for a
reason=I need to sort that out and you know have a chat to them or do what I
Keith: You talked about getting to know them better (Shirley: Hmm-mm) um can you say a little bit more about that?
Shirley: (She lets out a laugh) In what way – | how-how do you get to know them better and does that mean you get to know yourself better?
Keith: Definitely yeah um (She lets out a sigh) lots of different ways I get to know them better=journaling um is very helpful um talking to other people with D.I.D is also very helpful um because they often have insights into you know if I explain-I explained to one of my alters or one – yeah one of the alters I was experiencing to one of the other girls and she says "oh that sounds a bit like this” and I thought ‘I hadn’t thought of that’ and then when I went and looked back I thought ‘yeah actually that sounds right’ and it – because quite often they have a position that they hold or you know |
Keith: | Position?
Shirley: position like a protector or a gatekeeper to affect what goes in and out um and I have one who’s a watcher who watches everything that goes on and if I lose time um and for whatever time –amount of time blackout and get upset about that um my watcher will just in essence (She stumbles over the start of the word) replay a little video of what’s just happened to calm me down and say "look it’s fine (. ) you were there (. ) everything’s all right” you know um so there’s different sort of places that they hold and um one of – I think my watcher is the one that likes to make sure I present a front that is reaj-reasonably age-appropriate um so that I’m not running around like a five year old out in public um because |
Keith: | they’re very young most of them
Shirley: well a-a lot of them are yeah um and so you know part of her job is to make sure that I remain relatively (She smiles) age-appropriate um when I’m out in public and that you know I try to behave reasonably intelligently when I’m around the kids and things like that so they tend to have their own sort of roles and if you can um – like once I found that out I was able to talk to her and say “you know look can we arrange for when we’re at home perhaps just for the children to come out a little bit more um they feel confined=like they don't get any time to come out and express themselves” um and so it was – I was able to talk with her a little bit and so sort of say "look can we try this? Can we try that?” |
Keith: | What was the name of the one you were talking to?
Shirley: Vanessa um so | she’s the one that is the |
Keith: | She’s the
Shirley: watcher and likes to make sure everything goes smooth so yeah “Today I’m | Alice” and that book really affected you uh |
Keith: | Alice yes dramatically
Shirley: was very powerful and-and very difficult to read (Shirley: Mmm) in parts but your really being drawn to the book – that kind of makes sense now I suppose
Keith: Yeah definitely yeah yeah I haven't gone back and read it but it to me it’s just was such a core book um and the feeling I had when I read that was that for the first time in my life I had achieved something and it was such a deep core feeling um |
Keith: | How do you mean achieved?
Shirley: (She lets out a big sigh) I don't know how to ex— it – I don't know really know it was like – I – what I think it means is that everybody in the inside has been wanting so long for me to-to know they’re there— to acknowledge them—to sort of figure out what’s going on I suppose and when I read that book they sh— I guess it was them saying "look see (.) now you understand" and I think that and when I drew the picture of Olivia were the two times when I had that feeling of ‘now you’ve achieved something’ and I think means ‘now you’ve – taken time=you've acknowledged us (.) you're on the right track (.) you're heading down where you need to go’ um because I’ve you know raised several kids – couple of kids of my own= I've done a lot in my life so I’ve achieved plenty of things but I think it was – it's them trying to say to me you know "you've achieved acknowledgements of us=you're heading down the right path to understanding what's going on” and-and that sort of thing and I think I’ve spent a lot of my life in sort of a denial state which is pretty standard um and I think that now that you know I'm starting to head down that road it’s sort of becoming more and more um well harder to deal with but beneficial because it means that everybody who’s been suppressed and had to sit there quietly and wait can now come up and tell their story and you know we can sort of heal and get on and get it over with= get on with things

Keith: Just a couple more minutes |  Yeah that's fine

Shirley: (She lets out a big sigh) Um I don't know (.) my therapist says that it's going to take many years um therapy and she said the ultimate goal usually with D.I.D is to integrate everybody into one um but she said that it depends how um what – how – because each person's individual it depends how their – my system works um but she said that we may only be able to ever get me down to having one or two other alters so there may ultimately always be somebody else in my head and voices that I hear that may be in my life and it may be something that we can't ever um get down= I've just finished reading a book um by Robert Oxenham(?) called "Fractured mind" |

Keith: How do you spell that? (.) Robert?

Shirley: Robert Oxnam O-X-N-A-M or N-A-M Oxnam (Keith: Okay) one of those="Fractured mind" |

Keith: Okay (.) What do you like him?

Shirley: Um it was fascinating because it was writ— a) he didn't include much mention at all of the trauma he went through so it meant that I read it without being triggered and without getting upset and causing further damage which is always good and it was written from – he used to have= I think it was about thirteen alters? But he’d managed to integrate down to three and it was written from his-his alters actually wrote (She stumbles over her words) sep— different septers(?) of the book and each chapter would start with who was writing this section um which was fascinating to read how they viewed things and how his internal system worked and then at the end it was a section written by his psychiatrist or psychologist um and how he saw the journey um and you know he – Robert talks about you know the voices and-and how his system worked and that sort of thing and he could only ever get down to three (. integrate down but they had found a compatible wo— way to work as a system um that worked as – three of them working together um and that was sort of encouraging in that you know there is – even if I can't fully integrate
that I can at less (sic) (She breaks into a short laugh) here we go=it was a voice um (She breaks into laughter again) I just heard a voice saying to me "but you don't have D.I.D." which is a common voice (She says with a laugh) I hear as well um | I don't know= there's somebody in

Keith: | Who said that?

cont.Shirley: there who – apparently it's very common for most people with D.I.D. to go through at least some stage in their life when they doubt their diagnosis and there's often a stage – a voice in my head that says "but you don't have it" you know um I can put together all the pieces-puzzle pieces of you know what-what I've seen and experienced thus far that say that I do but it's this nagging thing that you don't actually have it=you're actually making it up or – and that's quite common and now that I'm obviously talking about it in that context this voice has jumped up and said "oh but you don't have D.I.D." (.) it's probably um – yeah I don't know (.) stemmed from having to pretend all these years that I'm normal (She lets out a big sigh) um once again Robert's book he talk about them=integrating and that was for me hopeful in that even if I can't integrate completely you know he's still functioning and he's actually was the head of the Asia Society um | Asia

Keith: | Which society?

cont.Shirley: Society= he was an expert on um Asia and China relations and that sort of thing and he-he worked with many – I think he's an American= he worked with many leaders= the President and all that sort of stuff so he was quite high up and very intelligent um and he still went on and functioned um working with three alters that he had=just as – he was – came up with the setting for them to work together so that was encouraging that you know that's still doable

Keith: Mmm good – I think – shall we stop there? | (unclear)

Shirley: | That's fine yeah
**Interview 3**

Participants: Shirley & Keith  
Place: One of the meeting rooms at MIFSA  
Date: Thursday 17th May 2012  
Time of interview: Around 2.30 pm  

Notes: We start off with a few minutes chat before starting the recording. We can hear a group singing together to the accompaniment of a flute and guitar. I ask how work’s going but Shirley tells me how she’s no longer working but is on a disability pension. She talks about the gardening she’s doing. She appears very pleased with this new arrangement.

1. Keith: Great Shirley to see you again—think it’s been October | I think we since we saw each other a few months
2. Shirley: | Oh is it? uh okay
3. definitely lots happened since then yeah
4. Keith: What can you tell me about (She lets out a big sigh) what’s been happening?
5. Shirley: Probably the biggest thing is not working (.) I think that has changed so much of how (She brings her left hand up to her head) my head interacts and how I'm able to um I c— because I’ve got more time and less stress I've got more time to interact with them and not have to just “well I’ve got to go=I can’t talk you know listen to you at the moment but you know I’ve got to get to work=got to get the kids from school”=that sort of stuff so it’s just transformed it and I’m finding that we’ve a got much more peaceful relationship now than we've ever had um you know they still get a bit antsy if I’ve – you know they’ve told me that they want me to do something and I forget um but it's not like it was before—I’m not getting constantly told off all the time so yeah makes it a lot easier.
6. Keith: Hmm- mm can you tell me a little bit more about these interactions? | What goes on?
7. Shirley: | Um well like today when I was leaving um because my voices are my alters so they’re separate little personalities um quite often how = what I wear in a day is determined by which alters are forward=like if-if I’ve got um more male alters forward they won't want to wear the pink and purple pretty girl things = they’ll want to wear well dark colours or whatever and when I went to get dressed today I’m sort of going “okay what do we want to wear today?=do you want to go with pink and purple or do we want more of a boy thing?” and their response was “Nup it’s okay to wear the pink and purple as long as you wear –”=I’ve got some black wristbands that I wear=“as long as you wear one of those” and I’d gotten dressed and s- had on my stuff=was heading out the front door and they said to me “You – it’s not you know you-you’ve forgotten something=you can’t go yet” and I’m thinking ‘why do I feel I’ve forgotten something?=what haven’t I got?’ and they said “You haven’t put a band on” and I had to go back in=grab my own little black band and stick=I said “Is this one okay?” and stuck it on=“Yep that’s fine” and then I walked out the door and everything was fine so – it’s those sorts of little interactions that if I hadn’t done it it – they would’ve been quite angry and quite um I suppose they would’ve given me a bit of a hard time about it um whereas having done it they’re happy=it’s
peaceful and I get on with my day
Keith: With the band had you said to them you were going to put one on?
Shirley: I – they said I could wear whatever colours=I could wear the pink and
the purple today as long as I in some way acknowledged the male-the males of
the system and put the black band on and I said “okay that’s fine=I’m happy with
that” so that’s the sort of agreement we’d come to when you know I was getting
dressed so
Keith: And so do you ask them aloud?
Shirley: Uh if I’m at home alone yes um but if there’s other people around then no
um if I’m in my car then quite often I talk to them aloud
Keith: Mmm does this become uh is it in interfering with you or are you-you – I mean
like do you f- -- to have to go through that process or is it
something |
Shirley: Sometimes it is especially if I'm in a hurry or um and they want my
attention and I for whatever reason I can't give it to them then they can get
quite upset and uptight and it'll affect you know they'll be (She raises both
hands in front of her face) trying to pull – it’s almost like someone (Her left
hand shows one side of her brain being pulled) pulling my brain one way and
I'm trying (Her right hand shows her pulling her brain in the other direction) to
get–to another way=to focus on the kids or whatever um so (She moves
both hands alternately to the sides to show the tug-of-war that goes on in her
mind) it can be quite distracting with them you know being upset that – I know
there was one morning I woke up=I was just lying in bed and one of them was
wanting to talk to me um but I had to get up=I had to get my son to school and
I had to you know get on with my day that day and um I said “Look I can’t-I
can’t sit and listen to you you know I have to get up and go and have a shower
and get ready” and they were quite upset by that and you know I felt for hours
afterwards they–they were unsettled and it wasn’t you know they weren’t
happy with me and yeah it was quite – it wasn’t until probably about
lunchtime=I had quite a busy morning so it wasn't until about lunchtime that I
said “Look I can listen to you now” by then they were like “Oh I don’t want it
now=it’s too late” you know so they got a bit thingy (She breaks into giggling)
it’s a bit like a child really (She breaks into louder giggling) it’s sort of “I want
you to talk – listen to me now (.) talk to me now” (She keeps laughing)
Keith: How much is it like relationships with other people?
Shirley: Oh almost identical really and-and because – I mean (She raises her
left hand to her face) internally they consider themselves to be probably as
important if not more important (She gestures to the right with the other hand)
than the external world um so yeah and-and in some ways it’s in some ways
it’s harder (She raises her left hand next to her face again and moves it around
as she speaks) because you can’t always communicate as easily (She gestures
with both hands toward her head) internally um that you can externally but
yeah (She mimes the tug-of-war again) there’s a definite pull and a play and
there’s definitely times when I feel like I’m being pulled between the two
worlds(.) (She gestures with her left hand to the side) internal world and (She
gestures to the right with her other hand) external world and it’s you know
(She gestures with her right hand) this world – the outside world can’t wait=it
doesn’t understand(.) “give me ten minutes=I’ve got to deal (She gestures
with both hands toward her head) with what’s going on”=oh sometime= my
husband does if I say to him “look I’ve got to go (.) have some time in my
head” he will – you know that’s fine=he understands but you know the kids
don’t understand well they – you know they’re teenagers they want what they
want now (She laughs) and you know um you’ve got to go for an appointment (.) you’ve got to be there so yeah they can get a bit hard sometimes

Keith: Um when they’re feeling upset (Shirley: Hmm-mm) is it you … seeing them feeling upset or are you feeling the upset |

Shirley: I feel the upset myself (.) it actually affects how I feel on the day=I won’t feel um calm inside or peaceful um (She moves her right hand around the side of her head) I’ll be hearing more voices and (She moves both hands around in front of her head) rumblings back and forth (.) I tend to um disassociate more sort of become distanced from my – (She moves her right hand around the same side of her head) real life gets stuck in my head a bit more sort of because they want to (She uses her right hand to show that side of her head being pulled back) draw me back and get me (She moves her right hand towards her head to show herself being fixed back into her head) in their space a bit more so I have trouble um with things like um driving for example=if I’m too dissociated I can’t drive um so there’s things like that that are really in-in essence they’ll try and force you know time with them um some to a stronger degree than others so

Keith: Just say a bit more about what dissociated means

Shirley: Um dissociation is basically an um lack of connectedness to the world around you um basically it’s – everybody dissociates to a degree uh if anyone was – if you’ve ever driven to work and you get there and you think ‘I can’t remember getting here=I can’t remember’ – because your mind was off in a different place=that’s basic dissociation but for people like me we’ve sort of taken it to the extreme um where we get lost or sort of (Shirley cups her right hand and gestures towards the back of her head) token (taken?) off into our brain so far that we lose senses like I–I quit–quite often can’t smell (.) I often lose the sense of touch=I can’t feel things um (She gestures with her hand back up to the right side of her head) your sense–my sense of hearing will go=um vision regularly goes | um I– it’s like –

Keith: How do you mean?

Shirley: (She sighs) I don't know how to explain it um (She gestures with her hand to the left side of her head) when my vision goes it’s not like I can’t – it’s usually pretty quick=it doesn’t happen for long term um (She moves her left hand across her face a couple of times) but it’s like – when someone like puts a white sheet across my eyes and I can’t–can’t see for that time or it’s almost like (She raises both hands to her eyes) if my eyes=they don’t but it’s almost like my vision goes from looking external world (She flips her hands back towards her head) to internal world and um it just – it’s like a switch that happens um and when like my–my sense of touch was gone for a long time (.) it wasn’t too bad in my fingers but I found like I was like snuggling into my husband one night and I had my cheek on his shirt or his jumper and I couldn't feel the texture of his jumper=it was a woollen jumper so it was quite textured=I couldn’t feel it on my cheek=I actually had to rub up and down to get any sensation on my skin that it was actually there so it’s very common um feeling

Keith: And that’s after hearing voices?

Shirley: That can happen at any time um that I mean I-I live most of my life with at least some form of dissociation most of the time=like most of the time I don’t have a sense of smell because I’ve dissociated out of that um that’s my first sense to go um and depending on what my voices are doing or what you know what’s happening inside sometimes I can just (She tilts her head back to the right slightly) go off into another world-world very easily
Keith: Mmm is it a world you want to stay in?

Shirley: Sometimes (.) I mean it—it's used as a um protective mechanism um when you know as a child you're going through the abuse and trauma and stuff like that you dissociate to get away from what you're going through and you go off into your mind into a different place um so ultimately if life isn't what I want it to be at the moment um it's very um I've trained myself so well over all these years to just take myself to a different place in my head um so ultimately if life isn't what I want it to be at the moment um it's very um I've trained myself so well over all these years to just take myself to a different place in my head um so if you know life now is tough or tricky=I'm in a situation I don't want to be in=it's very easy to just go off in my mind and you know be somewhere else (She laughs a little) um but yeah it's not quite usually as highly developed as people with D.I.D have it

Keith: When you're feeling happy like we talked earlier about gardening (Shirley: Hmm-mm) are they with you then?

Shirley: All the time all the time (.) there's no a day that would go by when I don't hear them even if I have – very rarely I get a day when it’s – I don’t know (She raises her hands and turns them to each other) I feel almost like -like I'm in synch and everybody's happy and I don’t know whether it’s just the right alter doing the right thing at the right time but everything seems to feel about as normal as I feel most of the time and at some stage during that I'll turn around and go 'ooh that was a really normal type brain that sense' um but just that stopping and talking about it will usually (She circles the forefingers of both hands around the sides of her head) waken everybody up to start commenting on it so there’s-there’s not a day goes by when I don’t hear from them but it would be – is ridiculous I hear from them every day

Keith: And talking to me now (Shirley: Hmm-mm) are they talking?

Shirley: They're not at the moment but if I say too much or say the wrong thing um I'll know about it

Keith: Hmm-mm hmm-mm um they uh with your coping I mean you’re—you’re seeing a psychologist or a therapist?

Shirley: Hmm-mm I’m seeing a psychologist at the moment=I start seeing – I've got a first appointment with a psychiatrist in a month

Keith: Right (.) can you talk a little bit more what led you to do this?

Shirley: To see the psychia- (Keith: Mmm) psychologist (Keith: Uh) or the psychiatrist | um I started seeing a psychologist uh just over a year

Keith: |Yeah both

Shirley: Um because I knew that my voices were different from most the other people in Talk-Talking Heads um and the only – and I really doing well with her but because uh the government will only pay for a certain number of visits to a psychologist I can't really afford to see her all the time um but of course-of course I'm on the pension so it's expensive um whereas a psychiatrist is classified as a doctor and they – Medicare will pay for every visit indefinitely so basically I'm sort of forced for financial reasons to sort of seek out a psychiatrist and go and see them so that I can afford the visits all the time and then just occasionally go and see my psychologist um

Keith: How's that going to be different?

Shirley: Um I think – how – well how they deal with it may be I don't know I mean my psychologist is very – they talk a lot and-and you know have their own little theories I suppose they use (.) I've never seen a psychiatrist before so I don't know what it's going to be like um but you know there's a lot of rumours about what they’re like and how they deal with things and stuff like that so I'm a bit nervous about it all

Keith: Do the voices say anything about it?
Shirley: Not at the moment but as we get closer to they’ll be a bit more um starting to get on edge and you know reacting a bit and I get a few more emotions and things coming through so but I’m going to talk to my psychologist about – we’re going to sit down and have a chat about it before I go to sort of help ease me in a bit.

Keith: Can you tell me anything about when you’re with you psychologist and-and what they say uh (I let out a sigh) a-a-anything about what yeah can you just tell me what they talk to you about? | Or ask you about?

Shirley: Um uh basically usually it starts with me telling her onything (sic) that’s happened during the week that’s significant =whether I’ve met a new alter or um situations arisen like I’ve had flashbacks or um something like that and we’ll discuss um what those are about um I mean sometimes we just talk about things that most normal people would discuss with their psychologist like how to deal with their children um you know teenagers and how difficult they are um but other times we’re going to talking about you know different alters and how they’re reacting and-and she can tell a lot of the time when I’m switching between alters and she’ll or when they’re starting to talk to me in my head she can tell and um she’ll say uh “it’s – hang on=stay with me=don’t go anywhere” and then she’ll say um “what you know what’s going on? What are they saying?” and uh so I’ll tell her what they’re saying and then we'll look into why they’re saying that or feeling that or whatever

Keith: Mmm can you tell me some of the things you remember telling her about what your voices were saying?

Shirley: Um well because mostly it revolves around the abuse that I went through um and so it can be memories that have come up and I'll be telling her about things like that and you know she might say “oh that could be caused by something else” and um you know a voice will pop in and say “It’s not because of something else=it’s because of this” um that happened just the other day um so you know that’s quite often what happens um it's a lot about memories and how we’re feeling about things=I had um a few medical procedures in the last year and I have some alters who are very scared about medical procedures so we often have to talk about how they felt and um you know what comforting things to help comfort them when I was going through it and-and afterwards as well um

Keith: Can you tell me a bit more about how you comforted them?

Shirley: Um just trying to think um just I mean it could be – mostly I mean because mostly it revolves around the abuse that I went through um and so it can be memories that have come up and I’ll be telling her about things like that and you know she might say “oh that could be caused by something else” and um you know a voice will pop in and say “It’s not because of something else=it’s because of this” um that happened just the other day um so you know that’s quite often what happens um it's a lot about memories and how we’re feeling about things=I had um a few medical procedures in the last year and I have some alters who are very scared about medical procedures so we often have to talk about how they felt and um you know what comforting things to help comfort them when I was going through it and-and afterwards as well um

Keith: Is that the rabbit?

Shirley: Oh I've got a few now (She starts laughing)

Keith: Maybe talk about the Little Scared One but I didn’t know Baby=Is that |?

Shirley: No Baby’s different to the Little Scared One um so um yeah uh you know my husband now knows so we try and work around you know if the scared one’s that going to come or Ba-Baby
Shirley: He knows of – that um that I have my different alters and he knows a bit about some of them um so I can just say to him “Look=like Baby’s scared” and he can you know help me make sure I’ve got my teddy bear and he’s stayed with me longer and things like that um just to sort of help out and things like that and little things like after-after the procedure you know she=she was still hanging around and she was still very scared and upset so it meant for me uh taking time to um you know comfort her=like I kept waking up in the middle of the night (.) I actually (She breaks into a smile) woke up one=– this is really weird=I woke up in the middle of the night=it was the night after the s- procedure because I came home=was=was only day surgery um I woke up in the middle of the night and my mouth was making a really funny action that I hadn't seen=hadn't felt before=it wasn't something I normally do and my tongue was sort of pushing on the roof of my mouth and I thought ‘what=what is this sensation=– this is bizarre’ and it took me like I wake up every few hour – an average hour or so and I kept thinking ‘I don’t know – what=what is this weird mouth thing’ until it dawned on me that it was a sucking motion that babies use when they’re having a bottle or something and it dawned on me that Baby was still hanging around and that she was obviously still quite upset and that she needed comforting uh well I hadn’t got a bottle=I can’t feed her um but I had some crackers by the end of my bed that I could eat that I didn't make me feel sick so I gave – had a few crackers and had a bit of a drink and got – wouldn’t=– she let me go to sleep and she then she’d wake me up a few hours later and again same sucking motion and um so again I gave – had some more crackers and had a drink and um and that went on for several hours during the night=would wake up (.) after a while she must have learnt that she wasn’t going to get a bottle because she would wake up and I’d start doing like this (She clenches her teeth together)=like clunching (sic) on the crackers and I’d get the crackers=– have some crackers and a bit of a drink and she’d go back to sleep and um at that – I was also you know having to get my teddy bear and=and cuddle that and just – woke-woke my husband up at one stage and said “Look Baby needs cuddles” so he rolled over and cuddled me and um yeah by that – at the time we got through to morning she was gone=– she was comforted so yeah

Keith: Is it like you take on – you take them on like your husband cuddled you to get to the Baby | ?

Shirley: | Yes yes yeah

Keith: You feel really identified with them or very close | ?

Shirley: | I feel like she=I feel like she’s=– she’s me like I=I feel her=– I feel her emotions=– I mean it’s hard because she’s not very old um there’s no words (.) it's very base level communication=– she can’t talk=– she can't even understand most emotions or anything like that so it’s a bit like you know the sucking response was all I was getting um whereas others would be able to give me words or more complex emotions she can only give me the really base things but it’s you know – if you can – if I can get my head in the right spot and think about what a baby needs it=– it seems quite reasonable=– quite logical and I can just feel like=– like I said the=– the sucking reflex is not something I can – I can’t even make myself do it now (.) it’s one – it’s a really weird sensation but yeah it was what she need=– what she needed and I had um – I make dolls um to sell baby dolls and I had a dummy that I used um for them and um so I went – got up at one stage and got the dummy and put it in=– I thought ‘Maybe that would help
soothe her’ and it did= she would go to sleep without having had the food she
would go to sleep with the dummy in and um you know felt more comfort-
comfortable with that and for a night or two afterwards I'd stick the dummy in
for a little while and she would calm down and I'd go to sleep and then once
she obviously felt comforted enough she didn't come to the surface anymore
and it was fine and you know I don't need the dummy again um so yeah it was just
a way of soothing her

53 Keith: Mmm you spoke last time about a number of of alters I-I-I remember the-the
Calm One (Shirley nods) I think it was one and uh Olivia (Shirley: Hmm-mm) the
Quiet One= is it David? (Shirley says ‘Mmm’ uncertainly) Daniel? Oh can’t read
my writing |

54 Denial sorry

Shirley: | Don’t know |

55 Keith: Okay and then there was Anthony yeah (Shirley: Yep) just tell
me um so |

56 Shirley: | There's probably heaps more (She smiles) than that now um the
Calm One I now know is called Earth Mother and she’s very um into you
know like yoga and aligning your qi and all that sort of stuff and she’s the
one who always makes me feel calm and relaxed um there's probably over
twenty of them now um I’ve spent a bit of time just listening and they talk to
me and show me things and come forward when they’re ready um (She lets out a
big sigh) so yeah it's quite a- quite a group

57 Keith: Mmm and having this such a big effect in-in your life um is something
you – is developed= they’ve grown in themselves personalities
is that |

58 Shirley: | I think they’ve uh it's hard to know whether they’ve grown and
developed or whether I’ve just got a better understanding of them um you
know up until a few years ago I had no idea what was even going on in my
head so I really couldn't understand it=I couldn't get hold of it and I couldn't if
I felt something I thought all the emotions all the you know the things that I
felt were all you know me as a singular person whereas now I know that that's
not true um it’s a totally different world so I think it's changed how I see them
and understand them and-and I can – it’s – and I’m still trying to get to know
who each individual is um you know quite often I'll hear a voice and I have no
idea who's talking to me um so I can’t always um you know say “Oh that was
such and such” and you know there's a few I’ve got because they um they give
a-a sense of a feeling of how they um how they feel or how they um how to
explain it? Um like if you were in a good mood uh you would feel
happy=your-your body would feel a particular way well some alters that's how
they feel when they’re forward and when they’re gone you don't have that
same feeling of happiness or elation or whatever and so some of them I-I know
that’s them because I feel this particular way=that's them forward and you know
they’re taking control at the moment and others I have no idea they’re like – I still
get a lot of you know random voices and I have no idea who's talking to me and I
just have to sort of go along

59 (She smiles bravely) | as best we can

60 Keith: | Do you still write down |

61 Shirley: | Um I haven’t done a lot

62 lately um partly because it hasn't – if something big happens um I'll write stuff
down and I still get a lot of um like handwriting changes as different alters take
over um but generally day-to-day I don't because I'm finding that now
that I'm not working I've got a bit more time um (She gestures with her hand
several times to the left side of her head as she speaks) I'm hearing what
they're saying a lot more clearly and I can stop and listen a bit better and um
yeah my mind's not switching quite as quickly back and forth like when it's
not three or three or four people having a conversation I can follow it a bit
more easily than I used to be able to

Keith: So you mean like the writing that helps slow it down and | ?

Shirley: |

writing was really the only avenue I had um before because my mind had to go
so fast because there was so much I was dealing with the voice was was al-
(She stumbles over the words) the voices would also be going reasonably fast
and there could be like two or three talking to me at the same time and it
would be hard to you know take the time to sit and think ‘Okay what was just
said=okay someone said this=okay someone said that=okay I need to
on this’ because I was constantly on the go I'd you know trying to do too
many things whereas now it's like they've slowed down because I've slowed
down=they don't have to rush and talk to me=if they say something I can stop
for a minute and say "Okay what was that that you said to me? (= okay I need
to deal with this or I need to) whatever so it's just yeah changed how quickly
like my mind goes um and how I can process the thought process=because
there’s still times when someone will say something and then somebody else
will say something else and because I concentrated on the-the first thing I'll
miss the last thing and then they’ll get uptight because I didn't do what they
said but (She starts laughing) I can't do two things at once so yeah that it all
can happen like in the wink of an eye=it’s really quite a quick process

Keith: Like I could imagine someone saying “God don't you want to get away
from that | (unclear)"

Shirley: |

(She breaks into laughter) Definitely (She continues giggling) every
so often I have days and I just say to my husband "Right had enough=I don't
want to do this any more (=) I'm not going to be the D.I.D today and that's it (=)
I'm not listening to anybody (She keeps laughing) (=) I've just had enough” um
and he says "Okay we’ll have that day”=because he's got kidney disease so
he'll quite often say “Okay I don't have kidney disease today either we’ll just a
day when we're both well and everything’s fine” um so but I mean that just
saying that doesn’t (She starts laughing) necessarily mean they're not going to
talk to me it just yeah it does get – some days it’s hard and it’s very frustratin
um and there are days I think even inside where I quite often hear them saying
“I've had enough=I don’t want to do this anymore” um | (She

Keith: |

Who’s they?

Shirley: head) gestures with her left hand to the side of her

the voices yeah |

What they mean by that?

Shirley: I think they get tired of – sometimes
it's referring to like if I've spent too much time at home they want to go out
and do something they can say it but I think other times it's also they get tired
of the fight of trying to get through to me and trying to get their own position
and-and everything like that they get tired of that as well um so yeah generally
there is at least once a week I'll be thinking ‘I’ve had enough=I don’t want to
do this anymore (=) this is you know too hard” um but I've got a much better
support system around me now which is – makes it so much easier and I know
quite a few other people now who have D.I.D as well um which is awesome um |

| How did you meet them? |
| Shirley: Um one of the girls here who I met through the Talking Heads group |
| Georgie yep she started the Connections group |

| Is that Georgie? |
| Keith: | Can you tell me? |

70cont.Shirley: which is for dis- – people with dissociation and several people there who have D.I.D so and it’s transformed how I feel um |

| Can you tell me? |
| Shirley: just oh just because there are a) there are people who understand me um who understand when sometimes I say "we" instead of "I" who understand what it's like to-to be in the middle of something and to have someone come in – almost like reach (She extends her left arm out and then lowers it) into your brain and take thought process you were in the middle of and just (She extends her left arm again and mimes someone grasping something and pulling it out) pull it out and there's no way in hell you can get it back (.) it’s just – it’s more than just 'I’ve forgot what I was saying' it’s-it’s (She makes the grasping and pulling gesture again with her left hand) taken right out and you haven't got a hope in hell of ever remembering that um |

| That's what like one of the alters | (unclear)? |

70cont.Shirley: yeah when the alters they-they don’t want you to say something they will quite often say “No I don't want you to say that” and just (She makes the same grasping and pulling gesture with her left hand) take the thought processes out and you'll be left with 'I have no idea what I was about to say=it’s totally gone' um so people who can-can really understand – and when you’re having the bad days and you can say to them “Look I'm just not coping (.) I've had enough” and they can just say “I know where you’re at=it’s okay (.) it’s just –” and because we meet every week so it’s regular and it's just a different realm I think from you know we’re-we’re starting to get into social activities and stuff like that um but I feel closer to them than I do sometimes to even my own husband because he can't understand what’s going on in my head yet these people can you know they-they-they know what it's like to have someone constantly jib-jabbering in your brain=I mean not all of them hear voices but um even those that don't still understand what it's like to have someone take over your body or to-to lose time or you know only the (She closes her eyes and puts on a brave smile then laughs) millions of things that go on in our minds |

| That's what like one of the alters |
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70cont.Shirley: | yeah when the alters they-they don’t want you to say something they will quite often say “No I don't want you to say that” and just (She makes the same grasping and pulling gesture with her left hand) take the thought processes out and you'll be left with 'I have no idea what I was about to say=it’s totally gone' um so people who can-can really understand – and when you’re having the bad days and you can say to them “Look I'm just not coping (.) I've had enough” and they can just say “I know where you’re at=it’s okay (.) it’s just –” and because we meet every week so it’s regular and it's just a different realm I think from you know we’re-we’re starting to get into social activities and stuff like that um but I feel closer to them than I do sometimes to even my own husband because he can't understand what’s going on in my head yet these people can you know they-they-they know what it's like to have someone constantly jib-jabbering in your brain=I mean not all of them hear voices but um even those that don't still understand what it's like to have someone take over your body or to-to lose time or you know only the (She closes her eyes and puts on a brave smile then laughs) millions of things that go on in our minds |

| That’s what like one of the alters |
| Keith: | That’s what like one of |

74 Keith: And I-like today you were with the Talking Heads group (Shirley: Hmm mm) you don’t go with them so often? |

| you don’t go with them so often? |
| Shirley: No I found (She lets out a sigh) with Connections on Friday and Talking Heads on Thursday it was just taking up too much of my week um and getting too much and I found that I was connecting better with the Connections group because it was more specialised in what I was doing so I just decided that I’d go Connections every week and you know every so often I come down on Thursdays and catch up with the Talking Heads people so some of them I’m friends with on Facebook so that’s all |

| If-if I remember rightly you-you say your-your two sons know about this but not your stepson | That’s right |

76 Keith: Okay (Shirley: Yeah) right um now … if-if I remember rightly you-you say your-your two sons know about this but not your stepson |

| That’s right |
| Shirley: | That’s right |

76cont.Keith: Is that still the case?
Shirley: That’s still the case yes yeah although we don’t hide anything—at the moment I’ve only got two boys at home now—we’ve gotten down from—I think we had f—we’ve got five sons my husband and I and we’re down to only two at home because the two youngest ones are at home at the moment |

Keith: | That’s you-your stepson?

Shirley: No (.) one’s mine and one’s my stepson (She starts laughing) um and although we don’t—we’ll quite often talk about my condition when Jason my stepson is around um being sixteen and teenage boy they’re very self-absorbed so but he doesn’t really take in anything of what we’re saying but I’ve never like not told him=it's just he’s never really asked because he's too interested in his own life really(.) my youngest son is very supportive and asks lots of questions and wants to know all sort of things and my eighteen-year-old son who lives with his dad (She takes in a big breath) is—doesn’t want to know just doesn’t—I think he’s sort of just “Okay mum’s got something” and pushed it to the back and really isn't interested in knowing any more of that but again I think part of that is teenage boy=he’s eighteen=he’s out you know living his life=he’s doing year 12 at the moment so you know ‘I’m just focusing on school and work’ and that sort of thing so

Keith: And you said uh what was the name of your youngest boy?

Shirley: Youngest is | Josh yeah

Keith: | Josh yeah now he actually came along to an information night (Shirley: Yes) I remember that because he wanted to (Shirley: Mmm)—and he’s more interested | ?

Shirley: | Very much so=he’ll often ask me questions (.) he-he will noticed (sic) when I’ve switched between alters before my husband will um he copes with it better than my husband does um my husband has to freak out (She laughs) a bit but Josh's very you know ‘like okay this is mum’ and now he you know he looks back and he says “Oh I used to think you were trying to be cute when the younger alters would come out” he says “but now I know it's the alters coming out” |

Keith: | When you say trying to be cute |

Shirley: | Oh because I would act like – I would act younger and he'd say "Oh I used to think you were just trying to be cute with me and-and play with me" or whatever=but he says "now I know that um you know it's the younger alters that are coming out” and they-they used to get very excited because I had um Josh one week on one week off with my ex-husband when Josh would come home all my younger ones would get very excited that he was home and (Her voice goes up) “Oh Josh’s home=Josh’s home” um he got himself—he’s been in a bit of trouble lately=got himself in trouble with the police um so that doesn't happen now=he comes home and the younger ones don't get excited (.) they don’t—it’s like “Josh’s home=Josh’s home” they just—they stay hidden I don't really know why (She breaks into laughter) um just I noticed that since the police incident happened they’re not you know like “Oh Josh’s here=yay” or anything like that=it’s all gone now so it’s—it’s a bit strange but | And you’ve not wanted it to raise the issue |

Keith: | I’ve mentioned it to him um |

Keith: What your voices I was wondering (unclear) |

Shirley: | With them? I um I hadn’t really thought to ask them really (She starts giggling) I just—because I don't-don’t
always get an answer to the questions (She nearly breaks into laughter again)

I ask so ]

Keith: | What kind of questions do you ask?

Shirley: (She lets out a big sigh) Uh well like today what-what I'm going to
wear um I don’t know-I don’t know that I would ask a lot of-of activity
questions like you know “Shall we do this?” or um you know (She lets out a
small sigh) what-what what we want to eat is often a big one because I have
trouble with food=eating particular foods um so that's a big one and often
"What" you know "what are we going to do?" "Do you want to do this? Do
you want to do that?” so that tends to be most of my questions-I don’t – I’ll
ask um sometimes I’ll put in a broad open question of you know like "I want
to get to know everybody better so if you can introduce yourselves" and things
like that um but that doesn't often get – that won’t get an instant response=that’s
something that maybe a week before somebody will get back
to me and-and introduce themselves and things like that |

Not a good conversation

start

Keith: | Sounds a lot like to me you working a lot of this out on your own

Shirley: Mmm mmm I was seeing my psychologist every week to talk through
a lot of stuff and that was good when I had a lot of the um trauma recovery
that I had to deal with and-and the trauma from the abuse um but I found
lately because I’m not dealing so much with that that I’ve gone back to once
every fortnight with her and – (She pauses as if something’s interrupted her
train of thought) hang on a minute I’ll just switch around (unclear) lost a bit of
track of where I was going um I’m only-I’m only seeing her once a fortnight
that I'm getting a bit more time to myself to just (She makes circular motions
with her left hand towards her head) interact with my head and to interact with
what everybody's saying and I'm finding that I tend to-to just every fortnight
report back to her “Oh this is what someone you know this person showed up
and introduced themselves um I discussed with my alters and we came up with
this” or you know that sort of thing um so yeah it's-it’s been-it’s been good to
have that time away from her which is not constantly-we’re not constantly
trying to deal with things so I that (She makes a circular motion with both
hands towards her head) I can just get to know what's going on in my own
head

Keith: Mmm mmm and talking with other people from the um Connections group
about how they cope (Shirley: Hmm mmm) practical (Shirley: Mmm) well support
and-and help

Shirley: Yeah definitely yeah

Keith: Did you say that your-your-your youngest Josh did he-he – do you
remember he heard |
Shirley: He had heard v-voices several years ago yep we've since
found out that um because there was a lot of – his behaviour changed about
that time and he started to get very dark and emo-ish and did all that emo goth
thing um and it was – it took years before we found out what happened and
apparently he’d had – one of the neighbourhood kids had had a – I don't know
how to explain it=obviously it was traumatic for Josh because he'd gotten
voices and he was – yeah they changed his behaviour so much but they’d had
this little – neighbourhood kid had this sex thing with him at ten and that was
about the time that Josh started to hear the voices um so yeah he hasn't had
them since=I keep you know saying to him every so often you know “Let me
know if they come back” and that sort of thing but yeah he hasn’t had them since
but just for a little while he said he had them
Keith: Do you remember what type of voices they were?
Shirley: He just said that he felt like everybody in his-
just talking like heaps and heaps of people just talking and talking and talking um
all at once and he couldn't (She raises both hands to her head with fingers extended)
cope with it=it was just overwhelming….  
Keith: Um one thing I thinking of if-
we've spoken together three times now (Shirley: Hmm mmm) and um uh it
would be good if uh we could talk together with a family member (Shirley:
Hmm mmm) and perhaps with a professional person like the psychologist
(accidentally knocks against the video microphone and says “Sorry” with a
laugh) (unclear) all right I have-with other participants as well=the
problem often is more trying to get hold of their professional (Shirley: Mmm)
person than anyone else but if there was a family member that you felt um we
could sit together and you felt it wasn’t um you know intrusive or-or but you
know – just think about that (Shirley: Okay) um be-because the the uh talk
about how in-in your home how it is like for your husband (Shirley: Hmm mmm)
have to make a lot of changes (Shirley: Mmm yeah)
adjustments and | giving you space is that right?
Shirley: | Definitely definitely yeah I’ve got a
little sign that I put up on our bedroom door that lets you know="just don't come in
at the moment I need time alone” and um it’s probably from his perspective I
suppose very strange to have me sitting on the floor playing with toys and-and
that’s normal behaviour for me and um and things like that but he seems to just take
it in his stride
Keith: Mmm mmm and um ooh ah finish shortly because you’ve given me –
you’ve-you’ve spent (Shirley smiles widely and laughs silently) so much – I
don't want to tire you or the voices yeah thinking that (I break into laughter
and so does Shirley) you spend too much time with me and not with them
(Shirley laughs as she says “That’s okay”) but just thinking about where-
where you are now=where you’ve come and-and what lies ahead (.)
is there any | ?
Shirley: | I think most of the time now I feel more hopeful um because there’s
– I feel like there's a path now=there's you know somewhere to go=I know
when I first started talking to you I really had no idea what was happening and
I remember feeling so lost and overwhelmed by these voices that just seemed
to take over and it was just – you know I really felt lost whereas now you
know I mean I have bad days obviously but there’s still a path=I still know
that I can head down this road and I'll head towards some form of recovery (.)
I may never fully integrate all my alters so that there's nothing but at least I'll get a-a way of functioning=I'll get an understanding so that we can work together um and-and I learn-and I'm learning now to enjoy my life um and do the things that I want to do rather than just focusing on doing what I have to do um I'm a lot more frustrated with what I've lost if I'm not doing the things I want to do um than if I'm you know like if I'm forced to have to work and do jobs and all that sort of stuff=not getting any time for myself I get very frustrated about the fact that you know I am – I have got a-an illness of sorts and that you know the abuse that I went through caused this=it – I tend to get very frustrated whereas if I'm you know enjoying like the last two days in the garden and just=I don't-I don't care so much=it's just well I'm enjoying my life=this is good um it's not perfect but it's good

(Shirley: Mmm) of how to spend your time |
(Shirley: Mmm) of how to spend your time |
(Shirley: Mmm) of how to spend your time |
(Shirley: Mmm) of how to spend your time |
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(Shirley: Mmm) of how to spend your time |
Interview 4

Participants: Shirley, her husband Geoff & Keith
Place: One of the meeting rooms at MIFSA
Date: Thursday 21st June 2012
Time of interview: 4.00 pm

Notes: Shirley and Geoff are both dressed in warm-looking grey sweatshirt-type jackets with hoods. It’s a bleak and raining winter’s day outside. Shirley seems very relaxed and light-hearted but Geoff looks a bit uncomfortable. After Geoff has read and signed the information and consent form, we go into the meeting room and sit down. I ask Geoff to tell me a few personal details. He does a lot of travelling in his job, and enjoys sport although he can’t play it now like he used to.

Keith: So Geoff thank you very much for coming along with Shirley today um
I'd really like to ask you just to tell me anything you can about what you understand about what it’s been like for Shirley and how’s it been for you?
Geoff: (Shirley smiles at him. He turns to Shirley and speaks in a mock aside)
I think there’s going to be more questions than answers than this um
Shirley: (She laughs) You should be able to talk okay
Geoff: I know um it’s had its ups and downs like anything=it’s like you just – it’s learning to-to live and to adapt with somebody in the situation um knowing when – and obviously of-of late I have had a bit more education on it on knowing on what to do and not what to do and how – not to push too far and things like that so
Keith: Tell me what-is it that Shirley’s going through?
Geoff: Oh s’you mean well the official – what-she got diagnosed with?=which is the D.I.D. (.) which is the dis- (He smiles, leans back, and turns to Shirley) shut up (She breaks into a giggle. He digs his elbow into hers and has a laugh too) ah um I'm on a mental plan now because (He gestures to the video camera) tongue-twisted because I'm be-being recorded um (He rushes it out) Dissociative Identity Disorder |                shut up
Shirley: | Well done                (She giggles happily again)
Geoff: um yeah so I said and obviously I do – obviously I’ve been to a couple of education courses here (Keith: Okay) um so obviously and read-I read quite a bit – like basically read her blogs every time she puts one out and- and it gives me a fairly good insight – obviously not the full details but gives me an insight into what she’s going through some days (Keith: Yeah)
Shirley: It helps if I’ve had a grumpy day and he – you can-you can pick up that I’m grumpy and that something’s happening but he can't really pick up much more than that and if I write a blog post he’ll come to me later on and go “Oh that’s what was happening =oh okay thanks very much”=so that’s sort of how he picks a lot up stuff up through my blog (They turn and look at each other) yeah because he's still learning um to recognise things a bit (.) my younger son’s a bit um bit better at picking things up a bit better than he is so
Keith: So okay that like a name for what Shirley uh you know is um um managing in her life=but what does it mean on a daily basis like what kind of things happen
Geoff: Oh just (He lets out a sigh) I well I try not to treat you know differently altogether (.) I try and just try and treat every day normal for you know treat
every day(?) normal but obviously if I do notice that she’s – uh there-is something different obviously you’ve got to deal and adapt to the situation

Keith: Can you think of an example or | ?
Geoff: Um obviously if – well I’m getting-
I’m getting better at reading the signs that you know she doesn’t want to be-
she’ll just shut the door so don’t worry about going in and talking to her or
anything like that or she’ll tell me that “Not right now” or something like that
and doesn’t want to talk about it(.) obviously then you’re just reading the blog
later and then you’ve answered a lot of your questions um don’t know whether
I’m the best candidate for this bit now | oh it’s just one of

Shirley: Yeah just
Geoff: those things=it’s uh (He lets out a sigh) I don’t know you just getting to
learn to understand a little bit more and obviously |
Shirley: | What – oh okay what can
you think of things=any examples of me doing anything that you’ve had to deal
with
Geoff: Well only-the only one that I can remember that was the dealing – which I
didn’t deal with=which was the – you sitting on the floor colouring in which I
didn’t pick up (Shirley: Yeah) which Josh picked up not me
Keith: How do you mean you didn’t pick it up?
Geoff: Well I didn't pick up that there was a change um because she was
sitting on the floor colouring in which – maybe I was just – bypassed it and
just didn't think about it but – where her – where Shirley’s son picked it up and
went in and just asked what was – you know was there anything wrong and things
like that
Keith: Mmm now Shirley’s sort of talked to me over sort of several interviews
about um (I decide to throw it over to Shirley) oh you could tell Geoff what we've
talked about
Shirley: Mmm gosh (She laughs) it’s – that’s a hard question um (She lets out a
sigh) basically when I hear the voices=what they say () what they're like um
because I first saw Keith just before my diagnosis so I was-it's changed a lot as
I’ve gotten to um better understand what the voices are um so yeah that sort of
thing () when I hear them () what they say
Keith: So these voices – I mean-I mean Shirley’s told me about who they are – I
mean what do you know about them?
Geoff: Oh I know that there’s um fifteen plus different alters um obviously I don't
necessarily pick up the difference between them all um with what happens I can
pick up the occasional one that happens |
Keith: | Can you talk about one example that you
remember?
Geoff: Um (He lets out a sigh) well the only example I remember we were out
to dinner once and she was very you know Shirley was very happy=cheerful=not
her usual self= she was really – she was like a party girl so obviously that to me
was like somebody else was in control that day and just wanted to be the life and
the centre of everything and was happy to talk about everything and not a
problem=I picked up that there was something different that day so um and
other than that uh you know when we went-we went for a drive and went down
to a beach and she was sitting on the-on the ground picking up stones or playing
with shells it was=playing with shells so obviously just let her have her little
bit of time and you know to deal with you know deal with whatever it is that is
happening and whatever they want to be doing so and so it’s – some days it's like
obviously like dealing with a child=a child wants to do something=the child just
does it so

Keith: Mmm and I-I think Baby was one (Shirley: Mmm) we talked about there um

do you know anything about Baby?

Geoff: Not (not what she said?) not exactly so (Keith: Okay) I have got the

little – Shirley did write a list of her alters for me and-and a brief description

and things like that but obviously I’ve only read it the once=I haven’t reread

it

Keith: Okay and um does Shirley ever sort of tell you about what they say or can

you recall anything that she’s heard

Geoff: Um obviously she (He pauses and looks up at the ceiling thinking and

speaks quietly under his breath to himself) um

Keith: (To Shirley) Can you help to prod his memory?

Shirley: Yeah I can – I know that it was at times like – I remember once you

were tired and I went in to go into the kitchen to make dinner before you and

um I got in there and then had this argument in my head of what we could and

couldn’t eat and then (unclear) that "I can’t decide=we can’t agree on anything

so you’re going to have to cook dinner because I can't figure it out" (.do

remember that?

Geoff: Yeah

Shirley: Yeah |

Geoff: | I said it’s just one of those things I said I try not to – um my

personality just doesn’t you know remember – (unclear) to me now something's

got to be really obvious for me to go "oh yes I'll take note of that” because

obviously I'm just not – maybe it's just because things happen so subtly

sometimes that you don’t – that they just all fade into one (.) you don't really

you know pay attention to that which is probably not the right thing to do=

you’re supposed to pay attention but (Shirley laughs) if – like I said if I'm

not noticing it which is the way that obviously I'm trying to you know

obviously look at it=unless something’s really really obvious then you

know and obviously Shirley will tell me “No you should be handling this
differently” or should you know you shouldn’t you know should-you

should be noticing this and things like that so (. it's very difficult maybe I’m

just … not as attuned to – and obviously maybe I'm just getting used you

know way getting after five years used to things that-that happen and-and don't

focus on something |

Keith: | So it's been about five years is it you?

Shirley: | We’ve been

Geoff: | We’ve been together

for five years

Keith: Okay all right when-when was it that you – Shirley told you or you noticed

that – you said that things were different or there was a difference so

Geoff: The difference is obviously have been of late because I've been seeing

somebody-talking to somebody and asking questions and things like that so it’s

been a bit of an education process in the last mmm three four months now

Keith: (Shirley starts to speak at the same time) Is there anything you can

say=sorry

Shirley: I was just going to say he's been seeing my therapist so that they can sort

of – he can get a better understanding of how to handle me at times and-and-and

how to-how to handle situations

Keith: Yeah is there anything you can say that might be learned that was really

helpful?

Geoff: Oh yeah (He stumbles over his words) she obviously told-talked about a few
grounding techniques and things like that and |  
For you or?

40cont.Geo: for-for me to give to Shirley (Keith: Okay) so if depending on what’s ch -- you know something’s changed or depending on the severity of it and how-how to deal with that and obviously her uh you know and obviously I know what her um calming device is which is the-the little fluffy toy that’s uh that’s in her handbag and things like that and obviously what’s at home you know I-I’ll know that tonight well you know today she obviously had a nap today and she-and she slept with a rabbit so obviously you know that somebody wants to sleep with a rabbit=there’s (Geo puts his hand over his mouth) the cow that's on – that’s hooked up on the bed you know that becomes into the bed or haven't had Ted for a while (Shirley shakes her head) um there's a little teddy as well so

Keith: And do they relate when – those different animals are they for different experiences you have or?

Shirley: Um no not really=the cow’s on the end of the bed and most nights he'll come in and I'll cuddle him – just a little sort of stuffed a cow um the bunny I find tends to be – because it’s very big tends to be like the little – really younger alters tend to like the big bunny um because I think it's more size proportionate to the body sort of thing so it feels like you know little child with a big bunny sort of thing um so I-I'm getting a rough you know guesstimation that you know that smaller the child the bigger the toy sort of thing but um yeah that’s what– I mean I can go for ages and not sleep with anything or cuddle anything and it just depends who's out and who needs it so...

Keith: Um… s-this – to make these adjustments would be you know qu- for someone else would think ‘gosh must be quite a-a change in your life' um do you ever find it you know very challenging or ?

Geo: No actually I’m not |

Shirley: (She comes in strongly) You do sometimes=lie lie like pants on fire=the other day is challenging

Geo: What – (He mimies quotation marks) “most times” I don't get flustered (Shirley starts laughing) I don't get flustered though (Shirley continues giggling) I’m not |

Shirley: Don’t get – no you don’t get flustered but you do find it challenging (She drops her head with laughter) when you like you know the other day when I have alters that just aren't interested (Geo: Ah) in spending time with you (Geo: Mmm) and that-that gets hard | because they

Geo: Yes you didn't have to – well I just have to deal with it (Shirley: Mmm) I can't change it so I just have to deal with it |

Shirley: Yeah but it’s still challenging=it's still hard to do=that'll go from you know one day a wife that wants to be around you and the next day a wife that says “Just leave me alone=I don't want you anywhere near me” I mean |

Geo: Just like being with my ex-wife

Shirley: (She laughs a little bit resignedly) Yeah I don't know what that's like (She starts giggling more wholeheartedly as she sees the joke)

Keith: Um as far as you can tell me – I mean when you’re talking together what you think is behind Shirley's experiences=I mean is there any way you sort of make sense of how you know she’s-he's going through all this

Geo: Do you mean – are you asking me why it’s happened or ? |
Keith: About yeah do you?

Geoff: Obviously I mean obviously she’s told me and I’ve read obviously through the – what she’s written about obviously and what happened obviously um she goes into some detail but obviously doesn’t go into great detail because I’m (He lets out a small sigh) you know not sure whether I want to know or just don’t want to know=I’m not sure on which way to handle that because obviously probably you know I should actually listen one day to the- the full details to understand it so to know what she went through but obviously I can’t change what happened=that's the only thing so whether it will be a good thing or a bad thing to bring up you know what happened again you know whether it's a-an out for her to be able to get it out f- to tell me what it w- – was like you know or just to you know just for me to get little bits and pieces as time goes on (Geoff turns round to look at Shirley. She smiles at him and pulls a sort of funny face. She then tucks her hands further down in her pockets and shrugs her shoulders) comment?

Shirley: No comment (They both smiled at each other mischievously) it would help if you knew at least (.) more details | and you had more understanding of it | I’ve got from what you've written |

Shirley: Yeah I know the last thing I wrote was really helpful (Geoff: Mmm) yeah Keith: And I’ve had – a couple of days ago I looked for the first time=you talked about your- your blog (Shirley: Hmm mmm) which um I see there’s-there’s quite – I mean it goes back – how-how long ? |

Shirley: Till March last year

Keith: That’s it (Shirley: Yeah) yes and you-you do a lot of postings? (She nods her head) um as well um how are you finding that=is that? |

Shirley: Um sometimes it’s hard=it depends a bit who’s out and who wants to write and or doesn’t write um but generally I'm finding it very helpful um just having an opportunity to get to express what I'm thinking and feeling and explain things=I know that um there’s a few people in my family that read it and it's helping them to learn about my condition um I also have a rather big following in Russia for reasons why I don’t know (She laughs) um so (She giggles brightly) that’s nice people around the world want to know what have to say

Keith: When you say a big following how do you know?

Shirley: Um there’s a – in-in the um back section that I can go into it says um how many people have been on the site=what uh posts they’ve read and where they come from in the world and in most weeks most of my readers will be in Russia um it sort of switches between Russia and Australia but mostly it’s Russia then Australia then America sort of thing so yeah it's quite interesting to think that people in somewhere like Russia – and Russia the Ukraine Latvia all these sorts of strange places that I wouldn't have thought but people are reading it repeatedly so |

Keith: And can they write comments back? (Shirley: Mmm) have you received any?

Shirley: No nothing yet

Keith: So (unclear) (Shirley: Mmm) um y-you were going to see a psychiatrist (Shirley: Mmm) for the first time? Is that | correct? Is there
Keith: anything about that you feel you could talk about?

Shirley: Um it was pretty good actually. I felt pretty comfortable with him which was nice. Um he asked a lot of questions... like got right into some deep stuff quite quickly so after the first visit I felt quite raw and exposed um so yeah hopefully because he's got a better understanding of D.I.D I'm hoping that you know he'll be able to give me a bit more direction and things so this was good.

Keith: And will you still see your psychiatrist?

Shirley: My aim is to probably see the psychiatrist a bit more frequently and see my psychologist about once a month. So sort of spread the cost out a bit.

Keith: | That's a good one=(To Shirley) what ? |

Shirley: Psychologist is um a – a psychiatrist has studied medicine and then – so they understand the physiology of the body and how it works and they can prescribe um medications and they've specialised in the brain whereas a psychologist is sort of – and a bit of a step up from a counsellor=they talk about behaviours and things like that=they actually haven’t studied medicine itself ... so a psychiatrist can-can give you you know prescribe anti-depressants and all that sort of stuff whereas a psychologist can’t=they just talk about it.

Geoff: Obviously and psychiatrists have better couches.

Keith: Now Shirley goes – you come to a couple of groups (Shirley: Hmm mmm) Talking Heads but Connections it’s been | did you know anything about

Shirley: Connections it’s been

Keith: From – what was it from?

Shirley: She masks it (Keith: Ah!)

Geoff: Yeah it’s been – obviously it’s just a – the Connections is a chance for the people with the D.I.D to come in and discuss things that happen or you – just life events and things like that and obviously they can share how they deal with situations so=obviously she talks quite regularly with Georgie and Georgie’s been to our um our house a few times and I've you know met Georgie and I said uh if I was to meet Georgie without knowing it I wouldn't think any different=she’s a very intelligent person so (.) I wouldn’t click that she was um and different to you know – masks it well from what I’ve seen

Keith: From – what was it from?

Shirley: She masks it (Keith: Ah!) | Mask it well yeah I may as well have said well=I said “I don't notice any difference”=I just see whether it’s just this particular person that's out when I actually meet her or whether that's the person that deals with all those situations which she deals with people or not but I – you know I've met Georgie three or four times and I've never noticed the difference in the person=maybe because I'm just not that finely in tune with little things that may
Shirley: But that’s the whole point of the disorder is that we present as one functioning (Geoff: Mmm) human being

Geoff: You know and obviously we’ve got um there’s – if they – there’s a couple of people coming up tomorrow night=we’re having pizzas so there’s from the Connections group coming up so gives me chance=I said and obviously I'll just get to meet a couple of the other ones that um I’ve never met before (.)

I said doesn’t make any difference obviously with um with them coming or anything like that just you know gives me a chance to meet people that Shirley’s interacting with so (.) obviously she talks quite highly of these people and obviously like I said gives her an outlet to be able to talk to-to people and people that actually have an understanding um a true understanding of what she goes through

Shirley: I think I was just going to say when I first told Geoff about the voice hearing and the um … D.I.D his response well was that um “well if it doesn't affect us then it's not a big deal” and I think that’s generally how his thinking is (She starts to laugh a little) ‘if it’s not affecting us then I don't worry about it=it’s not-not an issue’ (She giggles) you know it’s pretty low-key just if it’s not affecting us it’s – we won’t worry about it so

Geoff: I said things don’t faze me that much so (Shirley smiles contentedly and says Mmm)

Keith: And with your children th-th-that you have together because I know some children know others don’t |

Shirley: My sons know (.) his sons don’t but again only from – we haven't actually sat down and discussed it with them um but we’ve discussed it when they've been in the room=they’re just so self-absorbed because they're teenage boys that they haven't really um taken anything in um | that’s what my two do=my sons (unclear)

Geoff: Oh just when we’re having dinner or something like that or there may – something has been said about you know Shirley’s got group or Shirley’s | see-

Shirley: I wouldn’t say that we discuss it openly |

Geoff: I wouldn't say that but we don't hide it

Shirley: No but we still probably mildly encode things I think like I might say I have group um and he wouldn't think to ask what that is but um I don’t go in it saying you know “I-I switched five times today” or I you know or anything like that=wouldn’t say that sort of stuff in front of him (.) (Geoff say “Oh” as if he was being put right) I’ve got you know we discuss today that I go to group or my friend Georgie that I know from group or that sort of stuff=we discuss that sort of stuff but you know in front – the stuff I talk about with Josh I wouldn't talk about even in front of Jason like because Jason doesn't know I hear voices=Jason doesn’t know any of that | sort of thing

Geoff: Yeah I know that but I said I don't know whether that-whether that you know would – whether he would do anything different I have no idea whether he would |
Shirley: | I think if he was listening he would pick up that there was something wrong but because ninety percent of the time he’s not listening we can talk about in the kitchen while he’s sitting right next to us in the same room and he really isn't taking it in=he doesn’t you know | yeah exactly

Geoff: | He’s focused on his own thing

Shirley: so he’d probably notice if he was sitting there listening to us but he’s not most of the time so it’s okay

Keith: When you said meeting people from Connections do they also come with partners or have you met any partners of people in the Connections group or?

Geoff: Um on(ly)– well obviously I don’t know if there was anybody here when I come to a information session here whether there was partners=I can't remember but no I don’t think | no I don’t

Keith: | So you haven’t had the chance

Geoff: think I’ve met partners (Shirley: No) and I don't think there's partners coming tomorrow night anyway (Shirley: No) it’s just you know (.) I think there’s only two people coming anyway=two or three maybe |

Shirley: | Depends on health issues and how everybody’s acting on the day

Keith: And anything that you can tell me about – with your – the alters any recent experiences=I remember when we spoke last time you were talking about how when you were getting dressed and how they yeah more time and they had a bit of an input too into the clothes you were wearing=anything that’s happened recently that you can | (unclear)

Shirley: | Um mmm but it's all pretty much the same thing=I did a rough run down today because you'd asked me to write down you know what they’ve been saying to me um I’d totally forgotten all about doing that but I today I just did like um a day in the life of a voice hearer I suppose so I've just written down um you know when they’ve said stuff=what they’ve said about certain things as I’ve gone through the day today=it’s probably a bit of a quieter day because I've been home most of the day but there’s still um you know conversations about what do I wear? Um there was-there's a lot of um um what did I call it? Practice conversations so

Keith: What are they?

Shirley: (She lets out a little laugh) Well that'll be like um like knowing that I'm coming here to- this afternoon “Well if Keith asks you this, how would you reply?” and so in essence having – and that—that's something that we do quite a bit throughout the day um other than that it’s just commenting on you know like my son was sick this morning=I had to take him to the doctor and I was sort of a bit “Oh do I take him?=Am I overreacting?” you – that whole and one of the voices just sort of said to me “Shirley you know you need to do it” and that was sort of “Okay that's fine” discussion over (She laughs) and off we went (.) so things like that and you know “What am I going to wear?” that sort of thing so

Keith: Do you think when – like Shirley talks about what the voices-they (unclear) say=I mean do you think there’s anything in those voices I mean they – I mean who – what are they? What what do you think?

Geoff: (Shirley smiles and looks at him fondly) Um I don’t know=I suppose it’s no different just to me to – for me to list from what I can say it’s just like your conscious talking (.) that's how I can relate to it because obviously there’s something happening you know (.) you can have the on(ly)? – you can have the internal conversation with yourself but you know it's yourself where obviously
Shirley’s got … um another alter or another you know a different person even though they’re not in body but obviously in the mind so (. ) I was going on a tangent then but | um that’s I said

Shirley: | No that was it

Shirley: (She starts cackling away happily) No wonder you don’t notice my switches (She giggles away uncontrollably and covers her face with her hands)

Geoff: (He turns to Shirley) lost it

Shirley: (She starts cackling away happily) No wonder you don’t notice my switches (She giggles away uncontrollably and covers her face with her hands)

Geoff: Um (She comes up for breath but bursts into a wheezy laugh that’s a delight to experience) anyway (She can’t stop giggling) that’s okay=(I’ve got enough) to make you laugh (She laughs again) um I don’t know (I just sit there)? No=I said | what

Shirley: | Do you-do you do you ever sit there and think "Oh my God the woman’s crazy=what have I done?"?

Geoff: No

Shirley: (She laughs and holds up her left thumb and forefinger pinched together to mean something tiny) For a split second was that a ‘yes’? (She continues giggling)

Geoff: No I said – I said it’s – for me it’s hard to describe because I don’t know=because I don’t – I’m a-a literal person you know it’s – you know that I’ll need to do it to understand it and obviously it’s not something I want to be able – in this situation it’s not something I want to understand because I don’t want to have it done to me to be able to understand it if that makes sense because it – yeah on a practical it’s– it’s yeah oh okay this is – you get seen – shown how it’s done or you see how it's done and then you can do it yourself where that’s something I can’t be taught obviously on how – unless you know you hear it from – now and it’s – and it’s something I’m never going to truly understand because obviously unless you’ve lived it=that’s the way I’m seeing it for me to understand it (. ) it’s like – it’s no different to I look at it=it’s like me playing football Shirley can visualise it but Shirley’s not going to play football |

Shirley: | But I can watch you play football |

Geoff: | Oh no you can watch but you can’t=unless you physically done the activity

Shirley: Yeah but I think it’s different because I can watch you play football and I can see you running and I can see you fall over and I can see you bumping into other guys and I can see you get punched and or whatever=I can see you hit the goal whereas you can’t see what’s going on in my head=you can’t – =you only see the external things like which would probably I see the equivalent of being because you getting off the field at the end of the day muddy and bruised and then you explaining to me what caused all the muddy and bruised whereas I can sit down watch you getting muddy and bruised whereas you can’t see the actual activity=I can only explain to you afterwards this is what happened (Geoff: Mmm) so I think it’s different from really watching you play football

Geoff: (He signals quotation marks with his fingers) Perhaps my analogy didn't work |

Shirley: | No that’s okay=no that was just fine=I just think it’s not the same=I think it’s different because you can’t understand what’s going on in my head=you can’t see in there | you can’t hear in there (. )

Geoff: | That’s correct

Shirley: you can only see the external outworkings when I’m mumbling to myself and you say “What?” and I say “I’m just talking to myself” (Geoff: Hmm mmm)
Keith: S-so you sometime-you sometimes see Shirley mumbling=talking to herself? | can ?
Geoff: | Yes oh she’ll just say something=she goes “Don’t worry about it=doesn’t matter” she’ll just yeah and she goes “It’s –” she’ll say to me “It’s internal” so just – you don’t worry about it because she’s not going to tell me anyway so it doesn’t make any difference whether – what it is so
Keith: Does Shirley ever talk aloud and it’s – do the alters – do you speak aloud what the alters say?
Shirley: Sometimes yeah but
Keith: All right=have you ever?
Geoff: Because unless it’s significant – because if – because I’m hear- – you know most of the time I'm hearing the same voice (Shirley: Mmm) um I won't pick up on the difference=I said … you know who knows – you know we could go through an hour of say five or six different alters coming out and whether I would notice especially in the voice pattern maybe in some of the actions I might notice a difference but maybe in voice I may not
Keith: Can you like- sort of like it can be quite rapid?
Geoff: Yes yeah you can see a couple of different things sometimes happen within five minutes
Keith: So as what-what kind of things?
Geoff: Oh as in different you know go from um what I (He signals quotation marks) “class” as um the (He signals quotation marks) “business person” there the person that just deals with most things to being um really childish to being really cranky and–and moody within five minutes you know s-s-somebody’s you know switched and things like that and just like she just changes that little bit and then you know and then whether something has changed=I said it’s you know whether somebody said something or whether she’s seen something or whether- whatever it may have been mmm
Shirley: (She gives him a big grin and then starts laughing) You’re not in trouble=it’s all good |
Keith: | No no
Shirley: (She starts giggling) No? (I start laughing too)
Keith: I'm struggling to talk=it's easy when people ask questions and I can answer questions | It’s how I find it more comfortable
Keith: (To Shirley) it must be also for you as well – it must be a bit difficult because you're the one who's lumped with it and trying to get (Shirley: Mmm) someone else to
Shirley: To understand yeah but then again I mean I presume a lot of what I go through everybody goes through and it's not till you know I'll say to him “Oh does this you know if you're thinking about somebody=something um and you're thinking along this path will somebody in your head interject with a thought?” and he's like um “no” (She laughs) "oh okay that’s me then (She starts giggling) it’s just how it happens for me” or you know little things like that I often um and because I have a lot of um you know like pressure and stress symptoms um things like having um a (She stumbles over the word) constant sense of impending doom um is something that I live with a lot and so I'll often check with him of you know “Do you often feel like something
good’s happening so something bad is about to happen?” And he’s like “No
not at all” (She laughs a little) and I thought ‘Okay cool’ and I’ll go later and
check with like Georgie or somebody else and they’ll say “Oh yeah that’s part
of the trauma response” and things like that so yeah

Keith: So checking with-with Geoff – can – any more examples of that?

Shirley: Um I’m just trying to think=can you remember any of the others that I’ve
asked you lately … about?

Geoff: No (you just have)? what=what I remember …

Shirley: I know there’s a few things=I’m trying to think=I can’t remember um … I
know (unclear) but I can’t quite remember what it was but yeah I often use him as
a-a checking point=“Do you do this?=Do you go through that?=Do you think of
this?”

Keith: What do you think it’s like for Shirley to-to go into what she’s going
(unclear) you know how close can you get to kind of understanding what it must be
like?

Geoff: I must admit I-I reckon it would be hugely difficult trying to function in
the normal world and because of the fact that you’ve got um alt- – several
people trying to tell you different things all the time and obviously and not
being able to get one focus on-on things it’s – where it's like ‘here I want to do
this=this is what I’m going to do’ where Shirley can start one thing and then
somebody else wants to do something else and somebody else wants to do
something else and somebody else wants to do something else and she can end
up with three or four things on the go and achieving nothing |

Shirley: | But what do you think it’s like now?

Geoff: I must admit I-I reckon it would be hugely difficult trying to function in
the normal world and because of the fact that you’ve got um alt- – several
people trying to tell you different things all the time and obviously and not
being able to get one focus on-on things it’s – where it's like ‘here I want to do
this=this is what I’m going to do’ where Shirley can start one thing and then
somebody else wants to do something else and somebody else wants to do
something else and somebody else wants to do something else and she can end
up with three or four things on the go and achieving nothing |

Shirley: | Mmm

sometimes I get frustrated because I can’t decide so I just you know it – and it
becomes an argument=it’s just too hard and I think okay I’ll go lie down and
just have a rest and see if that'll settle things and then I can spend all day really
just not doing much of anything because we can’t decide what to do

Keith: And when you say “we have an argument” I mean the | different

Shirley: | Voices

Keith: voices argue with you or do they argue with each other?

Shirley: No more with me sort of with each other sort of just yeah mixed up
sort of unsettled feeling or just – you know when you-you go to do something
and you’re really not in the mood to do it and you start doing it and you’re
really not getting a flow for it and because there’s other times when you sit
down to do something in you in the mood and this is what you want to do and
it’s sort of like the not-in-the-mood thing=it’s sort of – but it just doesn’t pass
and it doesn’t – you can’t pass through it and it just becomes harder and harder
the more you try and do it and then it sort of gets like that with everything
(She nearly breaks into a laugh) you try and do until eventually it’s like “I’m
going to go and lie on my bed because at least that’ll settle things” and
sometimes having a sleep will reset things a bit um so “Listen Mum’s just
going to lie on the bed and have a rest and a little sleep” or just I’ll wake up
and I’ll be able to do things after that …

Keith: (To Geoff) You spoke earlier – I mean there because I was asking
Shirley about what alters are and then you—you talked about a
fractured mind | (unclear)

151 Geoff: | Obviously from – well that’s from what I’ve read and been
told obviously yeah the mind um fractures into different parts or different
identities to be able to deal with different situations um (He turns to Shirley)
as I said this is just all the education you’ve given me (Shirley laughs) = it’s as
simple as that | = that’s what it comes down to which is the fact that yeah

152 Shirley: | You’ve remembered = that’s good

151cont. Geoff: you can have um different people of different ages and sexes and things
like that who come out and deal with you know different situations obviously = is it
Michael’s the eighteen-year-old? (Shirley: Mmm) who comes out and obviously
wants to be the boy – wants to do the manly-manly things and obviously the you
know then you’ve got the – there’s a seven or eight-year-old girl or something that
come – you know wants to do the girly things=a little girl that will play with the
dolls and that sort of thing so … (He turns to look at Shirley, who smiles proudly at
him)

153 Keith: And you do see they have-have different personalities or different |
154 Geoff: | Um
(like) I said I’m-I’m slowly starting to-to recognise a few=I said and there’s a
few – you know I wouldn’t say I’m perfect but you can – I can notice a difference
sometimes in of-of-of her attitude or the way she you know speaking and things
like that so it’s just – I said it’s only of-recent like I said in the last couple
of months since I’ve been seeing the (He says the next work carefully for
Shirley’s benefit) psychologist um obviously with – because I went to her to
ask the question on how do I help Shirley=how can I help Shirley deal with
a few things so and obviously ended up going through a few other issues to-to get
to where we were getting to (. ) we’ve got a-a m-meeting (He’s checking with
Shirley) coming up in a couple of weeks now=we-we’re both going to go in
together um which will be the first time we’ve done that (. ) just-just obviously yeah
be no differ-ent to I suppose here really = question and answer sort of thing yeah
which is sort of good practice um (Shirley laughs out loud) but it’s yeah I said just
to have an understanding I said and just and it’s-and it’s been more about me
listening you know=it’s taking the time to listen and watch and observe um to try
and pick up the little things that happen (. ) you know obviously as much as in-in
my normal everyday life I don’t worry about things unless it’s (He signals
quotation marks with his fingers) really obvious (. ) I’ve got to s-start paying
attention to the real little things that happen so that I can pick up the little subtle
changes so I can probably deal with the situations better (. ) you know obviously
more um correctly I suppose is the – to deal with each person correctly as if – not to
treat the one you know (He traces a square in the air) by the same rules=obviously
have different rules for different um alters that come out=obviously there’s a child
alter comes out compared to you know a real small alter compared to a teenager
boy girl whatever it may be=and obviously just try and deal with each situation on
its own merit

155 Keith: (To Shirley) How do you think he’s managing?
156 Shirley: I think he’s getting there (. ) I think um sometimes I think it’s hard=the
other night when we were watching TV in bed (She looks at Geoff and her voice
goes up looking for confirmation) and I was drawing on your hand=do you
remember that?

157 Geoff: Yeah you were pushing the vein down
158 Shirley: Yeah I was pushing the vein down=did you notice that that was a young
one?
Geoff: No

Shirley: Yeah that was the little one then (She looks at me and laughs) she was playing with the vein on his hand and playing with it but at the time I kid(?) she was um – I mean I was still there but she was forward and she was saying “It’s like daddy’s hand=it’s daddy’s hand” and she was very young=maybe four or five and she was saying “It’s like daddy’s hand” and it was like-like (She puts out her left hand and puts it on Geoff’s right hand) my own dad’s hand=obviously at that age when I was four or five would’ve been about the same age as Geoff’s hand now and um yeah it was – she was fascinated with it=it was like daddy’s hand so yeah she was seeing you as the father figure at that time so yeah …

Keith: We’ll finish in a couple of minutes=I’d just finally like to ask what would you really like to be um the best outcome for Shirley?=What would you really like to – for her – to happen for her?

Geoff: Well obviously from – now that you obviously what I can say is from what I’ve read and heard about obviously for and obviously watching (He humorously lowers his voice and makes an aside to Shirley) “United States of Tara” (Shirley laughs) that little bit=obviously | What’s that?

Geoff: “United States of Tara” which is the | the TV show

Keith: | Don’t know that

Geoff: which is based upon a person who has D.I.D. which – it’s – it was on-the ABC here um obviously Toni Collette played the lead role in it and obviously hers were (He signals quotation marks with his fingers) real physical alters where they’d come out and dress differently and things like that but that gave me a good you know a good understanding of how things switch and change and things like that=that was probably more a physical – you could see the physicality of somebody changing and dressing differently and things like that um that helped but obviously just for Shirley to integrate and to you know to be able to deal with the situations=to you know obviously whether-whether the people who’ve done the – what have done – whether they pass over um whether |

Shirley: What people are you talking about?

Geoff: The people that hurt you when you were younger (Shirley: Okay yeah) um once they pass-pass out of the world whether that will have a-a calming effect knowing that nothing can – nothing more can happen and things like that=whether that will make a difference I don’t know um and obviously just trying to you know try and do what I can you know to the best of my ability (.) just try and help her as much as possible (She looks at me and nods gently) which I’ve said I reckon I try but obviously I’m a-a fairly laid-back person which (Shirley and I both chuckle) I’m a fairly laid-back person=I don’t-I don’t let things fluster me=I don’t let anything bother me generally so (.) (He stops speaking while he’s looking at Shirley) come on you’re biting your tongue=go on (She bursts into laughter)

Shirley: I just think you know you are-you’re in your world a lot and my world isn’t um perhaps the priority that it would need to be to really be able to understand and get a good grip on it on my disorder |

Geoff: | Probably

Shirley: because I think you – you know we both know you talk a lot and I think sometime you just get on the “I’m putting out=I’m talking=I’m sharing=I’m being=I’m - ” whatever and you’re not watching and listening and sort – yeah sort of thing that
Geoff: It’s–what is it? It’s uh two ears and one mouth | used in that

Shirley: Used in that

proportions (She laughs)

Geoff: proportions you listen=don’t speak (She giggles)

Keith: I guess we’re all getting there

Shirley: (Shirley and I laugh) He talks more than I do at home=he’s the-he’s the
female=he does all the talking (I’ve been chuckling and Shirley joins in) he does it
(unclear) he does the cooking=he does the talking=I get man flu=he doesn’t um so
we sort have got switched roles (She laughs)

Keith: Thank you very much for talking with me

Shirley: | No worries

Geoff: | That’s all right
Participants: David & Keith
Place: The office of David’s psychiatrist
Date: Thursday 2nd October 2008
Time of interview: Around 2.00 pm

Notes: Sitting in two big leather armchairs in David’s psychiatrist’s office. I placed the armchairs side-by-side looking out through the sliding glass door into a pretty side garden. David’s psychiatrist has let me use his office on the days he is not working. His receptionist has made tea for David and me. David is a solid-looking man with a cheery face. For some reason I have the image of him as a seafaring type of man. David didn’t want to be videoed for his first session so I just used the digital audio recorder.

Keith: Okay thanks David where would you like to start?
David: Would you like to know where-how it started or where it started?
Keith: Anything – well what do you think is the point to begin?
David: Well I suppose I’ve been suffering from audible hallucinations for over half my life um
Keith: Can I ask how old you are?
David: I’m forty-three…and uh yeah (He starts to say something but hesitates) it’s one of those things I suppose since my late teens early twenties that I’ve been list- – hearing these voices um due to I don’t – we really haven’t put it down to m-m due to some traumatic uh history that’s happened to me as a teenager uh but yeah they’re very – it’s a very frustrating very uh…de-bili
(He has difficulty getting the word out) I can’t say ‘debilitating’ thing because you know even now it’s-it sits-sits on my right shoulder as if it’s talking to me you know verbally at me and as I said I range it from nought to ten whereas anything under five is bearable and anything over five it starts to get into the high-higher loudness area where up to screaming at you when it gets up to a ten normally when you get up to a ten you’re hospitalised but at the moment it’d be about a two or three just a niggle | just above voice
David: I’m forty-three …and uh yeah (He starts to say something but hesitates) it’s one of those things I suppose since my late teens early twenties that I’ve been list- – hearing these voices um due to I don’t – we really haven’t put it down to m-m due to some traumatic uh history that’s happened to me as a teenager uh but yeah they’re very – it’s a very frustrating very uh…de-bili
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Keith: You mean at the level
David: Right here now um you know it-it’s a very negative very put down sort of voice um depending on the loudness is how it speaks to you – it speaks to you in a whisper if it’s down low uh just little things that niggles at you eats away at you and just says things to put you off beam uh at the moment…you know it’s being well basically saying that “you’re a fraud=you’re a fake” all that sort of thing about me and then saying “he won’t believe you” uh you know “this is just all – it’s all-” – you know it’s trying to knock away at your self-esteem |
Keith: So it talks about you and it talks about
David: it talk about me - it talks about – yeah yeah it’s yeah you know I-I suppose it must be part of me but it’s – yeah I said I couldn’t ph-physically hear it in my right-right side-right – it’s always been just – like it’s standing on my shoulder (David uses his hand to show me) I can hear it talking into my ear and sometimes as I said it’s a whisper or a out loud noise uh and I’m going
through a episode now where I’ve – haven’t really had any um break from it
for a-about three or four weeks um but yeah it’s a – the language of it all is as I
said is very n-negative and uh

Keith: Can you like – like to give me – are you able to give me any examples…you
said a couple – are there any others you can | ?

David: | Yeah it’ll–it’ll – it seems to
knock at your psyche it’ll–it’ll start talking about um…like if I’m thinking –
if I’m in a nice positive frame of mind it’ll do everything in its–in its power
to be negative uh and yeah things like you know saying “you’re
overweight=you’re-you’re=” um you know “you’re not worthy of anything”
you know “you shouldn’t be here” uh “what are you doing? you’re waste of
you’re a waste of space” uh and then it’ll talk about people as well – who are
with you like my partner it’ll say “she doesn’t really love you she’s just using
you” and then I’ll talk-talk to it and say “well-well you know she’s been here
for seven or eight years so I can’t see her disappearing” and then – you can
almost have a conversation – well I can have a conversation with it

Keith: And you do?

David: Yeah

Keith: Right

David: Yeah

Keith: And can you tell me more about that?

David: (He lets out a big breath) More about that um it’s one of those things
I’ve learnt over the years not to always dismiss it yeah like a lot of people say
you know you should just dismiss it and tell it to f-f off for what of a better
words excuse my language but you know but sometimes you’ve got to accept
what it’s saying because it you know underlying-underlying in some of the
negativity can bring positiveness with it as well

Keith: Can you tell me more about that?

David: Mmm um if it’s putting you down and all that sort of thing it can be
because you’re going through a hard patch in life but you can then realise the
positives that the negatives…bring and yeah it’s one of those things it’s (He lets out
a breath) yeah

Keith: So that-that means you try and make something positive

David: Oh I try to make something positive out of the negative that the voice
brings um I you know sometimes it al-alerts me to the fact that I am thin-thin-
thinking very low – being very depressed being very down in the dumps you
know and as I said a couple of times I’ve been very sort you know a number of
times I’ve been fairly suicidal um but the last while I’ve been fairly…clear of
those – you know I still have the thoughts but there’s nothing I’m going to do
about it sort of thing

Keith: Can I ask when you—you thought of
takin—taking your own life – was that
because of what the voices were | ?

David: | Um (unclear) I was down in the dumps uh
and then the voice would be at you like at nine or ten actually screaming at you
and you just think ‘oh this is just ridiculous I can’t cope’ you know it’s–
it’s –if-if you imagine me talking to you and then someone a third party
screaming at the top of its lungs saying you know “do yourself in=you’re not
worthy=just end it all and everyone will be happy” and all that sort of stuff uh
it yeah it’s very hard even just to walk around you know that’s why I play
music a lot in my ears I put the headset on and I’ll try drowning it out with
another sound……

Keith: Um w—with what you hear i—is it divided into different … voices
Keith: me | ?

um I've been keeping a journal and I'll bring

physically and mentally it just wears you out w

room play music and I just can't do an

gets loud and it gets the better of

I'm on the right track and I know it's not gett

I know that what I'm r

can you know I can uh I

sort of silly um muddling sort of conversation s

child

David: Second guessing – you know it'll-it'll almost feel like an obstinate

child and it'll just say “no well but you yeah no but yeah” like you know that

sort of silly um muddling sort of conversation so when I can get it like that I

can you know I can uh I-I wouldn’t say control it but if I make it second guess

I know that what I’m really thinking is more um truthful and more yeah that

I’m on the right track and I know it’s not getting the better of me uh when it

gets loud and it gets the better of me I usually hibernate I’ll go into a dark

room play music and I just can’t do anything because it’s so you know

physically and mentally it just wears you out when it’s at a high pitched tone

um I’ve been keeping a journal and I’ll bring it the next time I see you you
know I mean I don’t write twenty-four hours a day but I’m writing things about what it’s saying and what it’s – so I thought I’d bring that next time | because I’ll | yeah so I-I-I do that-do that to helps cleanse

Keith: | That’ll be great

David: my-cleanse myself when – if I write about it

Keith: You were doing that before?

David: Yeah I do that before but I’ve kept doing it more now so |

Keith: How did you start doing that?

David: Well my partner when I met her about seven and a half eight years ago um she said it’d be a good idea for you to keep a journal of your thoughts and your dark thoughts and what the voices saying and all that sort of stuff so I started there and if – I don’t write in it every day but if it’s really bad or um if the mood hits me I’ll just get into writing mode and I’ll write then what the voices saying what I’m thinking and the dark thoughts what other – what about other people and all that sort of stuff and I’ve started to do it more and more as the years gone by I’ve filled up one book | yeah

Keith: How thick when you say |?

David: Oh it’d be about oh yours

Keith: (I gesture to my 96 page exercise book) What – this about?

David: Yeah and I’ve started on a new one and I’m onto a second book |

Keith: How many pages is this one| ? (unclear) yeah-yeah

David: Well it’d be about 96 or whatever and I’m onto a second book |

Keith: How long is that?

David: That’d be a – this is – that’d be over a couple of year period

Keith: Do your voi- – does your – what-what should I call it? Just |

David: (He laughs) The voice of doom

Keith: Does-does-does the voice talk about the journal?

David: Yeah it tries to get me not to write in it – tries to say that you know that “this is a waste of time (.) it’s a waste of space=what are you going to get out of it?” uh but I find it very – when I’m really in down in the dumps sometimes writing it is kind of very um I don’t know another word for it but very cleansing-cleansing for the want of a better word and then it’s in front of you and you can see what it’s writing and you can-you can then – like I’ve done a lot of cognitive-behavioural stuff |

Keith: What happens there?

David: Well you-you basically think up (unclear) – they say clean up stinking thinking (He laughs) clean up (unclear) cognitive-behavioural ther- (He laughs again) so you know if it’s saying this then you can – then I can write down what – a positive side to what it said which sounds very much going round in circles but it works you know it’s – it gets the better of me sometimes but I’m find it easier and easier to – when I’m – as I mean even though it’s – I’ve been a bit up and down the last however long but I haven’t been in hospital for well over a year now uh and uh which is the first time since I’ve been thirty so I’ve really gone in once or twice a year from the age of thirty through to about forty-two so that’s been a positive and the fact that I’m actually sitting here talking about it is a real-is a real positive and a real step forward that I’m accepting the fact that I have this problem and I’m learning
how to deal with it uh but talking about it is quite a cleansing thing as well
Keith: Can I ask who are you able to talk to?
David: I talk to my partner Carol talk to my mum more so than my dad
because my dad doesn’t fully understand he comes from a different – like he’s seventy-three and yeah I don’t know how he accepts it but he doesn’t – he’s not a real person I can talk to a lot about um emotions and all that sort of thing whereas my mum and a very good – I have got a good friend Luke I speak to him um my daughter a little bit but I think it becomes a bit overwhelming for her because she’s she’s just about to turn eighteen uh my ex-wife I used to but as she’s my ex-wife now so that uh but she was always pretty good but yeah I’ve – I’m lucky I’ve got a little net – and I’ve also got another friend Sandra who I talk to uh she’s a very good friend so I’m lucky I’ve got a a group of people who know that when I’m when I’m down I can always ring them up and talk to them about it uh what it’s doing so I’m lucky that way because a lot of people don’t have anything
Keith: Have you met anyone else who | (unclear)
David: I’ve only ever met – when I was in the clinic I once met someone who heard voices and that’s really about the only person I’ve really – you know consistent voices like – some people reckon every now and then they have a voice every now and then but not like – wh- when it’s with you twenty-four seven its-it’s hard and but as I said sometimes in-in the past it’s gone away for a little while but it always seems to niggle its way back uh
Keith: Do you um – do you hear it anywhere more often than another place?
David: If I’m by myself without distraction it’ll be there most of the time um if I’m around a group of people that I can distract myself it seems to quieten down a little bit but it also it can work in the other way if I start becoming – having a panic attack in-in public or if I get overwhelmed with too many people it’ll get-get up and really carry on like a pork chop
Keith: S-So does it seem to respond to how you’re feeling or where you are or what’s going on?
David: I’d like to say yes but not always no
Keith: Can you tell me | ?
David: Uh ooh when I’m feeling really down it’s normally when it’s at its loudest but you know there’s times where it’s-where it’s been very quiet then too just – but you can almost feel it there but it it’s – there’s no rhyme or reason like I’d like to say that it was – went with my mood up and down like when I feel good it’s good but it doesn’t you know when I’m feeling good sometimes it’ll do everything in-in its upmost to um talk me out of being in a good mood or feeling well as you know “you’re not worthy of um feeling good about yourself” uh when I’m in a really good mood it doesn’t matter being bi- – being a bit bipolar helps because when you get on a high or a low you know you – the highs are you know | Is that the diagnosis you’ve been given?
David: Schizoaffective disorder
Keith: Does it ever change the diagnosis?
David: Erm nn (He lets out a breath) not really no mmm I think you – you know a lot of things that you – has happened to me as a teenager might have shocked me into having it but some people have said that’s almost like you’re suffering from post-traumatic-post-traumatic stress disorder but I think schizoaffective disorder |
Keith: Can you tell me what that means?

David: Well I’m pretty s– from what I gather from what the-my psychiatrists have said it’s like having slightly mania with the voice like a schi-schizophrenic part to it which is the voice part of it and the bipolar is just the depression part of it

Keith: So the schizophrenic part is the voice and the depression is the

David: Yeah

Keith: The (unclear)…um…be before you-you uh saw any-anyone about the voice or the voices because there were (unclear) what did you think

David: Yeah

Keith: They were?

David: (He thinks for a few seconds and lets out a brief laugh. He hesitates over his words before he decides what to say) They were just – I always knew them as being voices um but yeah really oh what did I think they were? They were – they’ve been there for so long that this is really sick-sounding but even when they’re not there it’s almost like you miss them (He has a brief laugh) that may sound really quite a bizarre you know turn of events like you don’t have a period of time when you have them you think ‘oh!’ you know you sit there and hear silence and silence is golden they say but you start to get a bit twitchy and think ‘oh this is a bit bizarre’ but you don’t wish them back but it’s almost like a part of you—a sick part of your subconscious which is maybe where they come from is um willing them to come back and then but when they’re here your subconscious is trying to get rid of them so it’s a bit of a twisted sort of (He laughs) twisted sort of logic but I know it may sound a bit weird but yeah it’s how it is I mean like-even yeah you hear people who have aches and pains and if the ache goes they’re still complaining sort of thing about something else and (He laughs) sometimes I think ‘God geez I must have a sick subconscious to think the—miss-miss something that’s so detrimental and so dehi-debilitating’

Keith: Why do you think some people like you have this experience and that people like me don’t or don’t yet

David: (He laughs) Hope you never do um mine went back to trauma a bit I suppose – I had some traumatic experiences as a teenager uh and that could’ve what brought it upon like I saw a lot of friends around me you know die when I was a teenager from various things from drugs to fighting to car accidents that sort of thing it was a period of my life between the age of fourteen to about eighteen where I something like I had – I knew of about ten or eleven people who died yeah a couple of them were fairly graphic which I actually saw them die so that could’ve bought (sic) it bought the trauma to bring in the voice if you know what I mean

Keith: Do you– do you– can I ask you if it’s okay can you remember what the earliest experience

David: With my voice?

Keith: Yeah

David: Ah I remember being at a funeral and I – and a friend of mine had died and I was meant to give out a eulogy sort of thing and I would’ve been I thought was roughly eighteen or something and I heard this voice which I-I thought was someone standing by me talking and it was being very rude and very belligerent I thought and I turned round and I sort of said “will you just shut up” there was nothing there um and from that day forward um in what – up to the age of thirty it wasn’t as consistent but since the age of thirty it’s been pretty well full on
Keith: When you say consistent |
David: | Uh they're more you know like wh-when I
was younger and I think more you know it’d come and go and it’d be very –
they were very um they’d they’d be there but then they’d go away and then
they’d come back then they’d go away and then come back but since thirty it’s
been pretty consistent like you know I think the longest I’ve gone without a
voice would be a couple of weeks I think so it’s something that’s there that
you wish wasn’t but it is and I-I’d love to talk to (unclear) (He laughs) the
trouble is there seems to be groups for most things but people with voices
seem to get left on the (He laughs again)
Keith: I think there is actually though I think the Mental Illness Fellowship have –
were trying to run a group |
David: | Oh because that would’ve been
Keith: tell you what if you G
oogle | (unclear)               voices or hearing voices
David:                                             | Yeah that’s a good idea
Keith: there’s quite a | (unclear)
David: | I might have to do that because I’m not real computer fan
Keith: | I I might have to do that because I’m not real computer fan
but I might
David:             Well neither am I but you google it and you might something in
it just to I don’t know to find out that there are many people who |
Keith: | Yeah I
know I know |
David: | I know yeah it’s just you know in my little
talk about it
Keith:          | talk about it
David: world I don’t hear of many people who have it but I wouldn’t call
myself – I think I cope with it fairly well considering how what it does but…
Keith: What do you think is the hardest thing for people like me to understand
about what you go through?
David: I think the thought of actually having an audible voice and how – you
know you must-you must look at me and think ‘well he looks quite normal'
even though the voices are telling me that’s not true |
Keith: | What just now?
David: Yeah just now um but you know it must seem like faking and being a fake
and all that sort of thing because there’s no you know physically and men– –
physically I look quite…you know quite normal
Keith: Do-do you find that a problem that you think sometimes people |
David: | Oh yeah I
think people think I’m just putting it on
Keith: Why would you do that?
David: (He lets out a breath) I don’t know | that’s just well you
Keith: | That’s what you think
David: know it’s like some people you know I-I find it very hard to tell people
that I’ve got a problem sometimes because it’s just too hard because people
think I mean still—there’s a still stigma attached to mental illness um and then
you tell them you hear voices and then they say “well why don’t you just pull
yourself together” you know I’ve had this – people say “well why don’t you
just pull yourself together and tell it to go away” yeah if I could I would um
but you know as I said it’s yeah it’s a strange sort of thing you know like I
wish-I wish I could swap heads with someone for a while and say “here you
put up with it for ten minutes and see how you go when you uh at the end of it
if something telling you – talking to you all the time” and uh yeah the
language is quite colourful too | (He starts laughing)
David: Well it likes choosing swear words | the voice
Keith: | Like?
David: Oh “f—” and “bloody” and “you useless twit” and all you know all the-all the- all the juicy words it likes using – it’s very-very – its vernacular is – I don’t know if that’s the right word but its you know it seems to have an answer for everything
Keith: Mmm it must be quite – where does-does it get…?
David: Well it might – as I said you know | well it I suppose if it is a (unclear)
Keith: | How
person
appreciate how they feel and all that sort of thing whereas now I think well I’ll listen to anyone talk about any younger I was a bit more blasé and a bit more s
most people if say if they’ve got a p
Keith: | How
David: | Mmm
Keith: | (unclear)
David: part of me and if it is the unconscious trying to get out I don’t know I uh you know – my partner she’s got – she always thinks it’s part of my unconscious trying to escape um
Keith: Could I ask you does – when you-you say you – people that you are able to talk to | yeah that they have different | (unclear)
David: | Mmm
Keith: | (unclear)
scenario yeah yeah like my-my partner Carol thinks it’s more to do with my unconscious and whereas my-one of my friends he thinks it’s more of a spiritual crisis uh and they both come at things from a different way but yeah yeah (He breathes aloud) I’ll listen to anyone with anything but I’m more – I don’t – I think it must be more an aspect of me um but just be audible you know a lot of people-as a lot of people said to me well they get thoughts in the head you know even you must get things in your head which um just pop up and you think well where did that come from sort of thing so you get them but with me when I get them sometimes they’re in an audible-in an audible way so it’s a…yeah it’s a strange thing (He laughs) but
Keith: Um…um…just trying to think if there is anything else – um…how-how has it like affected you life in terms of how you- things you-you can – you’re doing I mean |
David: Well I’m not working at the moment I haven’t worked for – since 2002 um so it’s been six years you know I’m on some pretty heavy duty drugs to try to keep it under control which it seems to be-seems to be working but it just lately it’s – I’ve got a bit skew whiff a bit with uh but yeah I-I don’t know – I’d like to get back to working but |
Keith: | What work do you do – do you want to do?
David: Um I’d – my-my ultimate dream is to own a little coffee shop
Keith: A coffee shop?
David: Uh more you know just a where you just have rolls and muffins and coffees and that sort of thing just something simple uh that’s my dream mmm but you know I do a bit of volunteer work with the disabled and I quite like that so maybe do that in the interim but I think I’ve got to get my handle on the voice before I can…yeah yeah I yeah I yes it’s been very-it’s been yes it’s rui-it’s ruined my life in some ways but it’s also made me a lot more um apathet- uh more you know more not that’s not the right word but more uh it’s made me appreciate people more appreciate how they feel and all that sort of thing so it’s made me a nicer person |
Keith: | How-how’s – could you tell me a bit more that?
David: Well it’s – you know I’m-I’m a lot more – I’ll lend a sympathetic ear to most people if they’ve got a problem whereas maybe when I was younger I was a bit more blasé and a bit more set in my ways and all that sort of thing whereas now I think well I’ll listen to anyone talk about anything and
I’ll make up my own mind then but I’ll always give someone the benefit of the doubt now whereas before I was much more opinionated um so for all its badness it has softened me which all sound like contradictions but (He laughs) Keith: There’s a kind of feeling that I—I get with something like voices that it is lots – there are contradictions it’s not a straightforward thing you know how you know how can someone be so negative yet – you can act so positive but how can you have a conversation with someone with a voice going on with a third party going on? It you know is that a bizarre thing to you know I reckon every psychiatrist should have a — spend half an hour with a – some detrimental things and see if they can work or just normal people that you’d deal with you know that I deal with – say “hear put this on for a while and see how you go” just making a cup of tea or doing this or doing that this is what I put up with all the time yeah it’s a strange thing but uh — Keith: Do you think has it — you said when the-the number of voices decreased um in the past | have there – are there any other changes? | No it’s not a no no no you know how you know how can someone be so negative yet – you can act so positive but how can you have a conversation with someone with a — Keith: Do you think has it — you said when the—the number of voices decreased um in the past | have there – are there any other changes? | Yeah | I think the changes are the way I um – look since I’ve had one voice I as I said I can-can – if it’s between nought and ten I’ll – I seem to be not fluc- – even though it’s fluctuating you know it’s not so wild as it used to be (.) up and down=it seems to steadily or steadily now whereas before it just come out of the blue just boom! there’s ten or boom! there’s eight whereas these days even now you know like I’ve been sitting here it’s gone from about two or three to about a four and a half just because it—it knows I’m talking about it Keith: Do you want to stop at any time? | No no no I’m fine I’m just saying but – it just knows I’m talking about it and it—it gets very self-conscious (He starts laughing) oh you’ve got to laugh about it because… Keith: So talking about it is dangerous territory? David: Um yeah it-it is-it is but I think it’s something I’m doing more and more of and I’m being a lot more – and like if people ask what’s the matter with me I try to explain it to them whereas a few ago I’d just have said “oh just I’m not feeling well you know I’ve just got a de-depression” whereas that’s just you know it’s part and parcel with the-with what I deal with – it’s the voice so you know why hide it and if people think I’m a raving lunatic well (He lets out a breath) ah so be it uh I think you know I think you’ve-you’ve almost got to come out of the closet to uh to um – you know it’s the only way people are going to be helped is if they start talking about it I think but yeah it’s uh yeah as I said it just builds up and then it will go down build up and go down and sometimes if it gets frantic it will go up at a faster rate uh but no it’s a …it’s a challenge Keith: Yes yes so there’s like a loudness the-the how often it is the suddenness those are all the things that kind of make it a-a really distressing | Mmm mmm David: Yeah very much so and as I said when it – if it’s below five it’s—it’s bearable (.) anything above five is a very uh – that’s when it gets – starts really affecting your life um stops you doing stuff uh stops you going places uh over — if it’s over – it – over five I won’t drive um uh yeah very – yeah as I said I—I’ll shun from people when it gets higher and but yeah it’s just yeah it just-you just-just there to remind you sometimes but you know it doesn’t like to be ignored
Keith: Mmm would—would you—the way you talk about—the voices—it—it um
do you think it’s a thing or more of a person personal I
don’t know
David: I know what you mean you know has it got its own
personality? or that sort of thing
Keith: Could (unclear) does
David: it does yeah it does yeah sorry I’m wrong
David: (unclear) conscious while you’re doing
no no it—it doesn’t—I don’t know is that the sense?
David: Yeah it—it’s almost like a sec-
you know it’s almost like you know you’d almost say it was like a twin you know
like ‘this is all the bad stuff in you and this is what I’m going to bring up’ and it has
its own personality
Keith: Wow
David: Mmm which is—sounds a bit bizarre but yeah really is a-a um…yeah it
has its own you know weaknesses (He laughs through his nose) I know that’s
(He continues to laugh) – it may sound silly but yeah you know
Keith: (He laughs)—Is it okay to say
anything about that or ….?
David: Ah look…I’ve got nothing to hide (He
laughs)
Keith: Maybe it does(?) (We both laugh heartily)
David: Yeah yeah maybe it does (I laugh more and David joins in) yeah yeah
maybe it does uh but eee you know it – because of the interaction you know
like it talks and when I’m feeling really bad I just – it just pummels away at
me and I just can’t do anything about it but when I’m like this you know I’m a
bit feisty and I’ll uh I’ll just-just talk to it and discuss things with it and all that
sort of stuff so but it’s not like a friend no it’s almost like that um…obnoxious
big brother…obnoxious big bro- (He breaks into a small laugh) like almost
almost – it’s almost like it’s part of the family and it you know it just – not that
I’ve got an obnoxious big brother but yeah yeah it’s got its own um way of doing
things
Keith: So you kind of – would you say you know it inside-out?
David: I’m beginning more – I suppose since I’ve been seeing Alexander (His
psychiatrist) I’m beginning to know it more and more um I’m starting to have
more and more – yeah I seem-I just seem to be getting more and more a grip
on life than I was | mmm
Keith: Okay and do you feel it kind of knows you a bit?
David: Oh yeah yeah yeah you know it knows what buttons to push it knows
what upsets me in-in a negative way not in a positive way but it knows-it
knows how to push buttons=it knows how to make me feel bad (.) it knows
what to say about other people (.) you know it knows their weaknesses
because you know it’s almost like you know it’s got access to my-my dark
side – you know the – to your psyche or whatever it you know
Keith: Do-do you feel like you’ve got – like it totally invades you?
David: Sometimes yeah yeah it’s very invasive yeah very much so but…
Keith: Can I ask like with-with seeing a psychiatrist who helped you get a
better grip on it |
David: | Oh lady – I saw someone before and she – her mistake was
that she just gave me so many drugs I was like a zombie which is fine but it
doesn’t make you cope with life very well and for about three or four years I
was just walking around in this drug stupor but since I’ve been seeing Alexander
he’s – even though I still take four different sorts of um medication I’m definitely more alert than I ever was um you know Evernet

Keith: So would you say that just like being able to deal with voices – part of that is not losing out on the rest of your life?

David: Yeah very much so this – the better you feel about yourself – if you can be more positive you seem to be able to um…you seem you seem to be able to cope with life better whereas if you’re in a drug stupor you know you just you know it’s like being – well I don’t know what it’s like – like being if you haven’t slept for three or four days and then you just walk around in a daze sort of thing whereas if I’m feeling strong about myself you know I can talk – you know I can – not talk to it but I can – I’m strong in dealing with the negativity that it brings up mmm

Keith: With all the feelings that it brings up?

David: Yeah yeah you know you can say “well you can think that but it doesn’t mean that I agree with that or you know you can say that but I disagree with that” uh you know I suppose there will be times when it gets the better of me again but hopefully it won’t uh you know day to day pro– day to day process sort of thing – I try to wake up each day and just see where it goes I don’t think too far ahead uh and I know one day hopefully and hopefully it will go but just learning to deal with life is you know is a cha-challenge mmm

Keith: Shall we leave it there?

David: Yeah that’s – hope I hope I haven’t wobbled on too much (He laughs)

Keith: That’s what it’s all about (I stop the recording)
Interview 2

Participants: David & Keith
Place: The office of David’s psychiatrist
Date: Thursday 13th November 2008
Time of interview: Around 2.00pm

Notes: We’re again sitting in David’s psychiatrist’s office in 2 big leather armchairs side-by-side with a chair in between on which to put the digital player. When I went out into the reception area to bring David in, he was sitting with his partner. As before David didn’t want to be videoed for his second interview session so I just used the digital audio recorder.

1 Keith: (I see David has an exercise book with him) Okay David what have you got there?

2 David: I’ve got my – one of my books that I uh write in this is more like I uh argue with what the voice says and I – what it says I try to turn into a positive

3 Keith: Yeah we talked about that |

4 David: I did and I you know it’s just certain aspects of what I drew out of my other book which you thought you might be interested in having a look at

5 Keith: Yeah may I have a | ?

6 David: Yeah yeah I thought that one might be an interesting the sixteenth – the sixth of the seventh one if you

7 Keith: Uh okay

8 cont. David: can read that my writing’s pretty uh uh

9 Keith: Perhaps would you mind | ? (unclear)

10 David: Yeah I got-I’ve got no problem I got no problems |

11 Keith: would I also be able to photocopy it?

12 9cont. David: yeah yeah not a problem not a problem (He reads aloud) "Death appears at every moment. Everyone is going to die. I cannot control it. Life has to be given a chance to fulfil itself. I'm not a freak. I am not inhuman. I am me. Everything is getting out of control. What do I want? What is it that the voice wants? How do I escape the ever-escalating voice? Damage to one's life is ever-escalating. Who really understands? How do they know what it is like? Who knows what it is like to have a voice screaming at them hour after hour telling them what it is all about. Life worries, every negative thing that is out there. It is at odds with everything. Permeating through genetics. It is a funny thing. Panic about everything as a child what I can't control. I freak out before I got married, before I bought the business. Hindsight a wonderful thing. My mind is at odds with it. It does not make any sense at all. Being out of control. Belief structure fighting against myself. My core belief is fighting itself. I am in self-destruct mode trying to destroy myself from inside out. Communicating with oneself. Be at one with myself. Educate and participate. The core belief has to be challenged by what I don't know. But be at one with one. Fuck knows what to do but who cares what I do but I do." Might not make a lot of sense but

13 Keith: When did you write that?

14 David: I wrote that on the sixth of the seventh

15 Keith: What was-can you tell me what was going on?
David: Um I was in one of my um wanting to kill myself modes and I just thought I had to write whatever came out and the voice was just screaming at me and I was just I know this is how I feel and (He lets out his breath)

Keith: So what you wrote was your voice

David: Well me arguing with the voice |

Keith: What you wrote was your voice – are your words?

David: They’re my words um I know you know (He lets out a sigh) it’s a funny thing when the voice is at its loudest I’ve almost got to argue with it to stop from it destroying me | does that make sense?

Keith: Mmm-mmm What do you – so can you uh can you give me an example of like when when you argue with it?

David: Uh for example…it’ll turn around and say that you shouldn’t be here (.) you should-you should die (.) no-one loves you um…what you’re doing on this planet isn’t good enough (.) everything that has happened to you has been your own fault

Keith: And does it – is it like what you’ve just done to me – is it like one sentence after another?

David: Yeah sometimes it flows on like a normal conversation but it got a tendency-got a tendency to come at me in short sentences if that makes sense um

Keith: Does it pause between | (unclear) ?

David: It (He breathes in) Uh for example…it’ll turn around and say that you suppose I make it pause ’cause I contradict it I’ll uh as I said to you before I try to use cognitive-behavioural therapy on it or the voice and slow it down or else it’ll just keep on going like a never-ending tape

Keith: And when you say you use a CBT can you just remind me |

David: Cognitive behavioural therapy just turning (He stumbles over himself a little) uh they call it ‘stinking thinking’ you try changing the negative into a positive

Keith: Hmm-hmm can you give me a-an easy example of that?

David: Oh like if it tells me that I should die then I’ll come back at it and say “well no there’s people about me who want me alive I must be worthy I have a loving family I have a loving daughter I have a loving partner so

Keith: And then you told me (unclear) it gets itself very | (unclear)

David: (David laughs) Yes it can start getting a bit nervous like-like I am at the moment it’s you know it gets a bit “but-but” you know like-like a petulant ch-child going “but-but-but-but” you know that sort of wah

Keith: I’m very struck by that um you’ve got your transcript that I sent you and uh is there anything uh (David starts laughing at some comment I’m making about the transcript, such as its length, but it’s unclear what it actually was) but the content or the -the experiences anything you’d like to uh I’ve done a little bit of highlighting |

David: Yeah well I’m-I’m willing – you |

Keith: | Well (unclear) is there anything you’d like to clarify or anything you’d | ?

David: No it’s – other than-other than the fact that I ummed and I ahd and seemed to uh go over and over things I thought it was interesting um I haven’t shown it to my partner yet which I’m going to do later on today I just needed to read it myself and make sense of it myself
Keith: But I think part of that going around and over and over it again is also me trying to get to grips with it too. I ask you something (unclear)

David: Yeah yeah yeah oh any of the – anything that stands out that (unclear)

Keith: you-you-you thought ‘yep that’s what I really meant’ or ‘no that’s not what I meant’ or

David: (He sees my copy of the transcript) Jeez you’ve highlighted a fair bit haven’t you? (He laughs) yeah

Keith: Yeah there’s so much if you want you can have a look at the stuff that I’ve highlighted

David: yeah yeah makes sense yeah

Keith: you-you-thought ‘yep that’s what I really meant’ or ‘no that’s not what I meant’ or

David: (He sees my copy of the transcript) Jeez you’ve highlighted a fair bit haven’t you? (He laughs)

Keith: Yeah there’s so much if you want you can have a look at the stuff that I’ve highlighted

David: Yeah do-do you mind?

Keith: No (unclear) this is just you know me picking stuff

David: No no that’s the “debilitating” (p.1) part of it you know people don’t realise how uh much it really wears at you and you know that’d be the worst part about it is the fact that it stops you from going on-on with life uh

Keith: So (unclear) can you give me another – a simple example of how it stops you getting on with life?

David: Well say for example you go to do something um it’ll say you can’t do it um you’re even a simple thing like digging a hole it’ll tell you everything negative about doing it and it’ll say

Keith: Gi-give me an example (I start to laugh)

David: (He starts to laugh too) Ah well for example I had to dig at my partner’s house which I spend a bit of time there she’s got a trench that needs digging which I’ve done with a friend but I went out there and I sat there and the voice just went up to six and said – six or seven or eight and j ust said “you can’t do this=you’re not going to do it right=if you do it it’s going – you’ll make the house fall over” um

Keith: So your friend knew about |

David: Yeah he knows about my voice yeah and he’s very good um all my friends and family are very good I’m very lucky I’ve told them about – they don’t know everything about it |

Keith: mind just describing a bit more that if you can go back to | your

David: To the (He

Keith: friend digging the hole (unclear)

David: starts laughing) right yeah well it-it just basically says that if I do it I’m going to do it wrong (.) that it’s going-going make – undermine the foundations um

Keith: Did you tell your friend?

David: Yeah I told my friend what was going on

Keith: Well can you just like recap the conversation (David laughs a little) between you and your friend | is that all right?

David: Yeah yeah uh well he knows he
calls it Horace (I start laughing) the voice Horace he calls the voice Horace and he’ll go “well Horace” you’ll have to excuse my language he said “well well whether he fucking likes it or not we’re going to dig this trench and we’re going to dig it this way and if he doesn’t like it he can just go (I think David makes a rude gesture here) himself and so it—it was good and we had a bit of a laugh about it and I – he said “well you start doing this and I’ll do this” and so he got me simply to start doing that and yeah the voice just kind of disappeared up its own behind and it went away for a while once we got the – once the gist of it was – you know when he knew that he couldn’t – I had someone helping me he uh he-he didn’t disappear but it went quieter uh but that happens a lot just even things like house cleaning and-and um you know I’ll-I’ll go over some – like if I’m vacuuming I’ll vacuum it once and then the voice will say “that isn’t clean enough” um or “you haven’t done it right” and sometimes I’ll do things like almost obsessive-compulsive um I’ll do something three four five six seven eight nine ten times um and you know I’ll worry about doing something and sometimes I won’t end up doing it because I worried about it because the voices just said “you can’t do this you can’t do that” um “if you do it it’s going to be wrong” uh “Carol’s not going to like what you’ve done it’s not going to be good enough” | uh

Keith: | Mmm it’s always undermining

David: Always undermining yeah very undermining and uh

Keith: When – uh just – when do they (unclear) ?

David: It’s just – he’s very – he’s got a wicked sense of humour my friend Jack and uh he just-he just (unclear) “what should we call this? We have to call it a name” so he calls it-he calls it Horace so | Yeah and-and did this particular friend of yours – how long does he | ?

David: | I’ve known him for thirty-two years

Keith: Mmm how long in that time has he known about?

David: He’d known about it from the beginning

Keith: You said that’s about half | Yeah about half my life so he’s known about it from the beginning uh and he’s been very good you know I don’t see him all the time but w-we usually talk to each other every couple of weeks

Keith: Mmm so you’re able to laugh about it?

David: Uh not always but some – yeah with him I can laugh about it sometimes uh depends how bad it is but when he calls it Horace it just kind of – we just both crack up and (He breathes in) we you know it’s giving it substance and it doesn’t like that if that makes sense?

Keith: Tell me more

David: (He sighs) Um when it gets found out like when he calls it Horace and we talk about it and we almost make it into the third person you know I’m here Horace is here and Jack’s there it uh yeah it acts like a petulant little ch-child and sometimes it’ll-it’ll start erring and umming like I did through this

Keith: When you say you’d um given it substance | can you say

David: | Mmm

Keith: almost giving it-giving it um body you know you’re almost making it into a person uh I don’t know if that’s the right thing to do with it but if it works

Keith: And it doesn’t make the voice stronger it actually seems to do the opposite

David: It (He sighs) depending on-depending on how I’m feeling at the time
like if I felt quite strong and I’d been you know if I’d had a decent amount of sleep and all that sometimes when we carry on though like that it doesn’t get the better of me and if you know I become stronger the voice becomes less stronger does that make sense yeah? I’m determined not to stammer and ahh too much (I laugh and David laughs) erm but it-it yeah I’m – that-that’s a prime example of uh you know going about doing – going about things in life just everyday – even driving you know like sometimes when we carry on though like that it doesn’t get the better of me and it you know I become stronger the voice becomes less stronger does that make sense yeah? I’m determined not to stammer and ahh too much (I laugh and David laughs) erm but it– it yeah I’m – that– that’s a prime example of uh you know going about doing – going about things in life just everyday – even driving you know like sometimes when we carry on though like that it doesn’t get the better of me and it you know I become stronger the voice becomes less stronger does that make sense yeah? I’m determined not to stammer and ahh too much (I laugh and David laughs) erm but it– it yeah I’m – that– that’s a prime example of uh you know going about doing – going about things in life just everyday – even driving you know like sometimes when we carry on though like that it doesn’t get the better of me and it you know I become stronger the voice becomes less stronger does that make sense yeah? I’m determined not to stammer and ahh too much (I laugh and David laughs) erm but it– it yeah I’m – that– that’s a prime example of uh you know going about doing – going about things in life just everyday – even driving you know like sometimes when we carry on though like that it doesn’t get the better of me and it you know I become stronger the voice becomes less stronger does that make sense yeah? I’m determined not to stammer and ahh too much (I laugh and David laughs) erm but it– it yeah I’m – that– that’s a prime example of uh you know going about doing – going about things in life just everyday – even driving you know like sometimes when we carry on though like that it doesn’t get the better of me and it you know I become stronger the voice becomes less stronger does that make sense yeah? I’m determined not to stammer and ahh too much (I laugh and David laughs) erm but it– it yeah I’m – that– that’s a prime example of uh you know going about doing – going about things in life just everyday – even driving you know like sometimes when we carry on though like that it doesn’t get the better of me and it you know I become stronger the voice becomes less stronger does that make sense yeah? I’m determined not to stammer and ahh too much (I laugh and David l...
back twice as negative? Is it really going to hold on to everything I do’ because it –
I must you know I f-feel like I’ve got a strong constitution because I’m still able to
survive in the world even though it’s not to the extreme that other people do
because at least I’m still here
Keith: So just getting back (unclear) so Horace he-he-he grown older with
you?
David: I suppose (He searches for what to say)
Keith: Am I putting words | ?
David: | No you’re not putting-you’re not putting words in
my mouth it’s just um you just…because-because it hasn’t got a physical
being you know like it even though it’s there I can f- hear it even now I
suppose the only reason why I say it’s aged is because I’ve aged and so I
consider it you know that it (He searches for his words) yeah (He lets out a
breath) that’s a hard one
Keith: When you put your hand there is that – can you give me a
sense of |           space?
David: | About          It take – it’s about that far away – about a head-width away
from me
Keith: And how high?
David: Well just about just about oh it comes in kind of down a bit so I gather it’s a
bit you know so it kind of talks down and that you know how people who talk
down at you you know that | it talks
Keith: Physically talks down?
David: down yeah it-it-it’s a – it talks down at me like that um
Keith: And it’s part of its attitude?
David: Part of its attitude yeah if I could smack it sometimes I would (He has
a small laugh) yeah it’s like you know it talks about…so it must be like I know
it must be part of me all sense says that but it just being audible and you know
being something I hear it’s not – you know how some people say they you
know you get voices inside their head you know I’ve had them but this is
different because it you know it’s on the outside
Keith: Because that’s – you told me that uh earlier you had about two |
David: | Two
Keith: and then it’s come down can you tell me a bit more about
David: or three one
Keith: more about the ones you used to | hear
David: | All right when I-when I had two or
three I had a female voice and two male voices uh and that was really hard but
I was basically a vegetable I you know I was in-in and out of hospital every
six months um yeah
Keith: What did they carry on about?
David: (He sighs) Carried on a lot about what Horace carries on about but you get a
three-way-three or four-way conversation
Keith: Did they talk to each other or to you?
David: To me but they all – lots of times they’d speak at the one time so you’d have
two or three conversations going on at one time
Keith: All directed at you?
David: All directed at me
Keith: And one was a female | can you tell me a little bit about…how it
David: | One was a fem-
Keith: sounded the female voice?
David: Very harsh very much you know like the auntie that screeches and
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you’re-and you’re just you know rubbing your hands down the s- down the blackboard that sort of you know that shrill sort of mmm (He puts on a high-pitched nagging voice) “you can’t do anything right you’ve never been any good” that sort of thing

Keith: (unclear) age

David: A- there was – that one was more like a grandma you know that sort of age you know well into its sixties seventies mmm but since I’ve seen Alexander (his psychiatrist) those two have gone away

Keith: Ah right! This is because of medication

David: | Medi- I gather it’s medication or maybe it’s because I feel I-I feel I’ve like done a lot of work on myself as well and with Carol’s (his partner) help – she’s very good and I think I’m becoming more positive in life uh (He lets out a small laugh) but yeah it’s like it was nice to get rid of two of them but I’d like to get rid of the last one as well

Keith: (unclear) the other two male voices a-are you able to say anything

David: Yeah!

Keith: them the ones you used to

David: Them? The – I’ve still got one of them

Horace | he’s one of the two um the other one was just like um again

Keith: | (unclear)

David: bit like Horace for the want of a better word he-he was more snobby and would put you down because it you know ”you-you’re not good enough” you know you know “I could do this but you can’t” sort of thing it was more of a yeah it was more of that kind of person who uh just yeah just “you’re not as good as I am”

Keith: Did- did the voice sound – did it have an accent?

David: Yeah not an accent but it sounded – it was I suppose – you know how snobby people can sound the tone kind of very detrimental down looking down their nose at you sort of thing that sort of tone

Keith: Was it a young voice?

David: About the same age as me

Keith: Okay

David: About the same age as me

Keith: Okay

David: So you know for the want of a better word and yeah at the moment it – every time I-every time I’ve come to see Alexander and I come to these rooms or I come to see you the voice goes up a bit but I know – I know it’s something I’ve got to – you know I get nervous but I actually felt more at ease this time than I did last time

Keith: So the room the pl- – some places the voice (unclear)

David: The reason it is because I’m talking about it and |

Keith: | You remember that any time you want to stop |

David: No no no no this is-this – last time it was very good therapy for me it was very good therapy and it and reading these notes wa-was really quite an eye-opener for me (He starts laughing)

Keith: What do you mean?

David: Well a few I didn’t you know I didn’t like everything I said but |

Keith: | How do you mean? Like what didn’t you | ?

David: Oh I don’t know I just thought I went on and on and on and I thought it was boring but it was more substance to it than I thought there was you know and I found it really quite interesting that someone was
interested in what I had to say

Keith: Yeah it’s um – the things you came up with – I know at one point I think I went wow! (?unclear as David’s turning over a page of the transcript as I speak. We both start laughing) the personality – I was very interested when you talked about when you talk to it and it talks back – do you ever write-do

eyou ever write down what Horace says | ?

David: | Yes I do I’ll have to bring

that-I’ll have | that’s another book but I – what I-what I’ll do

Keith: | Another book?

David: from now to when I see you next I’ll keep more of a – what

hesays |

Keith: | That’s all right?

David: Yeah that – I’ll do that I’ll do some of what

he says |

Keith: | And perhaps a little of bit of what | you say

David: |you say yeah no that’s fine

Keith: Well whatever you feel is | work out

David: | No no look I no that’s not a

problem I-I can do that – as you notice I’m not saying ‘um’-‘um’ as much…but I found some of the things you’ve highlighted here… (He lets out a sigh) you know “you’re not worthy of being in a relationship” (p. 3) and it says to me “because you’re a loony because you’ve lost your mind” and I argue to the voice and say “well if I’d lost my mind I wouldn’t be here I would’ve given up and just been a vegetable somewhere”…mmm but yeah I didn’t realise that I could talk so much (He laughs)

Keith: But I want you to

David: Yeah I know it’s-it’s funny you-you know if there is anything you know if you’ve got any questions you want to ask you-you go right ahead

Keith: Just wonder if there is anything (unclear as David turns over the pages of the transcript. There is a pause of a few seconds as he looks through it)

David: It yeah when it doesn’t get its own way it becomes very gruff (David is referring to p. 3)

Keith: Mmm just talk a bit more about it | being gruff

David: | Yeah being gruff it gets very caustic and very um uh how do you put it uh…I suppose when I get – it gets very you know like they say “sarcasm is the lowest form of wit” it gets very sarcastic but it does it in a very gruff tone

Keith: Is that when it’s gruff – is that like gravelly or | ?

David: Gravelly’s a good word – really you know it-it’ll be very sarcastic you know like when I was digging this trench (He puts on a ‘I-told-you-so’ kind of voice) “huh tch you know it’s going to fall in” and it hasn’t (He starts laughing) you know it’ll – and then-and then – I was explaining to Jack what it was saying and he talked to it (He starts laughing)

Keith: Can you tell me a bit more about that?

David: Yeah he-he’s good you know he says – he knows he can’t hear him – he can’t yeah but he-he goes – he’s very good he uh he goes along with it and talks to it and “just tell me what it’s saying and I’ll tell it to f- off” and yeah it was-it was-it was a good afternoon we had (He starts laughing)

Keith: So he tells – he talks to the voice – the voice hears him | 

David: | Yeah yeah yeah

well it hears him maybe through me I suppose but it starts
Keith: right and
David: talking about what he’s saying and in the end it (David starts making
blustery sounds by blowing his lips out like his voice is puffing itself up in
self-defence. David starts laughing but I burst out laughing even more. David
carries on laughing) it got very confused which is good it’s good when it gets like
that
Keith: I-Is that er was that your friend Jack – is there anybody else – any other
friends that you feel you’re able to involve them in the voice (unclear)
David: just that-that kind of person you know he’s very – he-he-he’s a real game
one(?) you know all them – he-he’s very theatrical in the way he is in some
ways so he just gets into it uh but Carol’s good she doesn’t talk to it but she –
we talk about what it says and then she’ll say “well if it’s saying this we’ll say
that” you know and then I’ve got a friend Simon who – he’s very good as well
he’ll talk to me but he’s more spiritual than I am he’s very – he talks about it in a
spiritual way he’ll talk to it and but yeah
Keith: That was I think one thing you mentioned was friends who thought of it
as a spiritual crisis | A third – no-one – er he’s
David:erenning in the voice as friends who thought of it
Keith: That was I think one thing you mentioned was friends who thought of it
as a spiritual crisis | You mentioned last time (unclear)
David: Yeah yes spiritual crisis yeah friend Simon yeah
Keith: Able to tell me a little bit more about what he thinks
David: (Sighs) What he thinks – he goes a bit far the spiritual way which is I
don’t think there’s anything wrong with that uh but he almost thinks it’s
almost a ssss-a split soul sort of – and that I’ve got to come to grips with that
and heal-hal-s my spiritual crisis that I’m going through you know I don’t
know if I totally agree with that but I think everyone’s allowed their own
opinion uh
Keith: Is there-is there a spiritual (unclear) to it?
David: (He breathes out through his nose) I suppose everyone has a spiritual –
I suppose everyone has a soul if you believe in it and if you’re going through a
crisis of spirit maybe your soul becomes fractured that’s that’s his thoughts
Keith: Does it ever feel that way to you though?
David: Does it feel um? I – it’s almost carrying it a bit far for me uh but I’ll-
I’ll never pooh-pooh anything I’ve learnt not to do that – everyone – there’s a
bit of truth in everything everyone says but not – may not necessary be the
whole story because it could be me not letting as much out as I do um like
Carol she gets most of the story because she um she does see me a lot more
and my parents always – I spend time between my parents and Carol’s she’s
just bought a new house and she needs a lot of work done on it so I’m doing
that but yeah she’d know the most and then you’ve got Jack and Simon and
my parents – my dad’s a bit of an age – he’s in his seventies so he-he kind of
goes along because it because mum tells him to if you know what I mean
but uh | mmm
Keith: | You mentioned last time (unclear)
David: Yeah and this thing about not being – it goes on a lot about me uh not
being worthy of being in a relationship (.) it goes at night normally between
the hours of two and four in the morning is when it’s at its loudest or two to
five you know when it’s that part of the morning when it’s very – it’ll go on
and on and on about – it seems to store up all these uh – you know if I’ve had a
pretty good day it’ll wake me up and start talking to me |
Keith: | It can wake you?
David: Oh yeah it can wake yeah I’m asleep and then suddenly the voice will come
up and start getting louder and louder and you know I’ve got to get up and have a
drink and mmm- I usually put on music to try to deafen it out | but that’s normally when it goes about really badly

Keith: Yeah yeah

168 cont. David: about worthiness and relationships and it (He lets out a breath through his nose) it likes to second-guess me as it-as it you know how do I put it? Like even now like it’s telling me that you’re not interested in what I’m saying but I said well he wouldn’t be listening to me if he wasn’t interested uh

Keith: Yes you said that before | (unclear)

David: about worthiness and relationships and it (He lets out a breath through his nose) it likes to second-guess me as it-as it you know how do I put it? Like even now like it’s telling me that you’re not interested in what I’m saying but I said well he wouldn’t be listening to me if he wasn’t interested uh

Keith: Yes you said that before | (unclear)

David: Yeah yeah it’s and when I coming here from the market it was saying (He lets out a breath through his nose) “You know he doesn’t really want – he’s just doing this just because” and it go-it goes on in that negative tone and I said “Well he’s spending thirty forty minutes with me if-if it’s all you know I can’t be wasting his time or-or he wouldn’t be doing it but if-if it sees that I’m nervous or if it sees that I’m um start to carry on a bit it will come in and get louder and louder…but…….um I don’t know what I’m tr-trying to think… it tries to guess what I’m thinking this is-this is where it gets interesting is th-it doesn’t always know what I’m thinking or if it was part of me you would think that it’d know everything that I think but sometimes it-it scrambles for um points of view and it’ll say things to try to get a rise out of me or it will yeah it’s almo-yeah it’s almost like it is just a package of ss- you know like a ghost almost there in]

Keith: What you’re telling me sounds like this is what a lot of people do in their own lives with other people | (unclear)

David: Yeah (He laughs a little)

Keith: Horace behaves in a way that perhaps a lot of people carry on | Carry on yeah

David: ooh I wouldn’t call it social | a bad social yeah but it’s almost

Keith: Well not-not like a

174 cont. David: like sometimes you know where you got that friend who’ll always talk about someone else and it always will be negative about someone else and it’ll always tell you the bad things about someone else and about situations about someone else or something else | does that make sense? …and when I

Keith: Mmm mmm

174 cont. David: do the journal when I’m write – because I see this about the journal here – when I um write in the journal sometimes it’ll try taking over my writing (He lets out a laugh)

Keith: How does that happen?

David: Well sometimes I’m writing and it’ll – it’s almost like – it grabs hold and starts to try to stop me from doing (He lets out a small laugh a little nervously I think)

Keith: You feel that physically?

David: Yeah I suppose I do I’ve never really thought about it like that but yeah sometimes it-it feels that way

Keith: So it’s not like it’s telling you words and you’re having to write it down it’s like it’s writing stuff and you don’t even | Well-well put it this way I’m

writing stuff and it’ll talk to me about what I’m writing so I’m trying you know if I’m writing down what it says – it – so “Well make sure you write this=make sure you write that” but if I then try doing my cognitive-
behavioural thing and write the positives to the negative it er it will try taking
over and saying “No you can’t write that=you can’t write that” and it took me
I think…it – I don’t know if it’s mind versus mind thing but it almost tries to
stop you from writing things |

151  Keith: Like in your book have you got any examples?

182  David: No not in this one I haven’t but in the other one (He turns over a page in the
journal he’s brought with him)

183  Keith: Is there anywhere the pen…?

184  David: Oh you can see where I start to cross things out and (unclear)…just things
like this (He shows me a page)

185  Keith: Okay tell-just tell me what was going on there

186  David: All right hang on (He reads aloud from the page) “I-I have to believe with
the good and have to co-exist with myself and two aspects of living” well it didn’t
like that so it made me cross it out

187  Keith: And you crossed it?

188  David: I crossed it out

190  Keith: Because you were talking about that when you go up (unclear)

191  David: It never takes me high I’m the only one who gets
me high and I’m surprised I can sometimes but yeah it’ll always try to get me out of a good mood (He
laughs)

192  Keith: Because you were talking about that when you go up (unclear) but you

193  David: It never takes you | (unclear)

194  Keith: tell-tell me a little bit more about that

195  David: Well like I said when the voice goes sometimes it – you almost wonder
where it’s gone

196  Keith: Because you-you-you-you | you

197  David: | You don’t – where’s it yeah it’s almost like you’re in an abusive relationship and you know a lot of people in abusive
relationships keep on going back for more and more so…and I think the longest I

198  Keith: Yeah that’s the longest you | you didn’t hear it at all

199  David: | Mmm mmm (He looks through

200  Keith: One thing I’ve pencilled in here | on page 5 just asking how

201  David: | yeah oh yeah

202  Keith: important is it to be able to talk about your voice and other experiences
because you said it was a positive step for you

203  David: Yeah I – it-it-it-it-it’s made me uh talk about it more with other
people yeah like I’m not hiding away from it like a lot of people don’t even
know that I have an illness other than I’ve got a bit of depression but there’s a core group like Carol and Jack Simon um my parents all my siblings they all know and I’m starting to become more out of the closet for the want of a better words uh and I’m feeling a lot better about it it’s been – and even deciding to talk to you has been more uplifting than negative so it’s a – it’s been good it’s been good it’s made me realise I’m not a freak um and

I’m not | 204

Keith: | (Is that?) one of the things that Horace says?

David: Oh yeah it just says you know compares me to the Elephant Man but in a mental way sort of thing ... uh and my daughter’s just turned eighteen and she-she’s yeah (He lets out a breath) I even talk with her a bit more about it now than I used to I used to try shielding her from it but I think that’s a bad thing I think she’s got to know what-what’s what

Keith: Were there any times when she was growing up and she was a child that she was really aware that the voices (were getting in the way?)? when her mother left when-when when she told me that I couldn’t come – I was in hospital and she split up with me when I was in hospital uh I found it very hard not seeing Charlotte everyday like I used to that was hard but in the end she did me a favour and I’ve come through it stronger

Keith: Can you tell me a little bit more this being able to come through a bit stronger when you’ve gone through such a terrible time?

David: Um even though I - I get the voice I still consider that I’m a better person for it I’m a lot more compassionate I’m a lot more caring uh I listen to people um I may not have a lot monetary-wise and all that but I-I with that I still enjoy a good quality of life even though I have this voice uh so I see the positives in it not in the voice but I see the positives in my life you know my aim is one day to get rid of this voice uh but and I think Alexander’s put me on some new tablets which seem to be mo-smoothing out my mood not stopping the voice but smoothing out my mood which has been really really good

Keith: Because uh you were saying in the last interview when um another psychiatrist | (unclear)

David: Oh yeah she filled me oh she – I was like a zombie where he doesn’t do that um and when I was a zombie the voice would get louder and louder and I just didn’t have any energy to-to fight with it you know so I just – all I’d do was lay in the corner and be a like a vegetable in bed just in a darkened room hmmm (He leafs through the transcript)…..yeah yeah one of my friends he thinks it’s more of a spiritual crisis yeah we’ve covered that yeah (He continues looking through the transcript until he gets to p. 9)…..yeah I suppose in some ways it’s ruined my life but I think in some ways it’s made me a better person as I just explained to you yeah no I reckon every psychiatrist should spend an hour with voices in their head … I think it’d give them more of an insight into actually what – it’s a thing that shock – a lot of would say “well-well try this pill or try that pill or try this pill” but I think sometimes they should learn to discuss the real root cause of what the uh – where it came from and what happened and not everything can be cured with the pill and even though – and I don’t you know even though you know there’s a place in this world for tablets I don’t think it’s a do-all and end-all and I think a lot of these problems we have or people have there’s a root cause somewhere down there in your life from where it started and I think they should be looked at more

Keith: You were saying that was part of the very traumatic experience |
David: Yeah I had a number of traumatic – yeah I had a very – I had a lot of friends die around me in my teenage years and a few committed suicide and a few through drugs and that sort of thing uh

Keith: Is this something you’ve talked to |

David: Yeah I’ve talked about yeah I’ve got - I’ve got nothing to hide about that and it’s almost like I had a group of friends and I think there was only two of us left you know over a period of ten years there’s me and this other guy and we decided (He’s almost laughing) we didn’t want to see each other any more just in case we’d go next uh but yeah it was and I just yeah I’ve become very much – I left home at seventeen uh yeah and I didn’t get on with my mother for a number of years but I’ve patched that patched that up the last twenty so yeah for a while there I just was against the world – and that was when the voice really near the end of that was when the voice started to really take over so

Keith: You said you were against the world |

David: Yeah attitude it – well you know what teenagers can be like

Keith: So you were rebellious?

David: Very rebel-rebellious got into a lot of fights a lot of bad stuff I-I never took drugs which was good uh but I got into a lot of fights and I saw a lot of bad stuff

Keith: So was your – was the voice the voices part of |

David: It-they started to come – as I said to you they really hit me when I was in my twenties but it even though I was thinking about this when I spoke to you last time…every now and then when I was in my teenage years I’d get voices yeah but not all the time every now and then something’d happen and I’d get this voice and then something else happened but it was very scattered if you know what I mean it was only really when I was in my twenties that it really cut in

Keith: Now when you-you told me about experiences about giving the eulogy |          was that the first time I can remember the audible hallucination coming in

David: Yeah but that was the fir- that was really the first time I can remember the audible hallucination coming in

Keith: How old were you (unclear)?

David: Oh I would have been (He lets out a breath) what was I fifteen sixteen maybe seventeen

Keith: That’s when the | teenage years were the first time but then you had

David: Yeah mmm yeah

Keith: isolated |

David: Isolated – I thought about this after I spoke to you last time and I did have other instances up to the age of my early twenties where it uh ss you know came more-more substance to it sort of thing

Keith: That first voice was that Horace the male or |

David: Horace was the first one and the other ones just came in afterwards yeah yeah (He lets out a small laugh and turns the transcript over to p. 10) yeah oooh “you’ve almost got to come out – oooh you’ve almost got to come out of the closet” I laugh at that I think it’s quite amusing…yeah “it’s not like a friend it’s almost like an obnoxious big brother it’s almost like part of the family” it’s like having an extra sibling

Keith: Yeah does that – to me that suggests there’s a very close bond I mean (unclear) even though it’s | (unclear) your own choice
David: Yeah you can you know no you know sometimes you can pick your friends you can’t pick your family” and I suppose that’s very true.

Keith: You talk about it as a twin (unclear)

David: Yeah you know almost like a twin (He breathes out through his nose) it’s almost like you don’t get a choice it’s just there.

Keith: It’s latched on to you | Part of the experience

David: Ye-yeah almost you know almost like a Siamese twin like’s it part of you but you’ve kind of got to cut it away to get rid of it does that make sense you know it’s almost like you’ve got to make that final cut and uh I think it’s really you know it’s really hard what.

Keith: Can you give me an example of that?

David: Give me an example of that that’s what-this is the hard one…like even though it feels like a twin or member of the family it also feels like it’s someone you’ve never seen or would never mix with or you would never think about talking to but it’s there (He lets out a short laugh and looks through the transcript) bah! Life throws funny things at you…yeah “it knows what buttons to push”

Keith: When you say used to get its own way

David: When you – it sounds like it’s your – it’s got to be you that’s got to do it to make the final cut (? a little unclear over the sound of David turning over pages)

David: Oh yeah well I yeah I suppose to make that final – I don’t know how to do it at this stage uh but yeah it-it’s like an obnoxious sibling it’s like a Siamese twin it’s like it’s part of you but it’s not part of you it’s very contradictory I know very con- it’s very contradictory |

Keith: When you did give in did it leave you alone?

David: No it’d hammer you more and more and more and you – till you basically become like a-like a what-what-what I’m trying to think of the word very vege- oh you know like almost vegetative yeah very and it’d just hammer and hammer – even if you had music on loud it’d just take over the music and when it’s really bad whatever music you listen to its voice comes through and starts singing the song through changing the words

Keith: What? What – can you tell me what music you put on?

David: I like well I like any- I like anything from Robbie Williams to AC/DC to
Michael Bublé to Missy Higgins depends what mood I’m in to what I play if it’s really loud it’s a heavy AC/DC Cultures of Foo Fighers sort of stuff.

Keith: And it then sings |  
David: | (He laughs a little) Yeah not always but when it’s really loud it’ll actually take over the song and change the words of the music.

Keith: And does it kind of stumble over the words or it sings |  
David: No it sings really well.

Keith: Bit of a lyricist (We both burst out laughing)
David: Well then but that’s it doesn’t – hasn’t done that a lot lately but when I was really bad and – so you just don’t know what to do with yourself you know and that’s when you get suicidal but uh yeah look the last eighteen months I’ve seemed to have – keeping it at bay Horace at bay it’s a good-good name for it it’s a good name Horace.

Keith: Why do you think it’s a good |  
David: Oh well my friend Jack he when he said – it’s one of those names you’d never name a kid but (He starts laughing) the – but it you know i-i-i-if – it would always be the obnoxious rela-relative Horace it’s got that way you know it’s got that feeling about it you just think ‘eeuuh’ (He laughs)

Keith: It is a bit kind of what? A bit prissy |  
David: Yeah yeah almost that way and a bit you know you wouldn’t talk to him if you didn’t want to but he was the obnoxious uncle or something like that mmm but yeah

Keith: Well shall we leave it | there?  
David: Yeah that’s good

Keith: Are you okay? You’re managing
David: Yeah I’m fine yeah oh yeah I’m yeah I’m pretty good
Interview 3

Participants: David, his partner Carol & Keith
Place: The office of David’s psychiatrist
Date: Thursday 19th February 2009
Time of interview: Around 3.00 pm

Notes: When I went out into the reception area to bring David in, he was sitting with his partner Carol. I asked them if they’d like to be interviewed together as they were both there rather than making a time another day. They agreed. I placed the two leather armchairs in David’s psychiatrist’s office close to each other. Apart from a wicker chair on which I put the microphone there was only David’s psychiatrist’s chair. I joked about sitting in it. However, I decided to just sit on the floor in front of David and Carol. David & Carol didn’t want to be videoed for this interview so I just used the digital audio recorder.

1  Keith: Hi David nice to see you again
2  David: G’day how are you?
3  Keith: Pretty well thanks and um and I see you’ve brought Carol your partner
4  with you | which is magic
5  David: | Yes I have
6  Keith: Hi | how are you?
7  Carol: | Hello
8  Keith: Uh it’s been now – what a few months | since we’ve seen each other
9  David: | A few months
10  Keith: what October wasn’t it? | that we saw each other um what’s been
11  David: | Yeah
12  Keith: happening in the meantime?
13  David: Well I’ve had a few ups and downs had a bit of a period where I wasn’t
14  feeling a hundred percent the voice got the better of me for a little while but uh I
15  seemed to be getting on top of it and uh it’s – yeah it had its moments but been very
16  up-up and down
17  Keith: Can you just say a little bit more when you say it got the better of you?
18  Carol: When the uh voice used to take over he’d go very into himself very
19  agitated very restless all the time unable to concentrate you could tell he
20  wasn’t really listening when he gets like that now I can recognise that the voice
21  must be very loud and I ask him and he’ll say yes he forgets to tell me when the
22  voice is there because he’s just so used to it all the time um he just doesn’t think to
23  say anymore but I’ve picked up on the behaviour to recognise when it gets really
24  loud
25  Keith: Oh right so David you-you would tell Carol before?
26  David: Yeah yeah I-I tell her even now | some of the time I tell her – not
Carol: Not always

David: always sometimes if it gets too loud too quickly I’ll er | I might say

Carol: No you won’t (She starts to laugh just a little) I have – before I used to have to

draw it out of | him what’s the matter what’s the matter I can tell something’s

David: Yeah (He

laughs a little)

Carol: gone wrong nothing and he’d really be quite introvert um and it’s –
eventually he would admit that the voice’s gotten the better of him or it’s
really really loud and it’s sort of been really loud for x amount of time whereas
over the years I’m recognising that how you sort of pick it up in him before he even
tells me

Keith: Okay so you’ve become quite familiar with what happens

with David when the voice comes to him is there any particular

Carol: I - I believe it gets quite high when he perceives to be challenged with
something that has to do with his own self-belief

David: I’d agree with that i-if I find something that’s going to be challenging
or something that could irritate me or make me feel on edge it gets louder
because it gets very detrimental about myself and about um how I’m going to
approach something by being very negative and it is true I do go introverted
and I do go within myself because it – yeah it’s like a safety mechanism to try –
you just want to lie in the corner and go to sleep

Keith: (I let out a breath) What’s it like for you to having to deal with what David
goes through?

Carol: Oh that’s a good question um…I - I see it as an opportunity to know
him better because very very often when the voice gets so loud it – o-o-once
we get talking and I have a very exclusive way of bringing information
forward um

Keith: | How do you mean?

Carol: Well I suppose as he says I counsel him I’m very good at that and I’m-
I’m taking that from what he has said because he will eventually admit – we-
we go by the layers and eventually work out that he is being challenged on a
particular self-belief about a situation that he sees forthcoming or a situation
that he sees he is in so we eventually bring the layers down to identify a false
self-belief in himself or a negative self-belief and we work on that and I get
him to write in his journal and-and really acknowledge that and explore that
and often well each time we’ve done that the voice goes away or |

David: | Doesn’t
go away but it-it |

Carol: or-or quietens down quite a lot so in-in doing that we are – I am
finding out more about him at a deeper core level

Keith: That’s quite remarkable to have someone who wants to go that far |

David: | Yeah it’s

very good

Carol: (She stumbles over her words briefly) As much as he sees it as a negative
thing I encourage him to see it as an opportunity to find out more about himself and
to peel away the layers of false self-beliefs

Keith: Can you s- – how do you feel | when you hear that?

David: | Oh oh it makes me feel good

because it you know you got someone on your side who’s very compassionate and
very um yeah she wants to know what – how I tick and quite confronting my fears
is confronting the voice and yeah
Keith: What do you think of this voice?
Carol: I see it and this isn’t for sure of course but I-I see it as an aspect of his
unconscious being very loud and wanting to be heard um I-I look at David as a
person who has grown up to learn to be something that he’s not and so I-I look
at him as a person torn between the physical side and the spirit or the soul or
whatever and I see him as being a very old and wise soul into this physical
form and it’s battling with him to be who he really is rather than the person
he’s learnt to become which are two different people so I-I see it as a-an
aspect of his unconscious or-or-or his soul – I don’t know what you want to
call it – trying to come forth and to be heard and to be acknowledged that that’s
the person he really is and so the voice as detrimental as it is it’s alerting
him to a false belief or to a aspect of himself he believes to be true that is in
conflict to his inner self core self soul whatever you want to call it
David (He lets out a little laugh) Hmm I – you know I know where she’s
coming from like I suppose (He lets out another little laugh) I-I struggle with
the fact that it is-is um – oh (He lets out a sigh) what she just said makes a lot
of sense but you know I’ve had it for so long I-I get it in so many different
ways that I struggle to really go with that you know totally but I know where she’s
coming from
Keith: Is there any particular bit?
David: Just the soul bit I just I don’t know I just struggle with that a little bit I
feel like it’s coming just I don’t know I just struggle with that a little bit being
honest
Keith: Okay so if I understand the voice is the false part it’s the bit –
hearing the voice uh is this warning sign about the false beliefs the-the | negative
Carol: | Yes
Carol: Hmm I – you know I know where she’s
coming from like I suppose (He lets out a little laugh) Hmm I – you know I know where she’s
Keith: Can you just say a bit more about that?
Carol: Well for example David used to have this recurring nightmare of being
chased by demons and monsters and for many years that haunted him and um I
looked into dream interpretation and we explored that eventually we identified
the demons as his fear chasing him so that his fear was literally causing him to
react to run away from himself and so when we consciously got him to
meditate on not running but stopping and looking – it took many many times
and each time he was able to look a little closer at these monsters and
eventually he saw them as his fears and acknowledged them as a fear and then
he stopped having those nightmares so it was a very negative thing that was
happening that was trying to make – trying to call his attention to his reactive
behaviour and identifying he’s reacting to the fear rather than responding with
it
Keith: Is that what it was like?
David: Yeah that's what for that dream yeah it was like that
Carol: So I see the voice in a similar manner=it’s trying to call his attention to his
reactive behaviour the fact that the fear itself is taking control
David: And I must agree you know we discussed it last time that it being almost
like a child in the way it goes about its um you know it wants attention

Keith: I noticed you kind of laughed a little bit when Carol said that

David: (He laughs a little) Yeah well because I was thinking you know thinking exactly

Keith: Yeah

David: that but yeah it is very childlike in the way it screams for attention and if it doesn’t get it it gets louder or if it gets scared it it gets louder or you know if a situation is going to be a bit stressful it’ll get louder

Keith: How much do you know about this voice? Do you know David has a name

David: Horace yeah

Keith: What else – how would you describe this voice? What it’s u- – it’s like=what it does

Carol: It torments him um…he is frightened of it because he fears being safe to himself (.) he has been in situations when the voice has been so loud and so negative he’s come very very close to suicide so of course it’s – listening and hearing the voice it-it-it—it’s almost um brings on fear by association because the voice to him means not feeling safe within himself because he’s come so close to wanting to commit suicide and even attempting it a couple of times because the voice has just had so much control over him…hmm does that answer you question?

Keith: Do you know what the voice says? Do you know the types of things it says?

Carol: Sometimes David will tell me um most of the time he will summarise it by saying it’s being detrimental when we’re trying to analyse the fear component I’ll-I’ll make him tell me exactly what the voice is saying and that will highlight the fear that is being activated within him at that moment um so it will depend – a lot of the times it will tell – it will call out um from what I understand it will call out to David that um what would I know (.) I am an idiot and I don’t love him and I’m just using him and I’m just going to dump him um so it will use me a-as-as a detrimental thing that he’s worthless um it will use his family in-in saying that you know they’re talking about him and they don’t really love him things like that and that he basically it’s reaffirming to him that he’s worthless

Keith: Must be very hard to hear

Carol: I’d hate to be in his shoes

Keith: But to hear him also telling you these things about what the voice says

Carol: I-I don’t find it difficult no I sort of get excited and think ‘ah-ha got you!’ (Both Carol and David let out a little laugh) Tell me more!’ (She lets out another little laugh)

Keith: Okay can you tell me a little bit more about the “got you” kind of feeling of what you can do with it

Carol: Well it’s like identifying it and once it gets identified it doesn’t like it very much

Keith: What-What does it do?

Carol: It gets louder temporarily it gets louder | um he gets very restless very um agitated so I think with hi- – the trigger point of-of – a button of-of an issue that’s been hidden for too long so it hmm ah- –how can I describe it? I don’t see it as ‘oh you poor thing’ I sort of see it as – I mean poor
thing he’s got to live through that I don’t even have to live this
screaming at me I think I would have done something to myself a lot time ago
so he doesn’t recognise the strength and the courage he has to be able to live
through this but at the same time I’m trying to help him…understand that
perhaps if he sees it as-as-as um as a trigger to alerting him to a fear that might
help him eventually work through the layers and it won’t need to be there
anymore
David: She’s very good isn’t she? (He lets out a breath) yeah it is it’s very
di– you know very – hard to live with but being with Carol has helped me a
lot to understand myself and with Alexander and all my other people helping it’s
slowly getting easier but I still have my moments where it just becomes all
encompassing
Keith: Mmm like…|           co  
David:                     | Yeah  
couple of months ago yeah very  
very hard but it doesn’t happen as often | where it becomes like that so
when you get like that we work through it | you know um you know for
David: | Mmm  
Carol: example it’s like this little child having a tantrum in the corner=rather
than just hearing it scream say “right okay come here (.) now you’ve got my
full attention now tell me what you want” so when it gets like that and the
voice is really loud it’s almost like going deep inside it’s like “okay we’re
acknowledging you voice come forward and tell us what you want” and it will
talk about the fear
David: Even when coming to see you there’s a certain amount of fear involved
in that and the voice for a while gets a bit lounder um you know and sometimes
you feel ‘oh I don’t want to do that I don’t want to do that’ but you’ve got to do it
despite fear because if you give in to it all the time I’d do nothing and I’d go
nowhere and you know I might as well yeah just be a vegetable in the corner sitting
in a padded room in Glenside so
Keith: So it was playing up today?
David: Oh a little – not mu- – not as much as u- – normal um which is good uh I–
you know I was a bit agitated this morning but yeah (David and Carol both
laugh) but it um |
Carol: | I said “something’s not right what’s wrong?” “Nothing!”
(David laughs throughout) I said “you’re going to see Keith today are you?
Are you (unclear)” “No I’m comfortable about that now” “Okay” (Carol
laughs)
David: I’ve got – you know in-in hindsight is a wonderful thing (Carol laughs)
but yeah there’s a certain amount of – and e-even (unclear) I met Alexander I
still have that you know “they’re not going to believe you” uh a fal- –  you
know it’s a false belief but very uh | very strong
Keith: | That’s what Horace  
yeah it just it keeps on s- – you know saying the negative side
Keith: is saying?
David: of that person of-of what you’re thinking kind of you know and it’s
very childlike you know it’s you know like-it’s like-like I said to you last time
it’s like having a twin it just won’t let go
Carol: That-that’s where I see him as being torn as the person he’s learnt to become
versus the person that he truly is
Keith: Yeah is that also a kind of a part of your experience as well another
person’s experience like me that it’s a part of everyone’s experience this torn
feeling?

Carol: I think everyone’s got a positive self and a negative self as and I suppose it depends a lot on your background as to which part dominates um… and I think if you’re -if you’re mentally healthy and what-what is that? But…what was the question? (David laughs through his nose)

Keith: Do you think this thing of being torn that’s a part of common human experience?

Carol: Not necessarily no no I think a lot of people are quite clear in-in who they are and what they want to be um um depends on their – if their upbringing – not necessarily upbringing but…mmm it-it depends on a lot of factors as to how healthy that sense of self is and the stronger that sense of self the less torn the person is

Keith: Can you tell me when you-you first David – when you first became aware of what he was going through what was it like then? Um

Carol: I met him through a friend so the friend had already told me a little bit about him um and I come from a background of family having mental health problems so it didn’t scare me um and when I met him mmm I was very saddened by his vegetated state um I was aware that he was under so ma– much medication he was just close to being a vegetable

Keith: How long ago was this?

Carol: Eight years ago we’ve known each other now we’ve been together but something in his eyes sparked at me (David laughs fondly) and as much as I didn’t want to be involved (She can’t help smiling) with him I just couldn’t help myself (David laughs fondly again) uh there was just something in his eyes and the fact that he was labelled with this condition didn’t scare me I-I saw something deeper inside of him and I thought ‘no’ oh I-believed – not that I r- consciously recognised it at the time but given the right support and the right nurturing he could come out of it enough to have a quality of life

Keith: (I’m casting about here for a question) Do you remember an experience where um David’s voice – something you really remember what it did to him once do you know whether something stands out of all the experiences that you would tell to someone about what it’s like to live with who has a voice?

Carol: Not any one particular incident no no

Keith: (I’m still casting about) Just um when David tells me about some of his friends who know about his voice do-do um what does his friends think about Horace and – do they ever talk with you or you talk with them or they say anything?

Carol: Not at a very deep meaningful level no no the two particular friends that do know about it were very very close to him I’m not particularly close with uh it’s just the opportunity really hasn’t come to develop a strong friendship for me with them so conversations of that sort we don’t go into any depth um sometimes when we’re sitting round the table we may joke about Horace

Keith: Like what kind of…?

Carol: Oh tell it to piss off (David roars with laughter and she laughs) or or-or-or – or-or start making fun of it or something I don’t know

Keith: What happens?

David: Oh look you know it depends if how fragile I’m feeling but normally I laugh along with it um sometimes the voice will say “see what they’re saying” you know “they don’t know what they’re talking about” you know so yeah Alan one of my friends he yeah well both of them they’re – I’m fairly close to
both of them and they know all the depths and details of what I’ve been
through and all that and they’re very positive in the way they – it doesn’t
frighten them off doesn’t frighten them from me sort of thing
Carol: Mmm they are very empathetic and they will listen to him and empathise
with him mmm
David: Because one of my-one of my friends the one who nicknamed it
Horace he had a few issues himself so we kind of bounce off each other and
talk about that sort of stuff so it’s good having people around which are
empathetic and compassionate makes it a lot easier to go through life
Keith: Mmm…..um I sent you a recording of the last interview what was…?
David: | Oh yeah it
wouldn’t work on the CD player | uh but I read through all the notes
Keith: | Ah right
David: today mmm
Keith: Okay
did it – would it work on your computer?
David: I haven’t tried it
Keith: Okay
David: Carol wants to have a listen to it so she’s going to try it |
Keith: Mmm…..um I sent you a recording of the last interview what was…?
David: | That’s good
Keith: That’s good
David: Other than the amount of times I say “um” no
Keith: | (He laughs)
David: | (unclear) But I mean the | sort of things
Keith: | I thought of
David: | Other than the amount of
Keith: | (unclear) But I mean the | sort of things
David: | I thought of
Keith: you talked about that the um……
David: (He’s trying to think of what to say) I-I was – must admit I was having
trouble concentrating | I was very | uh so you know I noticed the
Keith: | Yeah | yeah
David: A bit of it
Keith: Mmm all right okay um I just sort of
David showed me | a bit of it
David: | Yeah I showed him yeah
Keith: can you tell me a bit more about that Carol that was your idea wasn’t
it?
Carol: Yes
Keith: Okay
Carol: Um…I introduced the idea to him in an effort to bring out what he was
keeping so deep inside and then when he reads it it helps him reflect and see
himself a little clearer perhaps
David: I did even before I had a little bit of a thing I used to write but uh I keep it-
keep that in a – locked in a box
Carol: Yeah (David lets out a little laugh) and also too by writing a journal he can
write down a thought and then as that thought is put to paper it’s out of his head so
it doesn’t have to roll roll roll round so then that creates the room to go to the next
layer right? So he writes a thought down okay so what comes next and what comes
next and that often helps to peel down the layers to eventually identify a core be- –
Keith: Mmm do you ever read anything from it?

Carol: Not always not unless he asks me to read it I don’t – that’s his private stuff and that way he knows he-he’s-he can trust that that’s – he can write whatever he wants in there without fear of everyone or anyone reading it…because it’s his utmost most private thoughts and fears coming out so I think it’s important that he understands that it’s not going to…well no one’s going to go into it unless he wants them to

Keith: Mmm mmm but you-you talk about it?

David: Yeah I-I do show her most of the stuff I wrote in there | Yeah it’s

Keith:                                                                                          | Yeah

David: yeah as I said you-you get to a stage with-with the illness that you just – I’ve got nothing to hide from her and I think it’s – and she doesn’t judge me by what I write and that’s you know and the voice no matter what the voice says it can’t dampen that because she’s still here after eight years so

Carol: But I think it’s important that you feel safe enough to write | what

David:                                                                                               | Oh yeah

Carol: you’re going to write without thinking ‘I better not write that today in case she reads it’ | and often he’ll struggle to write something

David:                                                                                               | Yeah

Carol: so we sit together and he’ll tell me something and I say “well write that down” then he’ll start talking again “well write that down” so he does and eventually you know we’ll do maybe a few lines | or a couple

David: Do a page

Carol: of pages and then he sort of – it gives him something that if he wants to go back and reflect and it helps him see himself with a clearer picture

Keith: Mmm mmm so you become part of the process?

Carol: Sometimes yes other times he’ll go and hide and (unclear) I think he’s writing in his journal so I just leave him be…..

David: She’s not bad (They both laugh)

Keith: Anything – times when if you go out where Horace you-you’re aware of Horace talking to David?

Carol: Yes

Keith: What kind of places?

Carol: Most in – mostly when we have to or we are out when his daughter is about in a public situation for example her graduation ceremony or her birthday when the ex is involved or when extended family are around situations like that | often

David: And-and I don’t-I don’t like really crowded think that really freaks me out really crowded areas not as bad as it used to be

Carol: You’re better at handling crowds now but you’re still not better at handling extended family social situations

Keith: Mmm why do you think they (unclear)

Carol: Because he fears being judged by them

David: And the voice kind of does a negative take on that what they think you’re about and all that | sort of stuff

Carol: | Mmm so there’s the fear | and the voice kicks

David: | the fear

Carol: in | yeah and the voice kicks in

Keith: Mmm mmm what-what type of things do you-you hear?

David: Er well again you know that "they don’t believe you" that you know
"you’re a worthless piece of" whatever and you know things along that line
very uh negative you know “you’re just faking it=you’re a fraud” um “you’re
a waste of space” sometimes it goes into more depth but that’s really the gist
of the whole thing……… (Nearly a 30 second pause as I leaf through my copy of the
transcript of the last interview)
145 Keith: Just um one of the things I sort of highlighted is uh where you talked
about it being a bit like an obnoxious big brother |
146 David: Yeah an obnoxious big
brother or a twin or something | like that
147 Keith: Being part of a family
148 David: (He laughs) Yeah yeah
149 Keith: (I turn to Carol) How do – any feelings about that?...
150 Carol: Um none um none really no
151 David: But it-it does come across like that you know there’s that one that
always you know that obnoxious brother or that twin that just always tells you
that you’re not doing – (^) you’re never going to succeed (.) you’re never going to
do right (.) whatever you do is wrong(^?) then when you’ve done it you still
haven’t done it right that sort of thing it just is forever hammering you about
that sort of stuff
152 Carol: When he talks about stuff like that it makes me picture him as a young
child and from what I understand he was an obnoxious little kid (She gives a
little laugh) so it’s interesting that he calls it an obnoxious brother because
(Humour is rising in her voice) you were a very obnoxious brother to your
own siblings (David gives a slight wheezy laugh and moans)
153 Keith: How was that?
154 Carol: Pain in the arse basically (David laughs for a moment) always shit
stirring always getting in their space um and I’ve seen that side of him where
he can be very obnoxious hmmm but from what I understand from what his
family tell me and what David’s told me as a youngster he was an obnoxious little
kid…
155 David: Can’t argue with it! (I laugh and so does Carol) I was well – if-if I’d
been around these days I’d almost people said I’d had ADD but mum just
believed in exercising me and uh let me run around like a yeah (Carol lets a
little laugh) did exercise played sport and everything to uh yeah you grow out
of stuff like that though and I get on very well with my
siblings now | even though the voice tells me I don’t but I do
156 Carol: Yeah
157 Keith: Mmm mmm do you-do you think the –in the time you’ve known David has
the voice changed any way? Has it developed or is it just…?
158 Carol: No
159 Keith: It’s just the same then uh say a bit more about that uh?
160 Carol: To me it’s the same now as it was when I first met him
161 David: Don’t think it has the same control that it used to though
162 Carol: No no your reaction to it is diff | erent | but the voice itself
163 David: | Different yeah | oh
164 Keith: And just tell me the qualities again of the voice that you feel have stayed the
same
165 Carol: The negativity the same things that it says the loudness will depend on
the level of fear so if the voice is really nou-loud you can usually associate it
with a very high fear um and the same tone that it uses… | so it-it’s
Keith: mmm and just thinking about the-the kind of sort of medication that-that David’s been on what-what effects does that have?
Carol: None I believe none (She has a slight laugh as she looks over at David)
David: I disagree with that she’s very anti tablets whereas I
Carol: (She raises her voice) No I’m not absolutely not if I can see a medication works I’m all for it
David: The last one he put me on has actually levelled me out a bit I feel so I’m happier with it she’ll bite her tongue and won’t say anything
Keith: what the name of that is?
David: Cerecor is it?
Carol: No sodium valporoate
David: No it’s not Cerecor sodium valporoate sorry sodium out a little laugh) but she get-she gets
Carol: I’m not arguing that it hasn’t – that’s got nothing to do with your voice
David: (He laughs a little resignedly) I know
Keith: Can you say a bit more about that?
Carol: I believe any improvement he has developed in relation to the voice has come from cognitive-behaviour therapy that he’s undergone for and continues to do from what he’s learnt there um the times we spent talking together writing in the journal identifying his fears all of those I believe have contributed ninety-nine point nine percent more in helping him with the voice than the medication I do believe the medication has worked to some degree because he believes it works and therefore it’s given him that window to deal with it a bit better
David: Uh…yeah I’m in a bit of a disagreement that I can understand where she is coming from I feel like I don’t want to be on all the tablets I’m on but I think I’ll always be on a man- uh what do you call it a |
Carol: Management
David: management dose sort of thing so but yeah you – I’ve talked to Alexander about it and yeah we’re going to try cutting down if I can you know as I get better but yeah she’s got very strong views on tablets which is not a bad thing everyone’s allowed to their own opinion so she doesn’t have to live on this side (He lets out a little laugh) got to disagree with something can’t be perfect (He and I both laugh)
Carol: (She laughs) I promised I wouldn’t get into this argument with him an-y more (I laugh)
Keith: Well we might uh think about wrapping it up unless there’s
David: Yeah
Keith: just anything you’d like to close with? That is any |
David: No I think she’s done a lot of talking that’s made it very easy for me today
Keith: Right
Carol: (She has a little laugh) I’m happy with that (David laughs)
Keith: All right thank you very much thanks a lot David
David: No that’s all right no worries
Interview 4

Participants: David, his psychiatrist Dr Simpson & Keith
Place: The office of David’s psychiatrist
Date: Friday 9th October 2009
Time of interview: Around 4.00 pm

Notes: Dr S. sits in his office chair and David sits in a big leather armchair. The mood is convivial between David and Dr S. David didn’t want to be videoed for this interview so I just made two audio recordings using the digital audio recorder and the video camera with the lens cover still on.

1  Keith: Ah so thank you again Dr S and thanks again David for meeting up
2  with me um can-can I just throw things open to either of you to just start – perhaps
3  Dr S perhaps you might say something about in your experience the kind of uh
4  things that David talks to you about and that perhaps your other clients talk to you
5  about if – what-what does it mean – what – how would you describe what they
6  experience?
7  Dr S: W
8  ell what they usually talking about are uncomfortable unpleasant sort
9  of voices usually=occasionally you get auditory hall- – uh visual
10  hallucinations but it’s-it’s usually auditory uh as a psychiatrist I sort of see it
11  as a symptom of a brain disorder if you like and usually you use it as a
12  monitoring tool (.) if the hallucinations go up the patient’s usually not so well
13  and you got to do something about that um the other time when you see it flare
14  up as you often have commented is when you’re under stress (David: Yes) up
15  they go (David: Yes) they are (He lets out a sigh) almost invariably unpleasant (.)
16  they cause distress uh they wear people down=they interfere with
17  concentration=interfere with sleep and when they get really bad – uh I know
18  you have a-a really uncomfortable time with severe anxiety and stress don't
19  you?
20  David: And paranoia.
21  Dr S: And the paranoia comes and you [
22  David: Comes in – but yeah as I said(?) Dr S
23  was right with um – lack of sleep’s the thing that really sends me off which
24  then leads to-to the distresses and the paranoia and all that sort of stuff
25  (Dr S: Yeah) but at the moment it's fairly low which is good (Dr S: Yeah)
26  you know little ups and downs but for about five or six weeks (Dr S: Yeah) it's not
27  been too bad
28  Dr S: Yeah in general when David’s talking about just getting occasional
29  hallucinations – or in your case usually quiet hallucinations (David: Yeah)
30  they’re usually there but they’re sort of (David: Yeah) well in the background (.)
31  he's happy and I'm happy (.) it's when (He laughs slightly as he speaks)
32  they’re building up and they’re dominating that David gets distressed and
33  that's where suicidal (David: Yeah) feelings start getting pretty worrying so as
34  I say I-I tend to look at them as a symptom of the disorder (.) how do you look
35  at it David?
36  David: How do I look at it? I agree… I can't really put my finger on the initial
37  phase of when it all started as such (Dr S: Mmm) but yeah I – yeah as I said lack of
38  sleep leads to me really going off the deep end (Dr S: Yeah) um yeah I don't know
39  what – it’s very uh confronting
40  Dr S: Yeah (.) is it the voices that cause lack of sleep or do the lack of sleep
41  aggravate the voices or I ?
42  David: That's an interesting – I sometimes think they go
hand-in-hand (Dr S: Yeah) um if I start – sleep stuff getting bad the voices
(unclear) I usually have a just a – as I was explaining you about – if it’s down
between nought and five=it's bearable (. ) at the moment it's only about 0.5
which is just like a little whisper uh which I'm very happy with (Dr S: Mmm)
but if I don't sleep that usually raises it raises it up and that's when it gets really
really bad and really hard to take
10 Dr S: Yeah (. ) the other thing that always interests me is whose voice it is
(David: Yeah) and most people can't tell me you know it's a male voice or it’s a
female voice (David: Mmm) and I think I’ve asked you that question on a few
occasions?
11 David: Yeah a male voice (Dr S: Yeah) yeah it's definitely a male voice um think
when I first started seeing you I had more than one (Dr S: Mmm) but um I've only
got the one now which is—which is good (The film in the camera comes to an
unexpected end so I start scrubbling around for a replacement film leaving Dr S and
David to talk between themselves)
12 Dr S: Yeah and you can’t identify
13 David: Sounds a bit like me (Dr S: Mmm) um but not like me it's kind of like a-like
it’s—it’s there and I can recognise who it is but I can't put a finger on it
14 Dr S: Yeah right so it's just a voice that (sort of)? somebody that you can hang
it on |
15 David: | Yeah it’s alm– as I said very auditory
16 Dr S: Yeah and the other thing that happens occasionally is some people uh will
ascribe it to a certain agency or uh (David: Mmm) you know some other source of
external influence but I don't think you do much? (David: No no) it’s something
going on inside your head
17 David: Yeah I think well yeah it comes out as an auditory (Dr S: Yeah) yeah
18 Dr S: Yeah and as (unclear) always unpleasant uncomfortable (David: Yeah) sort of
thoughts
19 David: Yes very much so
20 Dr S: Yeah (. ) (Dr S makes a quip as he sees me still struggling) good to see the
technology working there (I laugh to try to pass off the sweaty time I’m having.
David’s concern is that we’ll have to start again but I reassure him we won’t have
to. I finally get the tape in)
21 Keith: (I try to recollect myself and get things back on the roll) So could I ask
Dr S then what-what is that you recall about David's experiences?=stand
out
22 Dr S: First of all they’ve been going for a long time (.) secondly when they get –
we’re talking about auditory hallucinations – when they get intense they are
obviously quite overwhelming and that's when as you’ve commented yourself
you get the paranoia (David: Yeah) you start worrying about literally
everybody around you and that's where David will get very distressed and uh
starts feeling suicidal and uh that results in the occasional hospital detention
but they've been going for a long long time | | | | | | |
23 David: | Yeah yeah long long time
24 Dr S: Yeah because you’d seen a number of people before |
25 David: | Yeah I'd seen uh a lady
26 Dr S: Alison Bishop | yeah yeah
27 David: | Alison Bishop that’s it but yeah yeah it’s just … yeah i-
it’s sort of like what I’ve heard=(He gets a few syllables mixed up)
hospitalisation this year um but other than that it's been not too bad a run (Dr S:
Yeah) the last two years um still gets to me but I think I'm learning more
with cognitive behavioural therapy and doing the mind games=I seem to be
getting a bit more concentration back (Dr S: Yeah) and seem to be going in the
right direction | slowly
Dr S: Yeah it certainly seems to have been you know in general I think
you've been a little happier in yourself (David: Yeah) and uh managing more
things (David: Yeah) yeah
Keith: Can I ask – you talked about CBT and mind games=what’s that about?
Dr S: Uh leads to concentration and memory and there’s a bit of evidence that
some of the computer games can help with um I suppose it's relearning concentration
memory and so on (.) there's a bit of evidence now that if you get people
exercising their brains they can improve deficits and one of the problems
with a psychotic illness is you end up with deficits in concentration memory
and some of the uh logical thinking=some of the abstract thinking and
so there’s a bit of evidence around now that if you get people playing certain
computer games that can improve things |
David: And I even just – I read a book
lately for the first time in years and (Dr S: Yeah) I actually took it in and
remembered what it was about (Dr S: Yeah) and I've been doing these games on the
computer just you know it could be-be anything from how many triangles you
know in a picture to maths like (He stumbles over the word ‘Sudoku’) I can’t –
Sidokos or whatever you call it and even crosswords I've been trying to do lately so
(Dr S: Yeah) all these things and helping me to hopefully get back to a more –
better life (Dr S: Yeah)
Keith: When a psychiatrist talks to somebody about their voices – what are the
kinds of things you ask or listen for?
Dr S: Well first of all whether the voices are present or not (.) secondly how
intense they are (.) thirdly their content um fourthly the um the effect they’re
having on the patient um … I guess the content is important=if the voices are
very commanding and very strong and telling people to do harmful things to
themselves or others um one – you get a bit alarmed about that (.) you need to
do something about that otherwise you might end up with a tragedy on your
hands um the other thing is sometimes the content you know how it ties in
with um what's happening in the person's life=what's happened in the past to
them (.) those sort of things um … and somebody’s … – the other thing I
guess is in the content=the-the really negative stuff you know “You’re a bad
person=you deserve to die=you never do anything right (.) you’re
hopeless=you’re helpless”=you know that sort of thing um that usually gives a
pretty good idea that the person’s getting depressed so they might have a
psychotic illness=a-a schizophrenia for example uh but if they get depressed
their hallucinations will tart-start to get a bit of a depressive uh flavour to them
so that can help you work out what you should be doing under those
circumstances
Keith: Is it okay to talk about the content of David's experiences of voices?=is that
all right?
Dr S: If David’s |
David: | Yeah I'm happy with that you know I’ve – I suppose when I
was a teenager I had some very bad thing like friends die in not too nice ways
and I think that kind of was the start of my psychosis I think (Dr S: Mmm) um
and I'm not saying it was the only thing=I think maybe there’s a bit of history
in my family but also with depression and that sort of thing um I think
basically I just didn't go and see anyone about it for a long time and then when
I did I’d already – I think I’d bottled it up so it came out in a – I think
(unclear) it came out in as a voice or whatever you want to (Dr S: Mmm) I
think that’s |

Dr S: | Because your voices got a fair depressive
element | haven’t they? | It’s this “You’re (unclear) person”

David: | Yes they have yeah | I’m useless and all that sort of stuff
(Dr S: Yeah) tells me to do myself in and “people are talking about you” and all
that sort of stuff=very detrimental

Dr S: The other interesting thing is that um w-with your last admission um
instead of escalating the antipsychotics we escalated the | anti-depressants

David: | Anti-depressants

yeah

Dr S: which resulted in quite a big improvement reasonably
quickly | three weeks | so we’re working on that theory that uh

Dr S: when David’s voices escalate it's probably secondary to a depressive
illness more than just a straight say schizophrenic disorder (His voice goes up
as if seeking David’s confirmation) |

David: | It's probably a mixture isn’t it?

Dr S: It’s a mixture yeah (David: Yeah) I suppose we call it
schizoff | ective disorder | but secondly you

David: | (David and Dr S both laugh) yeah

Dr S: kno-ow last time was your mood picked up (David: Yeah) all the voices
settled back and currently your mood’s not bad from what I
can see |

David: | (He comes in strongly) Yeah I’m feeling best I’ve felt for a while
today (Dr S: Yeah) yeah which is good | today I | yeah about

Dr S: | And your voices are very quiet

Dr S: Which is not bad particularly when | you got all this | yeah

David: | Yeah all this stuff yeah (He lets out a
laugh) but yes so things yeah are getting back on track I hope (Dr S: Yeah)

Keith: And you said that David’s voices uh said bad things about him=do they do
anything else? Other ways they talk to him?

Dr S: Uh (He lets out a sigh) he can probably answer that one | better than me

David: | Yeah um they talk about certain people and very detrimentally and how they th-think
about me=like I catastroph– I do a lot of catastrophising about things and
it takes over my mood and makes the way I go about things=it kind of
controls everything about me and the voice kind of leads you down this sick
and bloody path |

Dr S: | Yeah and that would be in close relationships | (unclear)

David: | Yeah close relationships and (Dr S: Yeah) and um sometimes even I must admit even if you’re
in certain areas it can with perfect strangers (Dr S: Right) um but that's very rare (.)

n normally it’s people I deal with a lot like (unclear) or parents and immediate family
and friends are the ones it mainly talks about

Keith: Can you give an example?

David: An example=well even normally coming to see Alexander I’ll star
saying that he doesn't believe that I’m unwell=that I’m faking it um you know

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he’s going to send me away=all that sort of – you know that’s the way my mind would think um and I know it's irrational (Dr S: Mmm) but it still tries to take over the way I think and feel uh and even with my partner you know i- it’ll turn round and say “I don’t (luch)=she doesn't love you (.) she’s only putting up with you just because um you-you’re useless=you’re worthless” all that sort of you know about(?) you know “that person’s only putting up with you because they have to” sort of thing (Dr S: Mmm) it’s very much along those tracks (unclear) so

Dr S: Mmm insecurity | yeah
David: (Strongly) | Insecur- yeah insecurity is a you know which goes with the catastrophising (Dr S: Yeah) and paranoia and the worry (.) all that sort of stuff (Dr S: Mmm)
Keith: Where do the voices get all that from?
Dr S: (I like the way he speaks slowly and tentatively, including us in his own uncertainty) My guess would be that it's all uh sort of an internal sort of insecurity poor self-esteem uh and it sort of grows on that and I think probably in most people there’s a certain amount of that so there's always a little bit of that sort of fertile field there but if the brain biochemistry goes wrong it can ick up on that (.) exactly how it does it I don't know (David lets out a snort) Keith: So i-is it possible to say that extreme experiences perhaps like David has has some kind of relationship to what the kind of things that – self-talk that people have?
Dr S: (He lets out a sigh) I think you could probably make a connection there Keith um we do know that severe stress has a pretty prolonged effect on the brain you know you go to military stress and so on and we know that um certain really severe stresses there will affect an individual or some individuals for perhaps the rest of their life um some of David's experiences are a bit sort of parallel to military stuff (David: Mmm) so what we could possibly put together is that he through family history has got a maybe a genetic propensity sitting there then he was spaced-faced with a series of quite horrible experiences which would have increased his level of arousal and maybe that was enough to trip over some of the brain biochemistry (David: Mmm) and just get it going |
David: | I’d-I'd agree with that
Dr S: I can't think of a better explanation
David: Yes-yes I’d agree with that so um I’d some – I’ve had some um and also dad's sister suffered and she still does=his sister mother’s dead but they suffered from what depression (Dr S: Mmm) and his sister still goes up and down so (Dr S: Right) mmm…
Keith: I know David’s told me that when you talk about your voice it has a name | is that something |
David: | Oh yeah | I’ve never discussed that with (Dr S. expresses interest and they both laugh as David tries to speak) it's just one of those things you know you-you’re talking to a psychiatrist you think you don't really (He breaks into laughter and Dr S. chuckles) but uh yeah a friend named it once when it was really bad and kind of stuck (Dr S: Right) called it Horace | (He laughs a bit nervously) yeah one of those you know
Dr S: | Horace okay
David: I – you just don't think this is the thing to tell a psychiatrist (He again laughs nervously)
Keith: Can I ask why?
David: (He breaks into laughter as he tries to speak) I've got no idea
Keith: How do you talk about voices then together?

Dr S: Oh fairly abstract | what’s the voice do?

David: (Strongly) | Yeah yeah what’s the – yeah

yeh (unclear) Alexander comes out bluntly and says "How’s it going? What’s
it talking about?" (Dr S: Yeah) all that sort of stuff

Dr S: Yeah “How are you coping with it?” and (David: Yeah) yeah

Keith: And what do you call it? Is it a voice or do you use o-other words?

Dr S: The voice |

David: | The voice yeah yeah

Dr S: “What’s happening with the voice?” (David: Yeah) uh “Is it getting at
you a bit?” (David: Yeah) “What’s it saying?” so |

David: | But I think I'm fairly e-eas-easy
to read these days I think |

Dr S: | Yeah yeah you’re uh yeah used to be a little bit defensive

I suspect

David: Oh yeah at the beginning but you then trust and it – and I think I’m coming
a bit more open about it since I've been seeing yourself (Keith) as well=I think it’s
made me look at it a bit differently (Dr S: Mmm) and I don’t feel so much like a
freak anymore (Dr S: Yeah) which is a big thing because – when you get it you
think that everyone’s going to judge you by it and people are getting less
judgemental about mental illness (Dr S: Yeah) which is a good thing (Dr S: Yeah
yeah) so I've opened up to a few pe- other people about what I've got and it hasn't
come back and bit me on the bum so

Dr S: Yeah no most people I think are getting (David: Mmm) reasonable about
it (David: Mmm) (Dr S speaks with more energy) the other thing is the
number of people who hear voices anyway (. ) (definitely?) the figure is very
high

Keith: What can you tell me about that?

Dr S: Uh there was a uh a researcher I think in one of the European
countries=Denmark sort of comes to mind who put an advert in the paper
saying I want to talk to people who uh hear voices uh come along to such and
such a hall on some night and he was expecting two or three people and he
ended up with a roomful (David laughs and Dr S. does too) and uh I think
there’s some research that says that it's actually much more common than
we’d like to think and perhaps a little less uh malignant than we used to think (.)
that there are a lot of people who function perfectly normal who have
auditory hallucinations so just maybe it's a bit more common

Keith: I think Marius Romme was the uh researcher |

Dr S: | That could well be right

Keith: So how do you feel about – I mean talking about voices – I – is that
something that psychiatrists feel is a risky thing to do and that we shouldn't talk
about the voices?

Dr S: No no you – it’s … it’s a little bit like asking about uh say suicidal
feelings (. ) if you don't ask you know you-you might miss a few things so
I think as a routine with a new patient if there’s any hint of illness=sometimes
even when there’s no hint you ask about voices (David: Mmm) you just say
you know "Do you hear voices?" and usual answer is “no” and a raised
eyebrow uh but some people will surprise you by saying “yes” and I've had a
number of patients who uh seen for say a depressive illness where either I
didn't ask the question initially or it got answered in the negative where after
six or twelve months a patient says “oh should tell you I hear voices” “Oh tell
me more” and so you treat it like any other symptom and certainly with
somebody who has had psychotic illness who has had auditory hallucination yeah it’s part of the routine what are the voices doing? Yeah when usually Alexander’s almost first question is “How are you?”=“How’s the voices?” (Dr S: Yeah) so it’s become – (unclear) Alexander with the voices already so (Dr S: That’s right) that was you know one of the major symptoms was the voice | distressing symptom (David: Mmm mmm) yeah…. so uh you know from a psychiatrist’s point of view yeah just ask about them=talk about them… Keith: Where do the um – do you think the voices um have any relationship to people that the hearer knows=I mean do they kind of reflect kind of what – how they talk with other people=other people talk with them? David: Well to me how say how I talk to say you or you anyone Keith: I just wondered if like Horace is related to anyone you know or is that-is that a question you-you ever asked? Dr S: Well I’ll have to (He breaks into laughter which sets David off. I miss a couple of words) normally you do ask and say “Is it anybody that you know?” you know “Whose voice is it?” Because if it’s you know the next-door neighbour who’s uh talking about somebody in a very derogatory way again it might become important from a point of view of safety of the next-door neighbour and so on (David: Yeah) uh depending on the insight of the person (David: Mmm) um so you-you normally ask you know “Do you recognise the voice?” you know “Is it male or is it female?” um and then sometimes it will be the next-door neighbour or you know mother or father or something like that and then you need to tease out what sort of um reaction the person’s having to the voice(.) you know again partly from the danger and safety point of view but a lot of people's voices are a bit abstract you know=not abstract=they um don’t have a clear ownership (David: Mmm) there (David: Yeah I'd agree with that) you can't really pin it down to any particular person or anything like that David: Like I hear it and I – it’s familiar and it’s a bit like me but it’s also like … not me if that makes any – being abstract is a good word (Dr S: Mmm) it’s a male voice=it’s – and it agewise it could be anything from twenty to fifty (Dr S: Mmm) you know so it’s not – it’s not any set age it’s j-just-just yeah it’s just a pain Keith: You just said i-i-it’s a-a bit like you and a bit not like you=is it a part of you? David: Uh it must be – I’d s— must be (.) I tell myself it must be (Dr S: Yeah) yeah and because it’s – I don’t-I don’t know if I've created it but it-it’s come through me so it must be a part of – it’s-it’s not like a spirit or anything like that=it's definitely part of-part of my psyche I suppose Dr S: Yeah occasionally you'll have somebody saying it’s uh CIA’s put a bug in me (David snorts) you know they’re controlling the thoughts um that's probably getting more into a more extreme psychosis um but with David it’s never been like that has it? David: No it’s-it's mainly been detrimental you know self-harm and (Dr S: Mmm) what – and people talking about me and you know that kind of thing
and creating you know catastrophising and all that sort of stuff (. ) more along those lines (Dr S: Yeah) which when it’s bad it is bad (. ) anything over five is horrible (Dr S: Mmm) uh but yeah I’ve sort of had a nice day today so (Dr S: Mmm)

Keith: Is there a – I think we talked a bit before about if you have a relationship with this voice= this experience uh I think you – did you once described it as like a brother | (unclear) remember what I said an obnoxious brother yeah that’s a good um

Keith: Oh w- yeah almost like it I uh … I can't

David: (He laughs) Yeah I think obnoxious brother yeah forever putting you down (Dr S makes a sound acknowledging David’s comment) yeah so I suppose that’s yeah that’s a good way of – I must have come up with a good one (He breaks into a wheezy laugh)

Keith: Your brother’s never (grumbled?)

David: No no no I've got one of those a real one

Keith: They’re really good – that – all my family are uh been very open very um yeah they’ll you know they’ll always get in touch (Dr S: Yeah) and um they’re very open about what it is and they all talk to me about it (.) even my mother – my father’s a bit – but he goes along because mum tells him he has to (Dr S: Right) but they’ve all been very good so I've been lucky – he had – it is – I suppose it can be when it-when it’s at its lower end it’s like an obnoxious brother but when it gets real high it’s just – it’s like your worst family

Keith: And if I remember rightly it actually – was it a particular place where it talks to you from? | (He gestures to his right shoulder) Yeah just out here (Dr S: Right) feel like it’s coming from my right hand side – like it’s standing on a shoulder just talking at me through there and I – it’s always been on the – that side and I don’t know if that’s common or whatever I’ve never – (He says this to Dr S) I’ve said – I think I’ve said it to you that it comes from that side

Dr S: I think I recall that but I don't know why um is it common? Uh ..... gee I’ve never really thought about that (David starts giggling) yeah |

David: | Got a good one (Dr S: Yeah) you know just always I always – it’s like a voice coming in down the right ear and it’s always quieter on the left side so (Dr S: Mmm) yeah…

Keith: It’s both?

David: No you hear on the – like you – listening to you now it’s on that side so this side doesn't hear it as – if you – it’s like someone – and sometimes it gets right up close to and is yelling at you (Dr S: Mmm) down the one side and (Dr S: Yeah) yeah…

David: When you block off the ear it just keeps going?

Keith: Is-is there anything that you-you think is important for people like Dr S and other psychiatrists to know about what it's like to h-have ex- – to hear voices like...
you do?

I suppose um … I suppose just to believe that we’ve got it you know to-to treat it as a tr-pr-true illness which in – you know that’d be you know it’s—it’s a definite you know anyone with a problem I hope they get a good response from a psychiatrist (Dr S: Mmm) that’s all you know (unclear) (agree with all about that?) but yeah just to be treated with um professionalism a bit of care is a – it’s very you know it-it’s funny it- to go from being nothing to very high very quickly sometimes if the outside stresses get to you (Dr S: Mmm) and yeah that—that’ll be my only (unclear) yeah professionalism and caring and that sort of stuff (Dr S: Yeah)

Keith: And-and for someone like you who hears experiences like this what’s it like trying to get to grips with what David (unclear) goes through?

Dr S: Uh I think it’s reasonably easy to understand what a voice like that can do (.) it would be irritating at best (.) demoralising as it gets more intense and completely disruptive when it (David: Oh yeah) really gets going so you can quite easily empathise with sort of the distress that somebody would have to go through with those sort of symptoms um the other thing that you know if-if I put myself into David's position having something happening in your head as it were even if it's sitting up (David: Yeah) on the right side um and you can’t get control it would be quite distressing and we like to think we can control our brain (David: Yeah) and we don't do a great job of it I suspect but uh we like to think we can and to have something like that which is overt intrusive distressing going on would be bloody hard so for uh (unclear) significant psychiatric illness is not much fun so if you can do something to help things along that's - that's really great

Keith: And just any thoughts about best ways to cope with living with those kind of experiences?

Dr S: Well I think there’s um a fair amount of the cognitive things that have- have been demonstrated to you know the recognition that it’s a voice (.) it’s a symptom of me not being well uh it’s not real um if I can get my mind onto something else and get away with it so much the better (.) if I can’t and it’s really starting to build up I’ve got other say medication measures that I can use which will get me off the hook uh so I think those sort of cognitive things and having an action plan are very very viable and the second thing is I guess the realisation that uh you know the patient is not being indulgent=just playing around etcetera and so forth it’s-it's a real problem=got to be dealt with and uh it's not the person's fault=they're the ones that are stuck in the middle of it so let's take away all the blame (.) let’s work out what we can do to try to make things better (.) I think that's the most helpful approach

David: Yeah I’d

Keith: Do you think we’ve just got a little bit – do you have any time left? Um

Dr: B Mmm getting a bit close on the mark |

Keith: I just thought perhaps the last thing is-
is there one question that you’d like to ask each other about |

David: | (He breaks into a little laughter) Yeah uh when will it go away? (David breaks out into a dirty laugh and we all join in)

Dr S: Don’t know (More laughter especially from David, who also makes a groaning sound) I haven’t got a clue |

David: | No I knew-I knew I’d get that answer (He laughs a little bit more)

Keith: That’s a question you always have?

David: Oh I – you’d like to think that it would go away and um hopefully one day I’ll have it either under control for a-for a period of time when I can get back into the life – you know back into the workplace and all that – that-that would be what you know at the moment I kind of go up and down a bit too much for that but (Dr S: Yeah) but my aim is to work back into mainstream life

Dr S: Yeah well that’s my aim too (David: Yeah) give you a bit of help to do that (David: Mmm) um … things I think are stabilising to some degree as we’re going along (David: Mmm) I think (.) the-the storms haven't been quite as bad (David: No) and I think probably this um depressive element of it (David: Mmm) is pretty pretty important (David: Mmm) and if we can pin that down a bit better (David: Mmm) (unclear) (David: Yeah yeah) the only other thing I can say is that David you know looks after himself=he works at himself=he doesn’t sit around moping and that sort of stuff so he – I can’t ask him to do any more(.) he’s doing all the right stuff so um (David: Yeah) hopefully he’ll get the reward out of it (David says “yeah” brightly)

Keith: Thank you very much – thank you for your time

David: No worries

Dr S: My pleasure

David: My pleasure
Amy

Interview 1

Participants: Amy & Keith
Place: Mental Illness Fellowship of South Australia (MIFSA)
Date: Tuesday 12th August 2008
Time of interview: 4.15 pm

Notes: Amy walks with difficulty and uses a mobility walker to assist her. We take a seat at the end of the dining table in the activities room. Staff are making dinner in the kitchen. Other people later come into the room and chat and laugh together. Amy experiences some difficulty concentrating with the noise so will book a meeting room or find a time when the activities room is not in use.

Turn Speaker
I turn on the digital audio recorder.

1  Amy: Testing one two three (laughs)
2  Keith: Great there we go okay Amy where would you like to start?
3  Amy: Well um I’ve actually as I said before I’ve got a [psych] history from
4   when I was about 22 years old I was diagnosed with having schizophrenia but
5   I’ve heard voices since about 5 years old um I just thought everybody heard
6   voices um and it was a secret you didn’t tell anyone and if you did I was told
7   that something terrible would happen um so I went through even my –
8   went through my nursing um I was working at Child Psych and even there
9   even though I was working with people – with kids who had schizophrenia
10  and stuff I didn’t connect the experience that I was having with the
11  experiences they were having cause to me mine were real and theirs were
12  a sign of illness and um it wasn’t until I had a car accident when I was
13  about 22 and uh I got a bit of a head injury and um they – I was in hospital for
14  a couple of days and my reserves sort of got a bit exhausted and um it became
15  obvious that I was having experiences that other people weren’t sharing and
16  uh sort of it exac-exac-exacerbated [escalated] from there um because I end up
17  getting a psych-getting a psych assessment and going to Royal Park and being
18  labelled as having a psychotic episode and um you know and when I sort of – I
19  still couldn’t understand why I was psychotic because to me it was I – the
20  demons which I hear and which (unclear: I labelled?) were actually more real
21  than the people around me you know the people around me I could just
22  dismiss and just block out well I couldn’t do that with the demons they were part of
23  my real reality and I - I -I was sort of like – the demons would say that
24  the people around me could hear them as well and they were just pretending
25  they couldn’t and you know to scare me or just prove I was you know say that
26  I was sick so they could keep me locked up and stuff like that um I was given
27  numerous amounts of medication numerous (unclear) type trials of medication
28  always in massive doses um and then they introduced ECT none of which was
29  really effective…with the ECT um they did it because they thought well one
30  doctor sort of described me as having psychotic depression and I would have –
31  had a lot of ECT and although it didn’t stop the depression the effect I think it
32  had now looking back on what people tell me and what I know is that it
33  actually dulled my responses so that even though it didn’t stop the depression
it stopped my reaction to the voices o-openly react-open reaction – it didn’t
stop the voices at all they were still there in a major part of my life and just –
they have been there as I said since I was 5 and um now I’m looking at trying
to – I don’t think I’ll ever get rid of the voices um I think that’s an unrealistic
um goal to set um so what I’m trying to do is I’m trying to live my life around
the voices without letting them take control um when I’m with the hearing
voices group run by Martin and Sue upstairs the education group – no the sa-s
-s-s-s I don’t know what they call it now when I went there um it was the first
time I was actually told that I’m allowed to acknowledge that I do hear the
voices but I’m not to give them power because that’s what - that’s what
actually happens with me they um they hold a lot of power you know if
something good go- – happens instead of me feeling really good and thinking
‘oh that’s great!’ I get very anxious because voices start laughing behind me
and stuff like that “she fell for it again you know we know - we know what’s
going to happen=she’s just going to get comfortable and then something
(growling) r-r-r-really bad’s going to happen” and that would - inevitably that
would happen because they would plant the seeds and you know if someone
plants seeds and fertilises them enough the plant grows even if it’s a weed you
know and that’s what happened and um so now I’m sort of trying to move
further on but because I’ve had the voices for so long like as I said since I was
a little kid I’m-I’m I’m a bit scared of not having them even you know if that
was a possibility because I don’t know what it’s like to have a completely
empty mind you know to have something – to have complete control of you
mind so you can say “I’m going to stop thinking of this. I’m just going to
focus on the leaves or focus on the garden or something” because when I do
that I have to consciously try to suppress the rubbish that goes on as well and
that becomes very difficult but I’m getting there slowly you know managing
with it mmm.

Keith: Can I ask you when you say you’ve started hearing voices when you were
five do you mind telling me |
Amy: |oh↑
Keith: about what happened?
Amy: I don’t remember a lot about what actually happened I just know that
um I just started to – well they were spirits and demons and they were – they
just started to come into my world um if I – they-they-they started sort of
plotting things and saying things were going to happen and inevitably things
would happen and like um just simple things like if dad was in a good mood
they’d say “he’s-he’s going to get into a really bad mood.” so what I end up
doing is I would actually trigger that mood so instead of having it hanging

over my head saying “he’s going to get into a really bad mood=he’s going to
get into a really bad mood=he’s going to get-” he-he had – given his bad mood
he’d get over it and then things would go on again you know and that sort of
um I think that’s a-a technique my-my mind just sort of have – carried on
pretty much throughout my life but when things start to go really well my
mind almost sort of ties itself up(?) I think I’m only just starting to realise that
now because um it’s easier – it’s easier to – it’s easier to fall over and scrape
your knee and get back up than it is to not be game to actually walk because
you might scrape your knee you know that sort of – that sort of – sort of being –
so almost thou(ght)– when I was you know s- it like in your mind I’d
almost fall over on purpose so that at least I’d scrape my knee so I knew that
that was what happened and then I could get up and wipe my knee and then
I’d be able to get on with my life again you know that-that sort of um – just
the power they have for the potential danger, the potential harm that they threaten you with and it’s that power that’s really mm but I don’t recall what triggered them when I was five.

Keith: And you talked about they - would talk about things in your childhood|

Amy: Yeah they’d talk about um well if mum was upset they’d say it was my fault you know I did something wrong to make that happen and that’s how they sort of – they sort of did that with everything um if I was – if I well no if I’m like – if I was playing with my friends and one of my friends fell over and hurt herself that would be my fault you know because I wasn’t watching them close enough you know I didn’t protect them and in some sort of like you get um as you get ol(der?) – when I was younger it was more I think from what I can recall it was more or less um I sort of got the image that in my head that I was sort of special you know that um God was testing me and this was actually a special role for me to play and you know if I did the right thing then God would make something really special happen stuff like that I don’t – I don’t think the spiritual side actually came into it until I was about 7 or 8 before that they were – they was – they were demons or spirits but they weren’t actually identified as that they were just – they were voices when I was really little because um I don’t believe that at the age of five I–I had the experience to have demons if you know what I mean like um if a child has never gone to church they’re not really likely to have hallucinations or delusions about God because they haven’t got that in their experience that’s what I feel anyway um but as things happened in my experience the demons would then take advantage of that and they would build on that and they would think you know “huh there’s another thing we’ve got her caught up on” you know and things like that yeah so it’s sort of um yeah sort of – and they predict they predict things are going to happen and if they don’t happen instead of me sitting being able to say “well they didn’t happen they – so you must be telling lies” um they say “oh yeah but we made sure they didn’t happen this time=you just wait and see (. ) you know next time it will happen” you know so you live in sort of a bit of potential – no constant fear of something happening something you know yeah so it’s sort of yeah but I don’t know whether you’re interested I actually wrote some – I’ve got it in here somewhere (Amy looks in her plastic folder) somewhere these are my poems I’ve written but

Living Beyond the Voices this was after I went to the hearing voices group and this is where I’m at now I hope.
 Keith: Mmm

(Amy reads from what she had written over the noise of plates and cutlery being put out on the kitchen counter.) I'm writing this because I want to help people see the value I find in the hearing voices group. I have experienced voices, spirits, demons from about five years of age. I believed in the power of the voices, believed that what they said because I had a little bank of positive life experiences to draw on and to expose them. They threatened me and everyone of value in my life. As time went by they built on my insecurities promising to harm people I loved if I disclosed their existence to others. I had no grounds to doubt their power or their existence. It was merely stated that everyone has spirits, it was a secret, everyone had these secrets. If I talked about them I would be punished. As I got older all of this escalated as the voices took on a strong spiritual identity and divided, two totally opposite explanations just by their existence. There is a strong threatening body of the spirits who stated that to bring them into the light is a sign of weakness. All people would see me as a failure, too weak to belong. Failure was punishable by harm to others. In my eyes by suppressing these experiences I was protecting them, protecting others. But then there's the other school of thought that supported the notion that this was a test by God to see if I was worthy. The concept that I held for many years and admittedly still do at times was if I had enough strength, enough faith in God, he would see me worthy, he would dissolve the demons. The fact that these demons remain meant that I wasn't good enough or strong enough. I was being punished or I was special. God was testing me. He had a special place for me if I could prove worthiness of his love, one day he'll set me free and welcome me into his arms. Essentially I spent from five to twenty-two years of age entangled in my own inner world while carrying out my set roles in the shared world. I functioned constantly making compromises. I would try to meet them halfway. I believed I had power to keep people safe and conversely the power to harm them. I grew in a never-ending tunnel of turmoil. If I did well, they would claim credit if it was possible because only they would allow it to be so. If God saw me worthy, he would step in and compromise. Trouble is that pride is a sin and when I viewed my achievements with pride I would be knocked from the pedestal. Eventually my radar system developed. I scan my world looking for signs that the balance is out, expecting, anticipating that my world will be crushed. This radar muted my most personal and social growth. All things viewed as potential negatives. I'm only now acknowledging that this is okay to feel okay. It's okay to be positive. I'm allowed to experience, I'm allowed to live. Okay there's a brief rundown of how I perceive things. How did the hearing voices group help? For the first time I was allowed to talk about demons. Their existence for me was acknowledged. We were encouraged to share our experiences, not suppress them. I felt the aim was not to argue with the voices, that the voices are illness-based, and that the only way was to reject them or suppress them both of which take up masses of energy. Instead I sense a level of acceptance. Instead of opposing these phenomena, they are acknowledged. I tried for decades to live in spite of my spirits but at the cost of my essence, my true self. I truly do not know who I am. Wanted or not I have been entangled in an inner world of misconceived perceptions. I believe that the sharing of this has taken place in the hearing voices group has actually helped me justify my right to existence while reinforcing the fact that even though these voices often seem in control, they are only part of me. I am more. I am whole. Each experiences our own individual perceptions but with the guidance of Sue and
Martin we were able to see like traits within these. Some like characteristics of
gagation were strongly identified. We were encouraged to share our own
individual coping mechanisms. If I wanted to summarise the sense I got in our
group, I truly believe it was a major turning point was met with the acceptance
and encouragement to discuss how individual concepts of our experience
without becoming consumed by them. To open up without the label of failure.
To acknowledge that I experience voices regardless of the source. I do not
have to slip into poor sick me role so often forced by well-meaning others.
“You hear voices. You must be sick”. Okay our experiences are beyond that of
the general norm but what I thought was reinforced by the group was that we
were all individuals with our own individual experiences but none of us either
more or less than the other. We are and we have the right to be. One of the key
concepts I tuned into was that I experience voices but these are just part of me
not my whole existence beyond the label. I exist beyond the label and as I
strengthen this label will with my determination play an ever decreasing role
in my life. Acknowledge without guilt. Live beyond the limitations individual
concept of our experience without becoming consumed by them to open up to
living beyond the voices. (She puts her pad down). I don’t know whether you
could understand any of that because I was having trouble reading it… but
that’s sort of – that’s where I’m at at the moment that’s where I’m headed –
trying to do at the moment is to live beyond the limitations of the voices

Keith: Mmm
Amy: But you know sort of um … I don’t whether this is what you want to hear or
really want to hear yeah yeah.
Keith: So with-with – in the-the group that was the first time that you were
able to talk to other people about the
Amy: First time…first time it was accepted that
it was an experience not necessarily um something that needs to be suppressed
I mean people talk about voices you know I mean (I) used to go to groups and they’d talk about voices and stuff but it was always you know um try to
control them don’t listen to them you know they’re not real well even though I
know you didn’t experience voices=I experience (.) to me they’re a real
experience and the more energy I spend trying to suppress that, the tireder I
get and the tireder I get, the stronger the voices get so with the hearing voices
group they actually acknowledged that you know okay accept you hear them
now it’s your choice what you do | you know and that’s what I think is really
important is the fact that you need to be able to accept that you do have a
choice um you can’t-you can’t – I don’t believe you can choose whether or not
you hear voices…I don’t believe you can sit down and say “I’m not going to
listen to you any more” but I do believe that on the greater part of the time you
have a choice on how you respond to those voices sometimes whether you’re
tired or maybe not well or you know depression gets the better of you
sometimes you can’t make the wise choice but I still believe that somehow
there is that choice there.

Keith: What are some of the ways you’ve responded to your
voices |
Amy: |Previously?
Keith: Yeah when |you’ve responded
Amy: Um I’ve ODed several times um apparently
I’ve come quite-close to not being with it a few times um I’ve used
blades um stuff like that because um one of the points – one of the things they
sort of feel(?) – say is that the evil is within um with the letting of the blood
um the evil – that will get the evil out so I’ve – I’ve cut myself um hit brick
walls um the reason why I end up changing doctors from the doctor I had for
quite some time was I was in the City Clinic and um he told me that I couldn’t
leave the clinic well next thing I know I’m standing in the middle of the road
and this car beeping at me um I had no recollection of leaving the clinic no
recollection – didn’t even know where it was you know I found my way back
and I actually told him but I told him as I wanted him to-to even-even if he did
send me to Glenside I wanted him – you know somewhere safe because I
wasn’t – I didn’t feel I was safe he responded by sending me to Glenside
and uh not doing my doctor anymore you know that was his response that was
his choice at the time you know he thought that was the-the only thing he
could do so you know I’ve done things like that before um when I lose time
um I’ve done – it’s not the first time I’ve been – I’ve stopped in the middle of
the road and found there’s cars and you know but um you know and
sometimes I just get completely confused and spaced out and sort of – I’m not
in the world of shared reality hardly at all you know that will happen well I’m
hoping that’s not going to happen any more you know because um it’s a pretty
scary place to be mmm yeah yeah.

Keith: So how your responses have changed lately
Amy: mmm mmm mmm mmm mmm yeah

Keith: Say a bit more about the ice cube.
Amy: Well that’s when um when I’m feeling really stressed and I feel like
things are just going to totally implode I get an ice cube and put it in my hand
and squeeze it as tight as I can – excuse me – now that causes a lot of pain but
does absolutely no harm and I’m the only one who can release that ice cube or
hold that ice cube no one else can make that choice for me so now what happens –
and if I-if I really am having trouble I’ll stick my hand under warm water because
that increases the pain but also does no harm because the big change in the
temperatures – the freezing ice cube in your-in your p -in your hand and the warm
water on the outside of your hand it does no harm at all um you know so there’s no
real guilt com-um because guilt was a powerful thing that they play on so there’s no
real guilt involved um and now I don’t need to do it as much because I know
that if I want to I can go to the fridge and get an ice cube so knowing that option’s
there I actually don’t need it as much but you know if I – if I do need it I know I
can go and do that you know but like I used to be given extra medication and stuff
like that and that spaces you out and makes you (small laugh) less in control half
the time you know.

Keith: Does it affect the voices at all?
Amy: Um I didn’t think it did um I used to think medication was a waste of
time but then it’s happened to me before which I don’t recall but when I was
in hospital recently with the MS I was given Prednisolone and I couldn’t – I
didn’t know what I was on but I couldn’t understand why the voices
were returning and the visions were returning a lot stronger than they’d been
for a long time and I was getting quite anxious and you know really tense and
everything and I ended up mentioning to the doctor and they said “ah it’s
Prednisolone because that interferes with antipsychotic medication” and so he
gave me a choice and he said I could either continue for two more days on the Prednisolone which was the course I had or I could come off the Prednisolone that would slow down the recovery stage so I actually had a choice then so I chose to put up with the voices and continue on the Prednisolone because then I knew that it was affected by – because they could say the voices are getting worse because of this because I knew the reason why I could accept it it’s a lot easier to accept once you know the reason why you know I could actually say well you know I mean I wasn’t doing very well I was having a lot of trouble but I could actually say well you know I’m okay that person’s face is covered in blood um the reality of the situation is that it can’t be because they’re talking to me and there’s no way they could talk to me if their face was bleeding that much and um (unclear) rationalise with it a bit better.

Keith: These are the things that you saw.

Amy: Yeah yeah mmm.

Keith: Today did you see things at the same time as you hear voices?

Amy: Yeah yeah yeah mmm not always sometimes um the visions appear on their own you know yeah yes so sort of um they’re-they’re-that something um has been more under control probably over the last 12 months or so um which I’m very pleased about because that was really – because it’s only been relatively recently I can actually see people’s faces um when I look people’s faces – when I used to look at people’s faces they were – some people’s faces were covered in blood um that was often done if I felt threatened other times they just had so – just had a screen over your face like a blur over your face and I couldn’t actually see who you were um you know so that’s been with me for a long time I haven’t been able to have eye contact properly with people for – it’s only been very recently that I’ve been able to do that um yeah yeah mmm you know what else do you want?

Keith: Could we talk about the voices um…are you aware of how many-how many there are?

Amy: Um well there’s 2 or 3 that are quite distinct and there’s like a – a bit like what we’ve got here now you try to pick out the individual voices and you can’t but you know I mean I don’t know how much trouble you’re having just concentrating on what I’m saying but I’m having a bit of trouble with it because of the background here.

Keith: Would you prefer it if we moved somewhere?

Amy: Ah no that’s ok you know that’s ok um but that’s sort of like-like what I reckon someone to experience what it’s a bit like-a bit like what it’s having voices is to have someone put rock music in one earphone opera in the other earphone read a book and have someone talking to them and then after five minutes of that try to tell people what the other-what the other person was saying and what was in the book and what songs was being sung…that’s why it’s really hard to distinguish – some people can distinguish the different ones that they have – they often have maybe one or two set voices but I have like – I have-I have – there’s probably about three maybe four pretty distinct ones but there’s a constant background rabble you know and when I become unwell that background rabble takes over the conscious thought you know so yeah so I tend to really withdraw rather than respond to people inappropriately so I don’t sort of you know don’t mix well and you know I sort of don’t-t-don’t hold conversations with people when I’m not-when I’m not well I really tend to really withdraw because that’s my safety mechanism because I-I have too
much trouble distinguishing what is real and what’s not in your world because it’s real in my world so um if I’m really unwell I tend to have this sort of s-s-s (unclear) you know on – I’m only aware that I do that now recently you know um I mumble um because I-I’m so uncertain of what is in your reality because to me my reality is – to me the demons are real you know and when I become unwell they become a major part of my reality and responding to them – I’d rather not respond than to respond inappropriately you know.

Keith: In the ways you were describing?

Amy: Yeah mmm not just that just um the conversation um I fear saying the wrong thing um doing the wrong thing so I’d rather stay at h-well I’d rather stay at home – I’d actually go out and like when I’m really on my own I tend to go to Kahlyn which is run by private day centre run by Ramsay Health Care I go there and I’m actually going to a group there starting on Thursday ah personal development but I go to Kahlyn and uh do art there while I’m there um if I’m in the City Clinic I tend to do my art and keep away from the people and stuff like that when I’m unwell mmm yeah yeah…..mmm

Keith: Ooops with the uh the-the voices do they appear to come from anywhere I mean do they…?

Amy: Um they don’t have like – they come through that door or something they’re um sort of it’s hard to explain because they…..they even though they don’t like they don’t come from a set physical place they you could actually say “oh yeah they’re coming from round the corner or something” they often come from inside another room like you feel like you feel like there’s a door there and you can – and that’s when-that’s when there’s just babble and you hear them through the door and what become – and that actually is a weapon they use or a-a method they use because um once again if you are -if you are in a room and two people you know are talking about you in another room what are you more likely to do? Sit down and read the paper you’re reading or try to strain your ears to listen to what they’re saying? You know you tend to – people tend to try you know if they think someone’s talking about them they – sorry – they tend to strain to listen to what they’re saying and that’s one of the tricks that they use they-they mumble and they uh whisper stuff like that so that – so I have – I-I can’t concentrate fully on what I’m doing because I’ve got this-this babble so I find that I’m drawn to concentrate on that and that gives them power you know and it doesn’t have to be clear what they say it doesn’t even have to be something I can understand it can just be like when there’s a lot of people buzzing around you can’t pick up individual conversations you know but um their-their-their trick their-their power comes from calls on me to concentrate on them drawing my concentration away from the shared reality to my own reality you know mmm

Keith: Could you tell me a little bit more about…reality because you talk about mine and the ones we have together and-and your own

Amy: Yeah-yeah well my reality really um even though I know that people do not like me saying this but to me the demons are real they are part of my reality um and then there’s the reality that we both share that we both acknowledge like you see that basket you see that lady you know that’s – you – that’s reality we both acknowledge and you-you also have an inner reality of your own you know that you – that’s private to you and that’s another trick they have which is to try to – they-they threaten to broadcast my inner reality you know and tell every-mmm how they do it or how they threaten

Keith: Yeah

Amy: Yeah well they just sort of say you know they say I’m thinking things or
saying things or-or-or planning things I’m not um but they say I am and they
say they’re going to tell people that and then like – I know if you-if you’re
really shitty with somebody you know you might feel “oh we said ‘jump off
you know jump off the nearest cliff you know’” (laugh) not – you don’t want
them to but you might say that but then what they threaten to do is actually
broadcast that to everybody you know and say that’s what I want to have
happen (. ) I want this to happen to that person or I want something-something
to go wrong or you know

52 Keith: It’s like what you’re thinking about another person |

53 Amy: well yeah

52cont.Keith: going to say (unclear)

53cont.Amy: yeah yeah that they’re going to broadcast it and I don’t-I
don’t – it’s really weird because I don’t actually acknowledge it’s my thought
thinking it um they – what they do is they say they’re going to tell everybody
that-that’s what I’m thinking…it doesn’t have to be what I’m actually
consciously thinking…they’re going to say that like – like if you…hear on the
radio say someone who deals with drugs got shot you know they might s- they
might threaten that they’re going to tell everybody that you know I think that’s
the right thing to happen (. ) I think they should have been shot ( . ) I think they
should have been strung up stuff like that no that’s not what I’m consciously
thinking because I think you know well if they got shot mmm you know that
was part of the crime but you know I don’t think they should have been strung
up for anything you know but s-s it’s difficult because it’s a very fine line
between what you acknowledge what I acknowledge as my own personal
reality and what they put into my reality because um I know that you don’t – I
know at the moment that you don’t hear the voices but when I become unwell
I don’t know that=I believe you hear them and you’re just lying to me you
know and but they – I don’t necessarily think they-they say that (. ) I think they
know that you know “uh Keith he-he can read your mind=he knows what’s going
on=he’s just lying to you” you know and stuff like that and you know so they
have-they have a lot of um like real wormholes you know little-little tracks
that they can get into your brain and drill into your brain and your mind you
know um they know your weaknesses and they play on your weaknesses um
some people have positive voices you know um no no well it depends on what
you call ‘positive’ I mean there is one that sort of says to me you know when
I’m feeling really down that um you know God’s calling to me and it’s okay
for me to go and join him and stuff like that I mean when I’m unwell to me
that’s a positive voice you know and I think that you know I get really
annoyed at the world because they won’t let me go and join him you know um
you know but then when I come out of it I know that it wouldn’t have been the
appropriate thing to do (unclear) get really annoyed at Mum and Jane because
um when I rea-when I’m really unwell and I’ve really have had enough and all
that I want to do is just leave the world you know I can’t do it because of how
it would affect them and so I do get annoyed at that you know you sort of –
inside there’s a part of yourself that’s not fair you know ‘why are they holding
me here?’ but then you know a couple of days after that I’ll stop and think
well you know but I wouldn’t have wanted to do that you know that would’ve
been a stupid thing to do and it wouldn’t have been fair on other people you
know yeah sort of um but everybody has their own private reality too I think
you know there’s things in your mi – your mind that you don’t want other
people to know you don’t want other people to know you think or you know
um well with the voices they threaten to – they manufacture things and
threaten to tell people that’s what I’m thinking um yeah yeah um
Keith: Do you think the voices have changed in any way?
Amy: Oh yeah
Keith: Can – How?
Amy: Well when I was little um what I recall of the voices they were very –
they-they-they appealed to the child-the child sort of fears like you know fear
of the dark and stuff you know they’d be – the demons would be in the dark
and things like that well um you know like as-as-as I-as I developed the voices
developed with me which like um when I was-I was fairly involved in religion
for a while there I don’t remember anything about it but I know it happened
um I sort of – the voices actually developed even more into that sort of –
what’s that called – Pentecostal sort of view of things you know and they took
that sort of stage and then – like now um the voices now at the moment they-
they know that I want to move beyond where I am and so they’re actually
changing – they’re in an evolution phase at the moment they’re changing
they’re sort of trying they-re-they’re finding new weaknesses and um as I-as I
try to grow stronger they attack that even more you know I mean I know no –
they say things like you know you’re going to go out on your bike and you’re
going to get hit by a car because you’re talking to me (.) you know because
I’m telling you about the voices and the voices don’t want you to know about
them you know now in reality I know that-that couldn’t happen they-they
can’t make it happen but there’s still part of me that thinks ‘can they?’ you
know um what people still say to me is yeah but how many times have they
said things like that are going to happen and they haven’t happened but then
what they voices do they say “hah well this time it didn’t happen” you know
so sort of yeah but they um they’re evolving less sort of um…they’re sort of –
they’re-re-they’re I think they’re struggling at the moment um they’re trying
harder and harder to get my attention um they’re-they’re bringing up issues
that in my mind that um I don’t want to have brought up you know um things
like well like seeing the-the blood on people’s faces and stuff and like when I
used to cut myself and things like that they bring back images of that and stuff
like that you know um because they know that that’s a per -- an area that I had
a weakness and they’re trying to build on that weakness again but I’m hoping
I’m stronger than that you know I mean I-I rang up ACIS the other day
because um I was sitting at home and I’d thought I’d sliced my arms open
because there was blood everywhere I rang them up and they’re talking to me for –
I didn’t tell them that but they were talking to me for a little while and
then I started to realise that you know how it happened you know it’s not
really there but for that-for that short period I actually believed it happened
you know and that’s because they – that’s where they changed–they’re sort of
trying to bring back old behaviours and stuff like that they’re trying to sort of
saying this has happened but it hasn’t like you know but they’re tricky little
buggers (laugh) they-they um you know they don’t ah …like what they’re
doing at the moment is they’re actually saying “haha we’re getting you to tell him
what we want you to tell him” you know and stuff like that and you know
and things ah sort of – and like I’ll probably go home tonight and think
(whisper) ‘oh I wonder if I said this I wonder if I said that you know’ but um
I’m willing to take that risk now where maybe three months ago I probably
wouldn’t have been you know yeah yeah.
Keith: They’re-they’re a part of our interview now
Amy: Yeah yeah yeah yeah yeah they’re-they’re trying very hard at the
moment to – well they’re trying – what they’re doing is they’re saying that

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Keith: Are you okay for talking a little bit longer?

Amy: (hesitantly) Yeah yeah yeah

Keith: a couple more minutes

Amy: yeah a couple more minutes will be okay mmm yeah and then I’ll go home with Jane and she’ll drop me off at my place I’ll get tea and yeah probably Tony will drop over for a little while that’s my neighbour yeah hopefully my hot water’s running my hot-hot water system packed up in this morning I was in the shower it wasn’t very nice (laughing)

Keith: Oh no a cold shower!

Amy: It wa-it-it was nice and hot and then it started to get cooler and cooler and cooler and cooler so they going to come tomorrow morning about 7.30 in the morning

Keith: Yeah.

Amy: Mmm and have a look at it…hopefully they can fix whatever it is quickly (laugh)

Keith: (laugh)

Amy: Because I normally have a shower at half-past six (laugh) so I’m not – one in the morning I’ll just get dressed and wait till they come and fix it up and then have a shower (laugh)

Keith: Yeah.

Amy: Yeah yeah yeah I don’t know whether you wanted to read any of this um mmm

Keith: I mean we can – if there is anything let’s open and just show me or you can show me (unclear) – what – would it be okay to take a copy of what you read out |

Amy: yeah that’s okay yeah yeah yeah and this n-this one-this one (turns pages in folder) I actually thought – its – I call it my story that might be of some help to you

Keith: Okay should we finish with that? And then if then we can you want me to read it – I can read it to you yeah I’ll read it to you (reads from the page for a couple of minutes till it got too noisy to continue as people sat down to have dinner at our table) mmm I think it’s got a bit difficult now yeah would like a copy of that as well that might be easier yeah

Keith: okay (unclear)

Amy: because it’s a bit difficult with everyone around yeah |

Keith: it’s a bit personal as well

Amy: yeah yeah yeah
Interview 2

Participants: Amy & Keith
Place: MIFSA
Date: Monday 22nd September 2008
Time of interview: 4.15 pm

Notes: We are sitting at a table in the activities room at MIFSA. We didn’t know that it was officially closed but are allowed to go ahead with the interview. It is quite a different environment to the first interview as hardly anyone came into the room. We are pretty much alone. We start by looking at the transcript of the first interview and amending some of the words to reflect what Amy meant or to correct my spelling of drugs or organisations. I start the transcript from where we start talking about her voices.

Turn Speaker

1 1 Keith: Okay any of the kind of issues that we talked about that you want to comment on?
2 2 Amy: Um well |
3 3 Keith: | From that one
4 4 Amy: Yeah the fact that um my – w-before I had the car accident um I’d never even thought there’s anything wrong with me um and no one else had really I mean they thought I was a bit quiet a bit withdrawn but you know that was okay but then when I had the car accident – it’s only-only had a very slight head injury and that was enough to actually put things completely out of kilter because um because with the head injury I lost my-my conscious control of what was happening in my world and other people started to see that what I had in my world was actually different than what they had in their world and that’s when they started to label me with having a mental illness
5 5 Keith: How could they tell I mean | what
6 6 Amy: | Um well I don’t remember a lot about it but I remember what I’ve been told about it um I was having conversations with people that no one else could see
7 7 Keith: Ah so you were talking aloud?
8 8 Amy: Talking out loud to people that no one else could see um I was responding to like now when I see people’s faces covered in blood I tend not to respond um and I never used to respond outwardly I would respond inwardly not outwardly um but I was on – when I had the car accident people’d come into the room and I’d cower from them and you know I thought they were actually real very real to me at that time and that was the first time anyone seen that behaviour from me but yeah
9 9 Keith: How did you feel about that when |
10 10 Amy: | I
11 9cont. Keith you saw this reaction from other people
12 9cont. Amy: Well I couldn’t understand it and it just played – the voices just played in on that they just said things like um “you know oh they can really see us =they’re just pretending they can’t you know they’re just pretending that you crazy” stuff like this I don’t have a lot of recollection of the actual details
because I’ve had a lot of ECT and that’s wiped out a lot of stuff but I know
what other people have told me um like mum’s told me that when she’d come
to see me I had barely recognised her at first for quite some time um I just sort
of um I knew she was mum but I didn’t really respond much or anything like
that and um that was just the first sort of first key anyone had that there was
any problems and then from that point on um|

Keith: Did you think you had any
problems or did it take people from the outside throw this up

Amy: I was starting to think – I knew I was different um but I believed that like because I believed
that was happening was real um I didn’t see it as being my problem I saw it as
being – I was being punished by God or punished by the demons and stuff like
that you know um I didn’t see it as having a psych problem a mental problem
even though I’d studied psych at college at-at – well hosp-(unclear) my
training I worked in child psych and all that I never related what I was
experiencing with what the patients I was working with experienced what I read in
books because in books they said you know chemical imbalance causes
this this this and to me well I didn’t have the chemical imbalance and I
wasn’t having hallucinations because hallucinations something you see that’s
not really there and to me they were really there so they weren’t hallucinations
you know what are they doing telling me I’m having hallucinations for? You
know you were just lying to me sort of thing you know stuff like that and
that’s how I actually behaved you know so yeah so it was really scary um
really frightening when they decide that you know going to be put into a
psychiatric hospital you know think w-why? You know and then to have
to – I think I gave you the example before it’s a bit like you know I have a bit
of a sore toe and I go to the doctor and he says “oh sorry mate we’ve got to cut
your leg off” you know other than that I had a bit of a problem – I could see
that when I was in hospital I was having problems um but in-instead of them
just sort of saying “oh here take you know take this tablet it will help that
headache and -” because I was having a lot of headaches and a lot of stress
problems and stuff a lot of anxiety – I knew the anxiety was an illness by that
stage but I’d kept it pretty well controlled um you know and it was like they
sort of said well instead of just saying “oh you got anxiety you know we’ll
work on that” they just said “oh look you know you’ve got a psychotic illness
you know um take this medication and you know” you’re in this-you’re in this
hospital and you can’t get out of the hospital and all that sort of stuff you
know so it’s really, it’s really scary when it happens because it’s like-it’s like
somebody’s just saying your whole reality just doesn’t exist you know

Keith: That—that’s a-a theme that came up a lot in um what we talked about last
time was um the reality that you have the reality that I have and then the
reality that we can share |

Amy: yeah yeah

Keith: but one of the things that you talked about was
how – this is what I wanted to check with you if I’ve got this right or not – that how
the voices were able to influence your reality because you felt that they put things
in?

Amy: Yeah yeah

Keith: Or um

Amy: They um they were my reality really um for hell of a long time they
were my reality because I – everything I did I sort of check – made sure it
wasn’t going to upset the voices or you know make sure that this was going to
Keith: Can you tell me a bit more about how you’d check things with voices?

Amy: Well before you did things you here today um it still happens now because like when I’d decided I’d meet you um they started to say things like “oh you know they’re going to find out that you’re really crazy and they’re going to lock you away again” you know stuff like this and so I sort of – I had to check and think well am I going to let what the voices say control what I’m doing which I would’ve done in you know even up to 12 months ago or am I going to well hang on um it’s that’s not the way – that’s not the real – that’s not the shared reality that’s not what is actually happening you know so even though I was anxious about coming um at now I’m able to say well hang on you know is that really what is going to happen you know I mean would someone really waste you know a couple of hours of time you know make make make make tapes and everything just so that they can prove I’m s – I’m crazy? You know who would do that?

Keith: So you use your knowledge of shared reality to deal with the reality of voices?

Amy: Yeah mmm

Keith: Okay

Amy: That’s what I do now what I used to is I used to do – everything I did would be um ah I can’t-I can’t go out there and talk to that person because they might find out I’m crazy you know or I can’t-I can’t draw that picture because somebody might interpret it like this because the demons would say you know “oh if you draw that picture you know (whispering) they’re going to think it’s this this and this” you know stuff like that and things like that so it really constricted what I could do um I really had to um I really had to um I was scared of everything I did you know I was really anxious about everything I did you know and the only time I felt comfortable was strangely enough was when I was at work

Keith: Why was it that you were comfortable there?

Amy: Well um I don’t know the real logic behind it but I wanted to be a nurse from when I was a little kid and um when I was a nurse I especially when I was wearing a uniform I’d put my uniform on and I’d be a different person you know it’d be a different sort of – my role was my role was to be a nurse my role was to look after people and that was what was important that’s what I had to do people expect me to do that so that’s what I did I’d go home I’d take my uniform off and I’d just hibernate in my room you know things like that

Keith: When you were-when you were in a hospital working as the nurse did you still hear the voices?

Amy: Oh yeah yeah yeah but I was able to at that stage when when I had my uniform on I was able to just say you know hang on this is what-this is what my role is this is what’s important because to me that was the major thing I had in my whole life was orientated around being a nurse because that’s what I really wanted to do you know like when I worked in child psych I didn’t wear a uniform but um I found that even then I’d go on duty and excuse me and I-I’d just you know that was my job and I’d could see that I was helping these
kids and that was you know you know and I mean the demons after I’d come
home from work they’d say “oh yeah we let you have a good day today but
you just wait and see what happens tomorrow” you know and stuff like that or
what’s even worse is when they talk about you behind your back you know
like it’s like um

Keith: In the hospital?
Amy: Well when-the demons do you think you think it’s people you
know um but like if you’re sitting in this room and someone’s in that room a
couple of people in that room you hear “Keith” even though you want to
concentrate on what’s going on in here part of your hearing goes into see “oh
what did they say about Keith?” you know um and that gets really heightened
when you have the voices and they often-they often go be – appear to be in
other rooms talking about you saying things about what you do or what they
think you do or what you know

Keith: And you mentioned that that was like – you-you’re trying to
concentrate on something but that was one of their tricks |you used method
Amy: | yeah yeah mm-mm

Keith: that they used because then you’d | strain to hear what they were saying
Amy: | yeah yeah yeah that’s right

you-that-that I mean and that – they’re playing on lots of fairly normal
behaviour because as I said you know it is fairly normal if you think
somebody is talking about you or something um even if it’s just curiosity you
know about what they’re saying you don’t have to think they’re saying
anything bad or anything I mean I always do but you know um so it’s fairly
normal to actually – oh the demons they know what’s-what-they know what
works and what doesn’t work and they know how to work their methods in-in-
with my-with my thinking like if I’m-if I’m feeling depressed they know that
they can actually work on that and they start bringing back(?) “oh yeah you
know” they even go back to things like mmm ah well as I said I did this talk
and I got for it you know that was great you know |

Keith: | Just tell me again the talk was
Amy: for?

Keith:                             | Yeah when you said they told you this when you got
Amy:                                                 | oh when I-was doing the talk they
Keith: were trying to really distract me | all right

Amy: | um they were doing a lot of
Keith: | Like?

33cont.Amy: | Like um like people’s faces covered in blood um I
could hear people screaming um but I just sort of – once again it was a
matter of putting on the role you know my job there was – I wanted to help
people and my job was to do a talk and I knew that I knew the information I knew what they wanted and I – so that’s what I did and I blocked-blocked it out for that period but it was still there but in the background a bit like having music playing and you don’t the music you know maybe you don’t like heavy rock but it’s playing in the background and you’re trying to have a conversation and you can actually if you’re really enthralled in the conversation you can talk over the heavy rock but if you let your interest wane they’re very clever at sucking people in mmm

Keith: I was just wondering er were you – so they were trying to er get your attention

Amy: Yeah

Keith: but when you like get home is-is home a place that’s associated more the voices than | any other place?

Amy: Oh um anywhere where I am haven’t got a externals er reality to compare with makes it difficult because if I’ve got external reality um like famil – things I’m fairly familiar with like when I’m with my mum although some of my psychiatrists say I shouldn’t spend time with my mum but when I’m with mum um it’s a reality I’m familiar with and even though I worry about her um I know that when I’m with her if anything’s going to happen I’ll be able to help her you know when I’m not with her I worry more you know when I’m home on my own I’ve got TV going um I often can’t concentrate on the telly I just get caught up with what’s going on in my head you know and now I can realise it’s going on in my head most of the time most of the time I know it’s in my head but when I become unwell it’s no longer in my head it’s actually in the real physical world as far as I can perceive it

Keith: In that – what you think is a shared reality | with others

Amy: Yeah yeah I have to be – I find it’s really difficult when I get unwell like that to accept that what I’m experiencing other people aren’t experiencing and then they play on this sort of – they move into the spiritual theme of things saying you know well like if they really want me to get caught up in things they say “God’s testing you” you know “this is a test from God” and that really gets me caught up in things I get really sort of ‘uh well um what should I do if God’s testing me you know I want him to think I’m good but you know I don’t want these voices I don’t want to be tested’ and then they argue you know “ah yeah you don’t want to be tested by God=you must be weak” and all this sort of stuff so it just plays on every little…

Keith: Can I ask – it’s interesting why when you say like demons tell you about God that-that seems to be quite a er |

Amy: uh well demons would – what would they know | about

Keith: | Sorry say that again the right

Amy: demon-demons came from God’s side originally
Keith: | Okay

because all things—all things were originally just
uh—what’s the word—developed? by God you know so demons must have
come from God also but he didn’t design them as evil they just—they just took
the path of evil like when a baby’s born a baby’s not born a murderer or born a
you know a born a saint they’re born a baby but the path they take changes
them into what the—what area they lie in and that’s where the demons and God
come from originally—everybody get themselves get confused because the demons argue that you know um they’re
just—you see it’s like it’s like there’s demons and there’s this other ones that
they argue that the demons are there to test me you know and so it gets really
confusing

Keith: So would—would you say then that the—the voices are of the demons but who
sends them?

Amy: They’re sent by well I don’t know whether the devil is actually the one
that sends them because that’s the—that’s the soul spiritual being but um there’s—
I don’t really know where they originate from um that’s where they get tied
up with God because as I said God originally designed all things so they say
you know when they really want to get me down they say “we’re you know
we’re testing—we’re sent from God to test you” and either that or “you’re so
evil God won’t protect you from us” so either way you know depends on
which way I’m feeling at the time they can manipulate you know that’s one of
their favourite habits

Keith: When you talked to people about the voices as demons and what—what
you believe about them what do people say to you about | I don’t talk to many
people about the actual ins and outs of demons (.) I talk about the experience of
having voices but not the actual ins and outs of it

Keith: Why?

Amy: Why? Because um too many people are challenged by it and can
become quite aggressive I’ve found when I have spoken to people they get
quite aggressive and or agitated you know especially if it’s people who
experience demons or voices as well sometimes they can get a bit agitated if
you talk about the demons and lo—lots of who—who he—hear voices don’t
actually like talking about—it well it’s not been official all the time to talk
about the actual ins and outs of the voices what they say and everything …
acknowledge that they exist and that they are being experienced but if you talk
too much about what they actually do then the demons are actually feeding on
that

Keith: So that gives them power?

Amy: Yeah yeah you know I mean in this sort of situation I’m actually—I’m
actually quite pleased that I’m able to control them to the degree that I am
because um I’ve sort of decided—well when I was in hospital I—it might
sound a bit strange but um I had pneumonia and my temperature was sitting
between 40 and 41 for about 4 days and um I couldn’t breathe and I had this
image that and this impression that I was just being told to just lie down put
my head on the pillow and I can pass into the other—pass through the barrier
you know I could just leave this world and a lot of my life I’ve wished I could
leave you know | You said that in the last interview

Amy: yeah but then what I did
is I actually decided for the first time that I can actually consciously remember
that um I don’t want to leave this world and I actually sat up and struggled to
breathe and for 3 or 4 days I absolutely struggled to breathe you know um and
I realised that when I’ve been in a situation before where I’ve wanted
to die I actually get really angry because I feel like I’m not allowed to people
are holding me here people have expectations of me and therefore it’s their
fault I can’t die and so I get really angry and then I turn that in on myself and
that gets quite destructive at times um where now I’ve actually made-I actually
made a conscious choice that you know I don’t want to be in this world
because my mum expects me to or because other people expec – I want to be
in this world because I want to do something with my life I want to reclaim the
life I had or the life I’ve had because I’ll never get that back but
I want reclaim life you know and that’s sort of where I’m going from at the
moment that’s what I’m trying to do | mmm

Keith: | Mmm is that also part of when you talk about
living beyond the voices?
Amy: Yeah living beyond the voices yeah instead of-instead of being caught
up with the voices and being totally absorbed in the voices even though you
can live quite a good life like that you know if you can-if you can keep things
manageable um to move beyond that to where you’re actually your own being
that’s where I’d like to be and that’s what I’m trying to do
Keith: Something else that struck me when we were talking last time was how
much the-the demons er play on guilt | um things like
Amy: | Mmm oh yeah yeah
Keith: making you feel guilty about things that you | or making you take
Amy: | yeah
Keith: responsibility for things that | you didn’t actually do but then
Amy: | Mmm mmm yeah yeah
Keith but then you felt you were | responsible
Amy: | Yeah yeah or um like well someone
falls over and um they sort of play on “oh you made them fall over” or “we
made them fall over because you wouldn’t do what we told you to do” things like
that
Keith: Like a way of punishing you | or punishing other people?
Amy: | Yeah yeah yeah mmm but
they-they-they – because they know that people have certain weaknesses
I mean individuals have different weaknesses and guilt is one thing that
I’ve had a problem with and they know that (. .) I don’t know whether I had
that before they came because as I said I was only about five when I first
got the demons um but I know that guilt is something that’s been plagued in
my life for a long time and it’s like I don’t-I don’t know but I don’t know that
anyone who experiences voices can experience something that’s not related to
their own reality because if you’ve never-if you’ve never known guilt if
you’ve never-never felt guilt how – you know can the voices actually describe
guilt in such a way that you then experience it or is that something they can
only play on once you have experienced it? You know um it’s like (Amy sighs)
works a bit the opposite with people who think they have got powers you
know um often that’s because they-they feel they’re very threatened and so the
voices then – I know from people I’ve sp-I’ve been friends with they feel
really threatened so the voices actually to gain power from them they actually
make them believe they have power so then the voices can control them by
making them believe that they have power from these voices and you have to
hold onto these voices if you want-want to hold onto the power yeah you know
so it’s sort of gets very awk- – very difficult to understand but you know mmm
Keith: (I pick up the transcript and turn over a page) Let’s see if there’s something else you were talking about here – ooh I was really interested er when um like here you were talking about the group here |

Amy: yeah |

Keith: er with Sue and Martin it wasn’t so much that-that you were able to talk |

Amy: mmm mmm mmm mmm |

Keith: about voices because you’d said you’ve been to groups | where people |

Amy: no mmm mmm mmm mmm | yeah |

Keith: have talked about them before but it’s the fact that they acknowledged the reality | of what you’ve been experiencing is that right? |

Amy: Yeah you-you-you-you yeah the acknowledge the – they didn’t say that they hear the voices they didn’t say they are real for them but what they did they acknowledged that I actually do hear voices um and then we worked on well how can we manage that? What can we do to manage that? | Instead of saying “you don’t hear |

Keith: Yeah |

Amy: voices they’re not real” which is a line that a lot of people use |you know |

Keith: Is that what they said to you | before |

Amy: Oh yeah yeah yeah |

Keith: Who said that? |

Amy: Oh doctors um nursing staff family members you know “they’re not real they don’t exist they just-” – even-even when they say they’re just hallucinations | um because yeah just hallucinations yeah |

Keith: Okay just hallucinations? |

Amy: and because if you look at what a hallucination is that’s something that doesn’t exist you know so they’re saying you know it doesn’t exist so um with the hearing voices group they acknowledge that we hear voices we didn’t go into the details of what the voices say because once again that-that gives them power because if you become totally enthralled en-entangled with what the voices are saying then you actually slip from the joint reality into your own reality to some degree |

Keith: So it’s important to keep when you’re with a group of other people who have similar experiences of voices too that i – that keeping that shared reality is important | moving too much into your own private reality |

Amy: Yeah yeah yeah I mean you can say you know the voices are destructive and stuff like that and look at that but not say well – that’s you know that’s why this area might be a bit dicey– not to say you know um “well what are the voices actually saying to you at the moment?” That’s okay in a therapeutic setup um but it becomes dangerous I believe um in some in like in groups because if you s-s-sort-st-sort-start saying “what do voices say to you at the moment?” and then this person says the voices say this and this person says the voices say that everything becomes totally enthralled in the actual what the voices are saying not the actual dealing with the voices |

Keith: So really like talking to me |

Amy: It stirs them up | yeah I mean you can talking about what the voices say this is a dicey area |

Amy: It stirs them up | yeah I mean you can |

Keith: You’d tell me |

Amy: I’m willing to-willing up but I’m able to do that now |
that—but that’s so if—if anyone wanted to know what the voices say they—
they move—they’re asking you to move into an area which is really dangerous for
you?

Amy: For me yeah and for a lot of people some—some people—it depends
some people who are really psychotic they actually can talk quite well about
what the voices say because to them they’re telling you a reality and they often
don’t accept that you don’t share that reality you know that you don’t unders—
you know and if you don’t share the reality then you don’t understand you
know it’s like um oh like when I first got sick my dad he actually believed that
he obviou— he must have done something wrong or something that’s why
I got sick |

Keith: That’s what he thought?

Amy: (She laughs) I sort of um I stopped coming to the groups you know
sort of felt a bit you know I think I was a bit upset about it but then at the same
time I was relieved because I didn’t like coming to the groups very much (she
laughs) because at that stage I was still very sick you know and um

Keith: It stirred things up was that the |

Amy: Oh yeah it really stirred things up and I’d
have to try to be “normal” (she mimes quotation marks with her fingers in
the air) you know what was accepted as normal and behave myself and if I
didn’t then I’d get this look from dad so I’d have to you know “ah yes I’m fine
no problems today” you know stuff like that yeah mmm

Keith: (I leaf through the transcript) Just something else I was interested in—
when you remember we were in the other room and it was really quite noisy
and you were saying that really that—that was one way of someone being able
to appreciate what it was like hearing voices and you talked about having

Amy: Yeah mmm mmm

Keith: and— is that some— have you used that as er an example to tell other
people | or was that the first time you thought of it

Amy: only once before only once before and that was in the hearing
voices group you know that was actually when I was talking to Martin and Sue
not to the group because that’s um I think that’s one way of explaining what—
a bit like what it’s like you know because um you know when—when you sort
of say hearing voices people sort of think ‘er what’s hearing voices really
like?’ you know I mean how can something be so controlling that it can drown
out the reality that everyone else shares and make your reality seem more real
but if you’re— you know got these earphones going in your ears and you’re
trying to concentrate you know you’re trying to join in the joint reality and
you’re sort of thinking you know ‘what is going on? What’s real? What’s— Where
am I?’ you know and it’s quite confusing

Keith: I get—I get from you this feeling that the—the sharing of the joint reality
is a really important |
Amy: Yeah f-for me I find it is uh um I find this very challenging because I do tend to withdraw a lot um but er yeah as much of the joint reality as I can yeah that’s why um I that’s (she holds back a burp) excuse me that’s why I’m going to go to the draw-my drawing classes and stuff because that’s the place where I can relax to some degree um and I can share in a joint reality and people there don’t see me as a person with an illness because they don’t know my history they just see me as a person who’s come to do drawing and so I don’t have to sort of think well are they watching out? are they you know are they watching me? do they you know do they think I’m crazy? you know’ and all this but yeah really important for me but like as much as this place is really good I don’t find coming here very comfortable (I gesture with my hand for Amy to explain more) not-not when there’s lots of people around because the joint reality is very confusing |

Keith: How’s that?

Amy: because because there’s a lot of people around quite a few people are unwell and so their reality and the joint reality er is – do you know what I mean by-by that? (I gesture with my hand for Amy to tell me) You know like-like um well like if you’ve got – it’s like when you’re in hospital you know in a psych hospital and there’s people who are really unwell your shared reality is a reality of unwellness |

Keith: Okay

Amy: You know that’s why hospital the way it ha-has been run at times um I don’t think is all that beneficial because we haven’t – you haven’t sort of got strict like clear boundaries you know in your – well I don’t in my own head I don’t have clear boundaries and it’s like um you-you-you see somebody doing something and you don’t know whether that person what they’re doing is actually right or wrong you know with what’s happening and so it’s hard to gauge how you’re supposed to behave if other people are behaving in various manners and I do use that to gauge my behaviour quite a lot how other people are behaving I mean if people are laughing and joking then I think it’s quite safe for me to use my sick sense of humour but if

Keith: Okay

Amy: people are dead serious then I tend to think well you know I’ll keep quiet yeah stuff like that which I don’t |

Keith: Yeah yeah

Amy: know-I don’t know if that’s all – some of it I think is part of normality but it’s to an excess |

Keith: How do you mean?

Amy: Well like most people I think I mean I don’t know but I think they would sort of – if you’re in a room full of people who are deadly serious then you don’t come up and joke – crack a joke you know not you know – I mean some jokes you would but it depends on the environment but um but that’s something that actually you choose to do consciously you think you know ‘well you know I won’t tell the joke’ or the joke doesn’t even occur to you you know um but then with me it goes beyond that and it becomes actually a-an obsessive thought like um |

Keith: Is that different to a voice?

Amy: Yeah yeah

Keith: How’s that?

Amy: An obsessive – well an obsessive thought is something that you-you
know is coming from your own head like can think like I think you know I could-I could tell you a joke right now I think you know but I’m thinking well he might laugh a bit but I don’t think this is the right place to tell it you know | but in my head it’s saying “oh go on go on” you know and

Keith: | yeah

101 cont.Amy: it becomes – I become preoccupied with that you know and that’s happening at the moment it’s sort of saying you know “oh you know say-say-say such and such a joke” and I’m sort of thinking ‘no’ you know | but in my head it’s saying “oh go on go on” you know and

Keith: | But –

104 Amy: | Mmm mmm yeah yeah I know I’m thinking it I mean – then the voices wer- – what happens then is the voices then work in on that and they actually play on what you’re thinking and like they sort of say you know “ooohhh she must be sick if she’s” – that’s what they’re saying at the moment – ”she mu-“ – I must be sick if I’m going to – you know if I want to tell a joke here now when – you know and “oh let’s make her tell the joke then (I give a little laugh) um to prove she’s crazy” and stuff like this you know and it all gets all tangled up you know sort of it’s |

Keith: | You –

106 Amy: | Well they um when I’m unwell it gets to the stage where I don’t even know – that-that they’ve got me so convinced I’m thinking it I believe I must be thinking it even though it’s a thought that I would never have had and that gets you a lot of self-destructive thoughts and stuff like that you know or um |

Keith: | Does that make you think things that you want to do against yourself that you weren’t thinking of | before?

Amy: | Yeah yeah or they-or they make you think – they make you feel so bad about the thoughts they’re saying that you’re thinking but you think you know you must be evil you know you must be really evil if you’re thinking a thought like that and it makes it very difficult to actually know that you’re not thinking it when it goes-goes to that extent (Amy picks up a book that was lying on the table) just quickly do you want to hear what I wrote today | while I was waiting for you yeah while I was
Keith: | Yeah yeah if that’s all right

Amy: waiting for you |

Keith: | This is – oh you wrote it here?

Amy: Yeah

Keith: Can I also make a copy of this too?

Amy: Uh it’s pretty rough writing.

Keith: | That’s all right | but | but if you-if you’re happy

Amy: Yeah

Keith: | You can make a copy if you |

Amy: Yeah yeah yeah

Amy reads aloud from her poem “Belief”. Jane returns with Amy’s mobile phone.

I feel conscious that Jane is overhearing what Amy has written. Amy turns over the next page to read another poem “From Darkness”)

Keith: Can you just – let’s just finish by – can you just tell me what does that mean to you? What were you trying to say?

Amy: Well with that one um so-so long p-you know I’ve sort of thought you know

‘I want to get better I want to get better I want to get better you know it’s not fair why am I like this?’ and I’ve always waited for this big light to shine and all the answers to be there and I’ve realised that that’s not going to happen um what’s going to happen is I might get a little candle and that will flicker just a little bit but that candle will help guide me to where I can find the stone – the foun-that foundation stone of my life and I can put that stone down and no one else can-can lay that stone for me no one else can build the safe-safe haven for me I’ve got to do it myself no matter how much someone else cares and how much they want to do it for me I have to do it myself because if someone else does it it becomes their haven not mine mmm

Keith: Great thanks a lot for telling me that Amy.
Interview 3

Participants: Amy & Keith
Place: MIFSA
Date: Friday 13th February 2009
Time of interview: 10.30 am

Notes: We are sitting at a table in an interview room. The weather has been very hot but the room is fairly cool.

<table>
<thead>
<tr>
<th>Turn</th>
<th>Speaker</th>
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<tbody>
<tr>
<td>1</td>
<td>Keith: So Amy we haven’t seen each other for a little while</td>
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<tr>
<td>2</td>
<td>Amy: Tell me…what had been happening to you in that time?</td>
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<tr>
<td>3</td>
<td>Keith: Tell me…what had been happening to you in that time?</td>
</tr>
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<td>4</td>
<td>Amy: Um well I’ve actually been get- – having quite – going quite well I had surgery um that stuffed up but that’s fixed up now um mum went away for a month and I babysit the house and the dog for a month and that went really well am as I said I’ve done a couple of talks and um I’m hoping hoping to get involved in the community education course in groups here am I’ve seen my- my psych and she wants to decrease my medication</td>
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<td>5</td>
<td>Keith: That’s great</td>
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<td>6</td>
<td>Amy: Yeah because she said that she um she’s never treated anyone on the level of medication I’m on and she said you know she’d like to get down a bit</td>
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<td>7</td>
<td>Keith: Because it’s so high?</td>
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<tr>
<td>8</td>
<td>Amy: Yeah yeah mmm Abilify normally – they normally they don’t go over 45 (unclear) mg of that a day I also take 400 of Seracort so yeah that’s sort of a bit much now I don’t need it but yeah no I’ve been doing pretty well really</td>
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<tr>
<td>9</td>
<td>Keith: How have you been managing with the hot weather?</td>
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<tr>
<td>10</td>
<td>Amy: Oh well not well but you know</td>
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<tr>
<td>11</td>
<td>Keith: How do you mean?</td>
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<tr>
<td>12</td>
<td>Amy: Oh well plays up on the MS so you know get very tired very achy things like that and while mum was away the air conditioning didn’t work at her place so just had a pedestal fan so it was very hot very horrible I think everybody felt very hot and very horrible not many people liked it</td>
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<tr>
<td>13</td>
<td>Keith: Does that make things worse – you said like the MS – does it make anything else worse for you?</td>
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<tr>
<td>14</td>
<td>Amy: Well if you-if you become tired or exhausted then all the psych issues are harder to control you know like um a bit well it’s like any illness you’ve got you know or any problems you’ve got if you’re-if you’re tired and exhausted and haven’t got any energy then it’s really hard to keep things under control and to keep them contained as well</td>
</tr>
<tr>
<td>15</td>
<td>Keith: What things do you keep under control?</td>
</tr>
</tbody>
</table>
| 16   | Amy: Well like-like the voices and stuff and the images and things like that um and the negative thoughts because depression is a-a major part of my illness and just um if you’re feeling flat because of the weather um it’s very easy to let yourself get sucked into negative thoughts and stuff like that you get caught up in it all and it just spirals around you know um but I think it’s a bit like that with everybody you know I mean if you’re-if you’re not feeling well physically um then your mental
health tends to have a few issues you know you might become grumpy or
you know and sort of so it’s just more or less an ex-ah-ex-extension from the
normal behaviours you know yeah

Keith: Do the – when the weather’s hot for example – do the voices ever refer
to things that are changing in – where | you are in the environment?

Amy: Um not generally they-they tend more to deal with the emotional side of things you know like
um well with the fires what they are doing is they’re sort of saying you know
because we’ve got quite a lot of family in Victoria and they’re sort of you
know saying (Amy speaks in a low croaky voice and nods her head)
“ooohhhhh we’re going to get your family” you know but then I don’t know
where that’s just an extension once again of normal anxiety you have if you’ve
got family where there’s fire you become anxious you know if you haven’t
well my aunts we haven’t had contacted for a couple of days and we haven’t
heard from them for a while but you know um and so you know sort of your
mind does sort of play tricks on you like that you know you sort of think well
‘you know maybe maybe the fire’s close to their place’ or you know but I
mean if I let the voices they’d take-they’d take responsibility for anything they
wanted you know they’d sort of um if I-if I – if they start saying that and I
start buying into it um and if even if I do the opposite and try against it saying
“that’s not right you’re not – you kn-know you have no control over the heat
or anything” um that’s still-still adding fuel to their fi(re) – you know giving
them strength because it’s taking up my time focusing on the voices because
I’m focusing on them with a – whether I focus on trying to suppress them or
not if I constantly try to um sort of argue with them they’re actually getting
just as much of my time as if I sort of let them suck me in you know so it’s
sort of-sort of like um aah once again it’s a bit like a little kid you know if
you’ve got a little kid and that little kid’s being really naughty and you keep –
you know say the little kid’s making a noise and you’re trying to hear TV you
know and you keep saying to that little kid “shut up! shut up! shut up!” well
you’re not getting the TV-you’re not seeing any of the TV and that little kid’s
just getting-getting attention so they’re not so likely to shut up you know
where if-if instead you just sort of think ‘well okay the kid’s
there in the background it’s a bloody nuisance but I want to hear what’s on TV
so I’ll focus on what’s T--on TV I won’t focus on the little kid’ so that’s a
little way I’m learning to use at the moment yeah because um I was just
thinking you know when people-when people say that you’re ill I don’t think-I
don’t think illness should be measured by whether or not you hear voices but
how much those voices affect your daily living and if you hear voices and
stuff and you don’t allow it to affect your daily life um then you know does
that mean – do you have to be labelled as being unwell? or are you just – is
that just normal for your – for you and so should just be accepted that’s how it
is instead of like um I guess it goes back to – I’ve been thinking about
medication stuff because when I gave up nursing it wasn’t so much because of
voices it was because of the medication they had on me on made it impossible
for me to function as a nurse um so it’s sort of like um sort of uh I’ve lost my
track of thought sorry

Keith: Well you were talking about that it’s the medication | that stops

Amy: Yeah

Keith: you functioning in daily life and not measuring an illness by
voices but |

Amy: Yeah well I mean when I-when I first became very unwell then um
the voices had almost total control but um when they gave me the medication it reduced – even though they had total control I was functioning but once I was on higher doses of medication um I was no longer able to function either so it sort of took away everything I mean I know why they put me on medication and I uh you know it probably did – was necessary but now looking back I think well you know mental health issue – mental health treatment’s changed a fair bit (.) they don’t tend to m-medicate as much as they used to I mean like I-I went through a long – I was talking to Deborah my ex-carer and um support person and she was saying that even five years ago I had difficulty putting words together because I just could not follow a thought through you know and a lot of that was a combination of – the voices were really bad and they were taking up a lot of my concentration then the medication on top of that dulled down my ability to cope with the voices you know to respond (Amy leans over to get her bottle of water out of her bag) drink
Keith: So medication affected your ability to cope with voices?
Amy: They – the-the medication was given t-to try to get rid of the voices but because of the dose of medication I was on um it made it difficult for me to function normally anyway sort of like um well-well before I went – while I still had the voices really bad before I went on medication I was still nur- -I was still working you know um nobody actually knew I had a mental illness then when I went on medication I had difficulty getting out of bed I had difficulty doing anything you know so at least now I’m glad that with-with mental health treatment now they are trying to balance things a bit better but you know I mean I still feel that as I said um whether or not you’re unwell should be measured by how much effect the symptoms are having on your life rather than what the symptoms are because if you’re coping-if you’re coping and functioning then um maybe you need to-maybe you need to deal with the symptoms but if that’s what-that’s what I think you do-you need to do with them rather than trying to suppress them but it’s-it’s a very fine balance because if you try to suppress them too much it takes too much energy but if you deal with them by buying into them then that takes too much energy too so you more or less have to rationalise with them and sort of work out well ‘hang on um okay I – they’re there I hear them but’ I’m-I’m just slowly getting hold of this myself I actually do have a choice how I respond to them I’m only just slowly-slowly grip – learning that myself but I do actually have a choice how I respond where beforehand I-I would respond sort of automatically by trying to suppress them more and more um when now-now what I tend to try to do is think ‘well okay they’re there um do I want to listen to them? What-who-who gains out of me listening to them? Who gains out of me fighting them?’ Um
Keith: How do you mean who gains?
Amy: Well me or the voices virtually yeah um and uh so it is my choice if I want to win if I want to gain then what do I think is in my best interest and sometimes it is in my best interest yes to let the voices be because otherwise if I con- totally-get totally consumed in trying to suppress them and then see once you get – I get consumed in trying to suppress them and then I get the guilt for having them you know I think ‘well you know there must be something wrong with me’ and all this and then you get the um the negative feelings you have because you can’t suppress them so it just – and then it just builds up and of course the more negative feelings you get the worse the voices get the worse the voices get the more negative feelings you get so it
works up in a big spiral (Amy takes a drink from her water bottle) I don’t know if it makes any sense to you today

Keith: Um let’s um a couple of things I’ve written down I want to talk about you talked about um when we went back earlier about the fires saying about them taking responsibility I know some – you told me about some experiences where they made you take responsibility for something |
Amy: Yeah yeah they say they would say that like it’s my fault the fires were there

Keith: Did they?
Amy: Well no now what they’re saying is they-they can control the fires and they can make things happen and then of course that relates back to why they’re making it happen—that it must be my fault (. ) that’s more or less my own interpretation I think of what they do but um |

Keith: When you say your own interpretation they don’t say it but that’s what they mean?
Amy: They-they don’t – they well what they do is they s- - they say you know that they can control the fires and they’re going to make fires burn Harcourt and places like that where my cousins live um and then they more or less sit back and say – I-I can get – see a-see a sense now saying um “we’re doing this (Amy closes her eyes for a moment) w-we’re” no the voi- “we’re demons and we’re coming from you and we’re doing this therefore it must be your fault” what I do is I-I tend to f-f – that-that the fault I tend to buy into myself you know like (She looks up at the ceiling for ideas) a bit like I’m trying to think of a way of putting it clearly um (There is the sound of a plane flying overhead)…a bit like if you’re in an aeroplane and uh the aeroplane gets caught up in a-a uh in a turbulent you know um they can say that you know they’re controlling the turbulent but then you sort of – I sort of interpret it well it’s happening to this plane because I’m in this plane if I wasn’t in this plane it wouldn’t be happening to this plane so you more or less buy your own – tie your own res- guilt into it your own responsibility into it too but that’s probably more of a behaviour from you know having the voices do it for so long you know sort of almost skip the step of them blaming me and take on responsibility without them actually giving me responsibility sort of-sort of al-almost happens automatically you know makes sense?

Keith: How do you mean?
Amy: Well having the voices blame for so long it’s almost an automatic response now for me to think anything that goes wrong it’s my fault um so I sort of almost-almost skip the step of them blaming me and take on responsibility without them actually giving me responsibility sort of-almost happens automatically you know makes sense?

Keith: Mm mm so how do you cope with that?
Amy: (She lets out a breath and then takes a drink from her water bottle) Well once again it goes back to um having a choice and uh you know looking at it logically like logically I’m in Adelaide uh fires are in Victoria now how could I be responsible for those fires I mean I didn’t light them I uh I didn’t – like what they’re trying to say is I sent messages to the people who lit the fires you know but I know I can’t do that you know so I rationalise it a bit more say-say even two three years ago I wouldn’t been uh draw that line I uh I didn’t – like that’s how the mind works at that stage you know like um if there’s a really bad car accident they’d say um it’s my fault because I actually sent messages to the driver of the car and made the car have an accident well now I know that I can’t do that you know I don’t have those powers um so therefore I can’t be responsible for the car accident if I’m not actually
causing anything tangible to happen then I can’t be responsible for it it’s just just –
I’m only just coming to
these sort of ideas fairly recently |
Keith: Has that affected the voices? Has it stopped them | blaming you?
Amy: Oh no it ha – what it does is it makes them lead more into me blaming myself they sort of um instead of them saying "it’s your fault" they tend to say um “it’s it’s because you’re – it’s you because it’s in my he- you
know in your head that you must be at fault” instead of saying "it is your fault"
they say “you must be” (.) there’s a slight difference there
Keith: Tell me a bit more what’s the difference?
Amy: Well say – like um if-if if a kid leaves a toy on the floor and you
trip over it well the kid left the toy on the floor that was um-that was a a-a
childish behaviour you know a childlike behaviour but it wasn’t that kid’s fault that you tripped-you tripped over it but what they’re re-what what they would say is um I made that kid leave the toy on the floor “and that’s why you tripped over it” well now I can sort of say “well hang on I don’t have the power to make the kid leave the toy on the floor unless I actually consciously put that toy on the floor and then consciously caused you to trip I can’t be responsible for it” you know and so that’s what I’m just trying to play on at the moment trying to get that in my head it sounds a bit strange but yeah
Keith: The fires have been one thing | that you talked about has
Amy: | Yeah
Keith: there been anything else that | since I last saw you?
Amy: | Oh mum mum’s-mum’s got a leg ulcer and they said that’s you know because because I sort of I wasn’t paying enough attention to mum then they’re going to make her get sick so you know I have to pay attention to her but um I know that mum’s leg ulcer is just something that happened you know and um you know sort of I can do what I can to make her feel better but I can’t I can’t – once again I can’t take responsibil-responsibility for how she feels I can help her feel better I do things to help her feel better but I can’t actually take responsibility for how she feels | we-
Keith: | Have you talked about this with your mum?
Amy: No no no I don’t talk about a lot of stuff with mum you know like this sorry (She lifts up her water bottle to take a drink) you know because um mum has very limited understanding of what what I go through and I’d rather-rather not to confuse her too much yeah
Keith: So who can you talk to?
Amy: Er no one (She laughs a sad silent laugh) um not really I see a counsellor Jacky I talk to her a fair bit um like I see Ruby who’s a support worker and but we don’t talk a lot about this at the moment because I’ve only just started seeing her for about three months so you know and um my psych I see her once a month and we talk a little bit but not a lot you know so that’s sort of yeah (She leans over and picks up her bag) do you read a pa-paper about on depression? | I think it’s in here (She unzips it)
Keith: | Mmm yeah Is this for
Amy: (She searches in the bag) | Yeah it’s what I’m going to – what I want to use in the talk I think it’s in here mind you there’s about ten million things in here woman’s handbag I don’t know…(With some effort she finally pulls out a type written sheet of paper and passes it over to me)
Keith: Okay (I read through it)

Amy: It’s not handwritten so it’ll be readable my handwriting’s not readable

Keith: Oh one bit that I just see i- when you said “depression is like a silent partner”

Amy: Yeah voices are different than depression (. ) voices can cause depression or they can lead to depression but they’re different than the depression

Keith: Can you tell me a little bit |         more?

Amy: Well they’re – voices-voices are more of a ph- -a physical-type of um manifestation you know they sort of um they sort of well they – to me they take on a physical sense where depression um now the way I look at it is more of an-an internal and emotional s-s-s-system and like um like I’ve had depression um off and on for centuries you know um and it’s changing slowly and how I look at the voices is actually changing my depression but that’s only because my attitude towards both of my pers-perspective of both have changed |

Keith: | Can you say a little bit more about that?

Amy: Well with um when I was getting r-eally caught up with the voices almost 24/7 you know um I would feel really down like I’d think ‘m-m-my life’s not worth living (.) I’m-I’m caught up with these voices (. ) these demons are controlling my life (. ) what’s the point?’ so I’d become depressed um and then when I get – when but when depression i-s separated from voices um they’re actually two completely different areas because the voices themselves they’re – there’s something that has like a-a physical tangible essence in themselves and um they sort of – I’m trying to think how to describe the difference – they um you know there’s something that you can well I can see I can hear I can touch um

Keith: | You can touch the voice?

Amy: Mmm yeah well the spirits yeah yeah

Keith: How do you mean?

Amy: Well I can feel the (Amy gestures to her left shoulder with her right hand then lets it drop) yeah I can feel the hand (she moves her right hand to her shoulder again and now touches it) on my shoulders sometimes stuff like that

Keith: They touch you?

Amy: Yeah yeah I have- I have tactile hallucinations they call them as well as visual you know so um |

Keith: Does that happen separately or do they talk to you at the same time?

Amy: Um it depends on the situation yeah but I have-I have visual hallucinations and tactile hallucinations and as well as auditory…the visual ones the hardest to deal with

Keith: Is that the blood on people’s faces?

Amy: Yeah yeah that’s the hardest to deal with but – which it shouldn’t be because you should be able to use your rationalisation and think ‘well you know how could that be’ you know but at the same time I think that reverts back to the very primitive basis to the voices like that they – that happened when I was very small that they – the blood on the f-faces used to appear and stuff it started when I was very small

Keith: That’s when you were about five | wasn’t it?

Amy: Yeah so um that-that was
Keith: it’s – works on a very primitive level like um like voices (Amy catches her hand in her lapel microphone cord) oops I nearly pulled this cord off (she gives a short laugh) – voi-voices sort of um they-they have-they’ve developed how – as my intellect has developed they’ve actually – they’ve gone from just being screaming yelling things to – you know they’re-they’re quite-quite intelligent the voices they’re you know they’re-they’re quite um en-en-twined in the intelligence like you know every time – if I make a step and I think I’ve-I’ve conquered something then they actually work at making it-making a conversation (briefly unclear as a smoke alarm goes off somewhere nearby) you know working around it

Keith: Can you give me an example?

Amy: Well well like um like what would happen say six months ago with the fire if there was a fire that then um if I was able to say “look you know I-I’m not there” they’d come up with (She speaks in a low gruff voice) “oh yeah but you wish you could’ve burnt them down there=you’d like to see the fire” and stuff like that so they actually changed from like the basic “it’s your fault” saying you know “you wanted to be – you know you wanted it to happen=you wanted it to be your fault” you know where with the-the with the visual stuff that’s-that’s very basic and that’s – hasn’t really evolved much it’s started off as um people would have blood on their faces um they’d – people’s images would would-be quite distorted and that-that hasn’t really altered yeah even over the you know the last forty years it hasn’t really altered um it becomes more intense and less intense you know but the-the voices tend to = uh link-link into your intelligence and what you’re thinking they tend to be uh to pre-empt sometimes you know and sort – and that’s-that’s part of the part that makes them so difficult to cope with because you might think something and you might be thinking something and they come out and they say it before you actually realise you’re thinking it make any sense? You know um but it’s uh it’s-it’s um it’s-it’s difficult to explain the differences but there-there is-there is – depression exists without the voices and the voices ex-exist without the depression but you know like some people have voices and they’re not depressed you know they’re actually-they I mean there are people who have positive voices you know voices that actually build them up and make them feel good um you know and they don’t get depressed (.) they might get depressed when you take the voices away you know um

Keith: Have you met anyone in that situation?

Amy: Oh yeah yeah I knew someone quite well who um he-he had no friends or anything else but you know there was only a couple of us who were his friends um and he thought he was saving the world you know he thought everyone loved him he was saving the world and you know and they decided that they were going to force him to take medication they medicated him took away – which did take away the voices and he suddenly realised he had no friends very little money um he wasn’t saving the world he was actually quite-quiet lost so he suicided because there’s no com- – if you take any-any type of behaviour if you take away behaviour it’s got to be replaced by a compensatory behaviour if you take away the voices you know they’ve got to be replaced by something like even-even if they’re replaced by positive thoughts that you have yourself that you manifest yourself if you-if you-if you take – if somebody’s starving in the desert well somebody-somebody’s um – say-say-say you lived on-on coke you drank-drunk coke all the time now
coke’s bad for you right? you know but coke will – coke’s got too much caffeine too much sugar all that now if they take that away and say “now this’ll make you more healthy” but they don’t give you water to drink you die-die of thirst so if they take away – if they say the voices are bad for you “we’re going to take them away” they take them away and don’t replace them with a healthy behaviour then you’re lost and you don’t you know the world becomes really really scary you know because some pe-some people actually find it very really not to have the voices when they’ve been used to having them for a long time

Keith: Could you ever feel that way?

Amy: Oh yeah yeah I-I don’t know that I would ever-I don’t know that I would ever have not have the voices because I’ve had them for so long but I think it’d be scary in some ways because it would be completely different behaviour completely different world I’d live in a world where there is no sort of um no no no sort of voices going on no sort of no con-no conversations going on constantly you know um I think if-if I had the – that behaviour replaced by positive behaviour which is what I’m trying to do with Mental Health now you know instead of sitting back and saying “well yeah I’ve got schizophrenia I’ve got this I’ve got that you know I can’t cope with the world you know people think I’m weird and all that” I say “well yeah I’ve got it but I’ve got this far with it so what can I do with it? How can I work with it? So it becomes sort of like a…almost like a partnership you know

Keith: Partnership with?

Amy: With the voices like um like to accept that they’re there instead of trying to fight them=trying to suppress them and trying to fight them actually takes away some of their power because if I accept they’re there but accept that they’re as part of an illness rather than being um well it’s difficult because I still – I still do think they’re still demons but I can see that what people tell me is it – even though I hear them see them feel them and all that they don’t actually exist in the joint reality…as if I can accept that okay they exist in my reality but that’s not the joint reality and I can move beyond my reality into the joint reality and that’s what I’m trying to get with the positive behaviours and stuff because uh my reality is a pretty scary pretty lonely place and you know I’d like to move out into a more – an open place and a more-more sort of relaxed place so that’s what I’m trying to do with accepting the – accepting the voices are there um accepting the – not accepting responsibility for – well responsible- – yeah responsibility’s probably the right word – not accepting um accept they’re there but don’t play – don’t force responsibility for their existence on me as-as a-as a conscious effort on my-my-on my behalf it-it- they exist because they’re a part of my-part of my mind um but then I actually – I don’t actually sit down and say “I want the voices” you know so it’s not actually a conscious thing on my part .) I don’t actually make them exist by conscious thought (She takes a drink from her water bottle) feel like I’ve been rambling on today

Keith: Did you feel that you used to take responsibility | for them

Amy: Oh yeah yeah

Keith: it was your fault that you heard voices?

Amy: Oh yeah and I still-I still I mean (She sighs) it is all very new for me these changes and I still go through phases like you know | Just tell me when did the changes | begin for you?

Amy: Oh I’ve probably been making changes
probably the last three or four months | yeah because um well when I had
Keith: | Wow
then I had-I had a hernia operation then I had an intraabdominal bleed and that
made me stop and think again and sort of thinking well you know um I sort of –
I do actually have a life um and you know do I want to live this life as I am
sort of being in control – being controlled by voices being controlled by fear
or do I want to try to move beyond that and at this point that is I’m trying to do
is move beyond that it’s—it’s pretty scary but | mmmmmmm
Keith: | We talked about it
cont.Amy: the pneumonia um that sort of made me stop and think a little bit but
then I had- I had a hernia operation then I had an intraabdominal bleed and that
cont.Keith: last week about – (I correct myself) last time we met living beyond the
voices | I think was | you | wrote about this
Amy: | Yeah | yeah yeah well that’s what I
need to do and that’s what I’m trying to do (.) to live beyond them without
being – and if-if I fall back and if the voices get sort of you know if they get
really bad and I’m having trouble with them not to sit back and say “ah I’m
failing” you know because that’s—that’s one of the first things they like to do is
try to you know if you think you make it ten steps forward they like to bring
you back and they sort of say “It’s your fault you failed” you know where you
know everyone takes steps forward and steps back and fall down and pick
themselves up again yeah am I talking about what you want to hear about?
(She lets out a little laugh)
Keith: (I feel put on the spot) It’s—it’s great what you um that you can after all
these months since we last met fill me in on | what’s been going on the
Amy: | Yeah | um it’s quite
| strange actually I listened to my own voice on the CD um and it was um it was
interesting because it – I was able to step outside myself and see myself a bit
more you know um but |
Keith: | Was that helpful?
Amy: Yeah yeah yeah so sort of see that you know we did talk about some
stuff and like when you write it down even though you know it’s written down
like I said and everything it’s not the same as hearing it on the CD in your own
voice
Keith: Can you say a bit more about that?
Amy: When you hear it – when-when it-when it’s written down um I have a
(She waves her left hand in front of her face) bombardment of voices saying
“Oh (She whispers) that’s crap (She now speaks in a huskier voice) you didn’t
really say that you know he just wrote that” or you know stuff like that |
Keith: | They think I made it up?
Amy: Oh yeah yeah you know um and if there’s anything that gets a bit touchy
you know they think you know I sort of – I actually find it easier to think you
made up than accept that I said it but when I hear it on the CD I hear it in my
voice and sort of think ‘well yeah that’s actually what I said and that’s actually
what I was thinking at the time’ so yeah I thought the CD was helpful
Keith: So if I gave you a CD of | this interview you’d like to keep it?
Amy: yeah yeah yeah yeah that would be good yeah yeah

Keith: Did you bring it today?
Amy: Yeah yeah

Keith: Great so I’ll do is I’ll take it with me
Amy: Yeah (Amy leans over to her bag on the floor)

Keith: Was there anything that we talked about in – that you’d like to raise again?
Amy: (She raises her head) Um…..just I think f-f- one th- – one thing that is important is that um people who-people who hear voices aren’t like – they’re no more alike than people who wear blue jeans you know people who smoke more than other people smoke but people who um – like it’s like saying all black people are exactly the same you know because that’s what happens people sort of say “oh you’ve got schizophrenia” you know um and they put sort of like a blanket cover over them saying “everybody’s like that” but what I experience is my experiences but then what another person experiences may have similarities but they’re still an individual experience for those people and that’s really important I think that that’s noted that everyone’s experiences is as individual as people who don’t have schizophrenia I mean it’s even-even to the point at – I mean you might see that (She reaches over to her folder) as green I see it as green but there’s no guarantee that we both see it as the same colour because green – what you see as green and what I see as green might be two different things but we’ve learnt to label it as green

Keith: Mmm in a way that makes me think about we talked about joint reality you’re describing something that I can’t experience but we’re trying to find some shared understanding to help me what it’s like for
Amy: Yeah yeah yeah to unders- yeah
Amy: yeah that’s different to what it’s like for others

Keith: you I know that’s different to what it’s like for others
Amy: mean just because other people hear voices doesn’t mean their experiences are exactly the same as mine or you know um that’s important I think because I know it’s slowly coming into the mental health system but it’s still very much you know um if you’ve got schizophrenia you’ve got these needs if you’ve got depression you’ve got these needs you know well if you’ve got schizophrenia you-you’ve got okay you’ve got certain needs but they’re not necessarily identical with the person next to you who’s also got schizophrenia and they’re not necessarily that different than the person who doesn’t have schizophrenia that’s why when I went to the mental health thing that the – at Glenside the other day I brought up about the chairs and stuff because not everybody who-who has schizophrenia doesn’t like – doesn’t have a weight problem not everyone who has depression has a weight problem not everyone who doesn’t have depression has a weight problem you know and um but to make people comfortable you have to look at the needs that—that everybody has familiar needs that everybody has like the need to be comfortable the need to be accepted the need to be you know to be safe uh and then you sort of look at all you can’t say “well everybody got a need to be safe therefore if they’re in confined spaces so no one can get in to hurt them everybody will feel comfortable because that’s not the way it works everybody has the need to be safe but what makes them feel safe is quite different from – throughout the individuals you know so yeah

Keith: In – I think perhaps a few minutes then we um um we call it a day
(Amy takes a drink from her water bottle) but is there anything else that you-
you’d like to say um um…for example the voices today did did they do
anything I know last time you said they once you know talked about coming to
have a meeting with me and they (unclear) did they do the same?

Amy: Well yeah yeah yeah they were saying they were actually saying – I’m actually glad that –
it didn’t have the saying(?) that they were going to make you get hurt and
I’m actually glad you got here before me because I didn’t have to worry about
it but yeah that you know they say that – I’m actually getting to where I think
“well hang on you have said that before you know and nothing’s happened”
but then what happens when you do that is they do actually come at you –
come at me with um “ah yeah we we were just saying it that time = this time
it’s going to happen and if it happens it’s going to be your fault because you
didn’t listen to us” you know so that – they like they like to take control (.)
they like to have power and uh that’s why I’ve got to sort of think well ‘you
know do I want them to take control and have power or do I want to keep the
power’ so yeah yep

Keith: And knowing that you have the power?

Amy: Yeah yeah I’m actually reading a book at the moment I’ve listened to
her CDs Louise Hay reading (She leans over to her bag by her side on the
floor) what’s it called? Of course it’s in my bag…(unclear) I can’t remember
what it’s actually called (She pulls out the book and passes it over to me) it’s
this one…That’s | that’s a really –

Keith: Okay “You can heal your life” (I start to leaf through it)

Amy: it’s a really nicely presented (unclear) I actually actually got two books one-
one she’s got words and quotes from her and the other one’s that one and that only
cost $20.00 for the two so that wasn’t bad…it’s nice that you know it’s still written
more than just a black and white book you know um because you know that – when
you see that that’s more enticing than if you see a book that’s just got a black cover
you know (I put the book on the table) and you sort of think well you know that
sort of grabs your attention and you think ‘oh yeah (She leans over and opens the
book to different pages) you know all right’ and you have a bit of a flick through
and (unclear) the colour pages and that appealed to me and you know yeah but it’s
actually a good book yeah

Keith: Do you read that on the-the bus or.??

Amy: Oh I can’t read on the bus I get bus
sick (She gives a small laugh, picks up the book and leans over to put it in her bag)
so I read it when I’m home and stuff takes me a while to read it but I’m enjoying
it

Keith: Well thankyou Amy

Amy: That’s all right I hope I didn’t ramble on too much

Keith: No it was good to let you take control (She laughs)
Interview 4

Participants: Amy & Keith
Place: MIFSA (new premises)
Date: Thursday 23rd July 2009
Time of interview: around 4.15 pm

Notes: We are sitting at a table in a modern interview room at the new premises taken by MIFSA. Amy is having a hard time with a chest infection. She’s recently come out of hospital.

Turn  Speaker
1  1  Amy: Do you have much luck in people in talking about the actual content of the voices or did you (I turn on the digital audio recorder) find most people are reluctant to do that?
2  2  Keith: (I want to be sure that Amy’s question is recorded) Could you ask me that question again | please?
3  3  Amy: | Sorry do have much luck finding people talking about the content of the voices or most people are fairly reluctant to do that?
4  4  Keith: I think because they’re happy to see me in the first place I think they uh have talked to me a bit about the content | you know telling me the things that
5  5  Amy: | Yeah
6  4cont. Keith: the voices actually saying and how they feel about them and what it does to them mmm
7  6  Amy: Yeah that’s good
8  7  Keith: Yeah … uh thanks a lot again Amy | for coming in=I know
9  8  Amy: | That’s okay
10  7cont. Keith: you’ve-you’ve | got a bit of a chest infection um and this may be
11  9  Amy: | Yeah mmm mmm yeah
12  7cont. Keith: our last interview together | so that I’m really grateful that
13  9cont. Amy: | yeah yeah
14  7cont. Keith: you know | that you can make it um we met in February um i-is there
15  9cont. Amy: | that’s okay
16  7cont. Keith: anything that uh – what’s been happening with you uh?
17  10  Amy: Um since February? Uh-oh (She puffs out her cheeks and lets out a breath) mentally I’ve been – I was fairly stable until about 2 months ago 3 – a and a half months ago … physically I’ve had uh – I spent 17 days in hospital with a chest infection um I’ve got another one now (. I’ve just spent a spell at the City Clinic–ten days at the City Clinic because my mental health went downhill fairly suddenly and fairly badly
18  11  Keith: Would you mind | saying?
19  12  Amy: | Uh I just um well I don’t really know what caused it (.)
20  21  Amy: I had a fair bit on my plate and I was getting fairly tired but I found that um the voices were becoming more active and more um controlling in my mi- in my life um I find it harder to suppress them which is wearing me out and it just got – my doctor also decreased my medication um and following that sort of it got harder to control (. the medication’s back up to what it was now
22  13  Keith: Has that made a difference?
23  14  Amy: Um was hard to tell what makes a difference because um sort of like the medication went back up and I had a spell in hospital and then I sort of – I had some time to actually get some rest and you know get things back on an even
track so combination of the-the whole three sort of made the difference mmm

yeah

Keith: Would you mind telling me how the voices got out of control=what were
they doing?

Amy: Well um they were making a lot more threats um telling me that – things
like uh you know if I didn’t listen to them then they’re going to destroy people
that I care about um cause problems for people I care about and some people
who are close to me have had a lot of problems lately and the voices taken
credit for that even though the people say “oh that’s stupid” but when the
voices tell you that’s you know they’re doing it it’s very hard to convince yourself
it’s not um yeah

Keith: Can you tell me some of the things the voices actually said that you can
remember?

Amy: Well like um uh (She lets out a breath) just trying to think of what I can
say well to start with they-they was making threats and saying that um if I
didn’t-if I didn’t keep listening to them=if I tried not to listen to them they
were going to make my mum get really sick and then um what happened is
when I gave in and went to hospital and when I was – when I was fighting
them in hospital=not-trying not to listen to them because they-they were sort
of saying things like you know to “let the evil out” and (you) know which
means to let the blood go you know right to-to “cut yourself and let all the
blood out” which lets the evil out because there’s actually – there’s not just
one kind of voice there’s actually conflicting voices=one that says – one set –
they actually s-say that “this is all God’s will” and they’re telling me that by –
that God said he’s sorry that he gave me too much to deal with and if I you
know it’s okay to let the evil out and then he’ll take me to another land another
place um which is something that becomes more prominent when I become
unwell and I’ve got to try not to listen to that because it is very tempting when
you’re feeling really depressed and like my mum wa- did get sick and then my
neighbour got very sick (.) he became very unwell and then um just as I was
trying to – about the day before I got out of hospital my nextdoor neighbour’s
daughter – she’s about 26 weeks pregnant and they found out the baby’s got
no amniotic fluid around it so they’re trying to hold on for another 2 weeks but
they don’t know they’ll be able to (.) they don’t know the baby will be viable you
know because they think it may have heart trouble possibly have Down
Syndrome maybe Cerebral Palsy so you know and they – the voices are saying
that’s my fault because I stopped listening to them when I was in hospital um I
didn’t let the evil out=I didn’t obey them you know so that was my fault that
that’s what’s happened to Rita – uh to Tina things like that (.) they just – and
what they do is they focus on anything that happens in you know my life
and if it’s positive they say they’re only allowing that to happen until they
decline to take it away and if it’s negative they just say that-that I’m being
punished and that’s - what’s happened to punish me or um that-that’s just-
that’s well-that’s part-of-part of the deal you know if I don’t listen to them=if I
don’t do what they tell me to do then they will just destroy anyone that I care
about and unfortunately the circumstances are that people I have been caring
about – that I do care about have been having problems you know and it’s very
difficult to convince yourself that it’s not actually – it’s not because of the
voices you know um because in some ways I-I’ve been thinking in the last few
days or bit-bit longer that in some ways it’s almost easier if it’s because of the
voices because if it’s my fault something goes wrong then in some way I may
be able to stop it from going wrong (.) that’s sort of like a – a sort of a rather foggy
Amy: Well like um I’m just – if-if I’m trying to think of a way of explaining it to you so that you’ll understand … well if-f-if I wanted you to-to get me a glass of water but you had to – to get that glass of water you had to walk across a really busy road and I was talking to you when you walked across the road so you didn’t see the cars and a car hit you then that’s my fault but then if I-if I was-if I looked at that and said well “if you go out a-and get that glass of water you’re going to get hit” so if I don’t let you out to get the glass of water then I’m controlling the situation=you’re not going to get hit because you’re not going to go out there sort of thing=it’s sort of – that’s not – that’s a very lame way of explaining it but that sort of thing is what I mean (.). like um bit like a parent I suppose you know a parent who tries to protect their kid by saying you know um you-you know they-they don’t let them play soccer when they’re really small because they might get hurt and then the kid convinces them they really want to play soccer so they let them play soccer and they get hurt so therefore they feel responsible for the fact the child got hurt because they let them do what they said they-that they wanted to do um-so they – so in some other way they can sort of think to themselves well if next time they stop that child from playing soccer they’re stopping them from being hurt so by taking responsibility for the situation in sort of um – in some ways you can fool yourself into thinking that you can control (.). I don’t know if that makes any sense to you or not mmm yeah (She takes in a deep breath) but it’s just (She suppresses a burp) sorry it’s just really difficult to keep them under control (She takes a sip of water) and to um to allow yourself to accept they’re there um and accept that you don’t actually have to do anything about them (.). that’s the hard part because |

Keith: Can you say a bit more about that?

Amy: Yeah yeah yeah um mmm mmm yeah which is not (She lets out a breath) – there is no way I want them to be there you know um because they don’t – uh some-some doctors say that you know the voices offer some sort of comfort to some people and stuff you know and they’re familiar with them so they feel that more secure because they-they can know-they know the pattern you know but it doesn’t work like that all the time because even though-like even though like Andy got out of hospital=he didn’t die | my neighbour he was very sick – even

Keith: Who?

Amy: he got out of hospital and he didn’t die um instead of them saying – instead of me being able to say “well see you know you didn’t have any – you
didn’t have any power because he got out of hospital and he didn’t die” they just turn around laugh and just say “yeah this time” you know so it just – fills you full of um anxiety and doubt (.) it’s hard to really trust that there’s anything-to believe anything is really going to go well because there’s always this threat that you know “just wait” you know it’s just hanging over your head=it’s a bit like a-a bit like a (She swings her right hand in front of her) pendulum just swinging you know and it may fall at any time and you don’t know when or where you know and so you sort of – you’re always on edge (.)
always sort of anxious and |

Keith: I was going to ask you what does it do to you?

Amy: Makes you always on edge=makes you always jumpy um |

Keith: Can I say when I came out to you you jumped a little when I called your name |

Amy: Yeah |

Keith: was that anything to do with possibly thinking a voice was talking to you?

Amy: No no that’s just um because I’m on edge anyway um any uh noise can start- – will startle me you know something I’m not expecting um it’s just my startle response is high um |

Keith: Which response?

Amy: like um oh like some – do you know how some people – you bang something behind them and they don’t have react=other people you bang something behind them and they jump through the roof=well that’s a startle response (.) it’s the way they respond to being startled you know but um sort of like uh s- like I’ve actually been – I think one of the issues that um may have caused the exacerbation of the voices was the fact that um I would like to get back into the work force um I – not full time of course you know (.) ten hours a week is what I’d like to aim for (.) working in mental health um but that’s now brought back a whole load of memories of when I did my nursing because I absolutely loved my work and I did well and I was trusted respected in my work and everything and then um I had a car accident uh I got a minor head injury and for the first time anyone ever knew I actually starting responding openly to the voices and so no-nobody – I hadn’t discussed having voices with anyone you know | uh no no |

Keith: Nobody knew? this was since you were a child |

Amy: yeah yeah couple of times-couple of times I tried telling people and it was “oh don’t be silly” (.) tried telling my grandma at one stage and she just told me not to be so silly you know and then I got in trouble for just for-for talking rubbish you know (.) my dad told me off for that um so I just didn’t tell anyone=I hadn’t responded openly to them uh but when I had the head injury I started to

Keith: Can you describe what you mean by responding openly?

Amy: Um talking to them as though they were here um like-like-instead like I’m talking to you you know and being scared of them and people couldn’t get – like someone couldn’t get (She indicates the space between us) this close to me because I’d be scared and I’d be frightened because there – I’d have visual hallucinations where the face-your face is distorted and bleeding and stuff like that and um you know just sort of fear

Keith: Did you have those uh did you see those things before the accident?

Amy: I’ve had-I had them before the accident yeah but I was able to – that’s
before the accident although I was-I was very jumpy um very – as I said my
startle reflexes were very high um people-people couldn’t get you know like if
you come up and touch me on my shoulder I’d probably almost deck you (She
gives a short laugh) you know just out of-just out of shock you know but that
was just because I was expecting the voices to be there and to do things you
know to make-to make the trouble well once I put my – although I didn’t wear
a uniform when I worked in child psych=once I went to work I put on – if I
put on another cap and I was able to actually work in the role of being a nurse
I did really well but then ]

Keith: (I accidentally knocked her leg with my foot) Sorry
Amy: yeah but then when um when I started responding to the voices openly
the doctors actually realised I was responding to something that they didn’t
hear and in their opinion they weren’t real and they couldn’t convince me that
they weren’t real so they put me on medication and it wasn’t the voices that
stopped me from working=it’s the medication because they put me on
medication=it didn’t stop the voices so they put me on more medication (.)
that didn’t stop the voices so they put me on more medication then the
depression got worse so they gave me ECT so they put me on more
medication and so I was just got to where – I went back to work initially after
about three months and lasted for about four or five months and once again I
was still coping at work but I was having a lot of trouble managing on – didn’t
take all my medication like I was supposed to because I just couldn’t function
if I did um but then I become unwell again and um the doctors told me I had to
have you know had to leave work and so I actually took my no- -took notice to
the Director of Nursing at the Children’s Hospital in (X) and she just – and in
the letter said you know that I was suffering from psychotic symptoms and
you know was unable to work and all this sort of stuff and she just said you
know “Soon as your doctor gives you the okay just come back with the letter and
we’ll put you back on to another – we’ll just pop(?) – find another position
for you in the hospital and so after about mmm probably three or four months
off I went back again and they put me in the Renal Metabolic Ward (She
chuckles as she speaks) which is not a low stress ward (.) you got kids waiting
for renal f- surgery and you know renal transplants and suffering from
metabolic disorders and stuff um but that – I enjoyed that and that went well
until the doctors decided that (She sounds a little bitter) because I was still
hearing voices and seeing things that they didn’t see um I needed more
medication so work became impossible and then I came back to Adelaide um
because you know I was in hospital more than I was out (.) when I came back
to Adelaide the in-thing was giving more ECT so they did that and uh so I
actually haven’t worked in paid work since I was twenty years old – twenty-
three years old |

Keith: | How long ago is that Amy?
Amy: I’m fifty now so that’s a bit more than half my-what my life and that
was because um you know initially it’s because of the – that they decided that
I was unwell and uh I didn’t conform to their rules so I needed medication um
I-I was talking to Martin in the group this afternoon=the hear- voice hearers
group (.) Martin Sparrow and talking a bit how um I think there’s a lot of
anger there about that and he said that’s probably quite appropriate you know
you just have to know what-how to deal with it because I don’t really know
how to deal with it yet | the ang-the anger with

Keith: | Deal with what?
Amy: um the anger – I mean there’s not much point being angry at the doctors
and all that because they did they thought was the best with what they knew
but still there is anger that um because of rules that were put down by the
doctors and-and treatment they gave me I haven’t been able to work you know
um and there’s anxiety about you know because I do want to get back in the
workforce now um anxiety about if I do=will the doctors do the same thing?
Decide I need more medication and you know … knock it down so yeah but I
think that—that might have been a participating (precipitating?) um force that
brought me unwell last time because I was thinking more about workforce
(She takes a sip of water from a glass)

Keith: Did your voices say anything about your plans?
Amy: Oh yeah they just laughed – they just laugh and sort of say you know
“oh they think you’re a joke” and you know stuff like that and like the s-staff
here think I’m a joke and you know and say “oh you think oh – you can – you
actually-you actually think you’re going to get a job working?” you know stuff
like that but I’m doing some voluntary work at a radio station – what I do – I
just – it’s RAWS=a programme which is um uh (She stops to think) Recovery
and Well-being Show and uh Campbelltown station has it on and I just go
there once a week and I ring up and f- make appoint- make uh bookings for
people to talk on the radio show (. people to do with mental health and stuff
you know and I enjoy doing that uh but when I come home from that=
everyday I come home um the voices tend to give me a lot of s- well
strife and um they’ll go on about how=behind my back again you know uh
(She takes a sip of water from a glass)

Keith: (She speaks in a low deep voice) “she-she-she only thinks she’s going to do
well at this” you know “we’ll just let her feel like she’s doing well and then
we’ll take it away” |

Amy: Yeah yeah they talk to each other yeah they have conversations (. it’s a
bit like um sitting on the bus (. if you’re sitting on the bus and people behind
you – I mean they don’t talk about you=I mean um well (She cocks her head
to one side, raises her eyebrows and looks up with a little laugh) I think they
do but you know um people say they don’t talk about me on the bus but um
it’s like they’re having this conversation on the bus just like that you know and
their trick is they whisper because i-if you’re-if you’re in a room and you hear
somebody say (She cups her hand to her mouth and whispers) “Keith” your
ears sort of you know=they may not be talking about you but your ears sort of
pick up just to listen and see ‘Is that me they’re talking about?’ you know
most people do that naturally where if somebody just talks in normal
conversation and mentions your name it may not even occur to you that you
know but that’s what they do=they uh-they’ll whisper and um or they talk-they
talk in another room and just open the door a little bit so you can just hear
them you know things like that so it gets you know really difficult because I
mean I know=as I said I know intellectually-I know sort of you know that the
voices aren’t supposed to exist and well … hang on (. the train of thought is
actually changing=the voices – it’s-it’s being accepted more that I do actually
h-hear the voices=the voices do exist but they exist in my reality not the
shared reality which is something that is changing=a view that is changing
because um like twenty years ago it was the voices were purely delusions that
did not exist you know well now it’s accepted that I do actually hear them (.)
it’s just it’s not in a shared reality=it’s you know other people don’t hear them (.)
(She suppresses a small burp) excuse me=and it’s more of a-more of a
experiencing the voices than actually audit-audit-audited-audibly hearing the
voices like um I experience the voices but I don’t know whether you know

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(She points a finger into her right ear) the little things in my ears that signal that I’m hearing things actually working–are actually working or not–seems–it’s to me it’s like-to me it’s like (.) it’s the same as if you’re talking to me (.) same as that but I think science says that um that my mi- (She circles her hand near the right side of her head) – the different part of my brain is stimulated not the part your brain that hears with you know

Keith: Mmm can you um |

Amy: Well I don’t-I don’t know nothing about-I don’t know nothing about it um some-some people say that research shows that people who hear voices=a part of their brain that is stimulated when they hear voices is actually the same part of the brain that’s stimulated when they hear ordinary voices but other-other research says it’s not that part of the brain at all (.) it’s a different part of the brain that’s stimulated and they say you know=I mean science stills says it’s due to a chemical imbalance but then um what about Winston Churchill=did he have a chemical imbalance? Was he a schizophrenic? He heard voices |

Keith: Did he? I didn’t know

Amy: Yeah yeah

Keith: that

Amy: Winston Churchill did uh who are some of the others? Leonard Cohen um uh one of The Beatles (.) can’t remember his name

Keith: How did you find out about this?

Amy: Oh um we were talking about it in the group=in the voice hearers’ group but it’s quite known that you know that several famous people heard voices=all the artists did like Van Gogh did and um you know things like that=that he heard voices but like if you-if you’re a famous artist you’re just-you’re just seen as being eccentric you know so you know you-you just heard voices because you’re a bit strange and it’s accepted in a lot of places (.) I don’t know Winston Churchill made it public that he heard voices but he suffered from depression quite badly you know and sort things like that so (She speaks with sudden energy) who’s to say people who hear voices aren’t geniuses (She lets out a brief wheezy laugh) no I’m not really but yeah (.) no it’s just um it’s just bas-basically it’s an experience um like … it’s-it’s not the same as a daydream um that’s-that’s a concept some people have and it’s not the same as that because in the daydream even s-- you know you can stop a daydream you know (.) you can be daydreaming about oh sitting in the sun or you know whatever and you can actually stop that if you wake up or if you come to it and think ‘oh yeah I don’t want to think about that anymore’ or you know (.) you can stop it but it’s-it’s-it’s stronger than that=it’s more forceful than that (.) it’s something that um well some- um some people who hear voices can control them to some degree um I can control my response to them most of the time but I can’t actually control them because um I-I can’t stop them from talking – I mean if I stop talking now (She nods her head over to her left) um they’re there (She again nods her head over to the left) because they’re-they’re having quite a lot to do with this conversation (.) they’re making fun of it and you know |

Keith: Can you tell me what they’re saying?

Amy: Well they’re saying (She gives a short derisive laugh) “Huh talk a whole lot of crap she is” you know “they’ll think she’s crazy=they’ll put her on more medication=just wait and see” stuff like that you know um just sort of uh degrading what I say and you know laughing at me and stuff um so it’s just so I-I can’t well I can’t actually stop that=I can’t stop f- that from being said=I
can’t stop from hearing it but what I have been able to control or learn to
control most of the time is how I respond to it because you know sort of um
there would be no-no point=they-they would win if I listened to them and I
started to cower in the corner and tear off the microphone and slam out the
door you know |

Keith: Is that what they’re asking? They’re
Amy: Mmm mmm

Keith: Is that what they’re asking? 
Amy: Mmm mmm oh yeah (. ) yeah the ones that – (She inclines
her head to the left corner of the room) there’s-there’s the ones that are
laughing and all that (She inclines her head to the right) and there’s ones in the
corner saying “Huh look you can’t take – cope with this stress=you can’t
cope=go on rip off the microphone=you can’t cope” and stuff like that you
know um and they just-they just play with your emotions and your fears and
your anxieties um they just do that (. ) that’s just the way they work you
know=if you’ve got-if you’ve got a weakness they – bit like if you’ve got a
sore toe they’ll stand on it you know … stuff like that but it’s um … it’d be
great to think you know that I could do without them=that I could be without
them but then at the same time I think it’d be pretty frightening because I’ve
had them since I was a little kid (. ) I don’t know what it’s like to have silence (. )
I mean I-I have some short periods where they’re not really noticeable but if
I-if I sort of stop and acknowledge that they’re not there then that
acknowledges their existence and they get worse again |

Keith: Can you say that

Amy: If I s- -if I’m – say-say I’m sitting at home listening to some
music or something and I might stop and think (She closes her eyes) ‘ah thank
God they’re not there’ (She opens her eyes) that-that actually brings the focus
back to them and they sort of start laughing and saying you know make jokes
about how “ah she thinks we’re not here heh (. ) that’s what she thinks” you
know and stuff like that so it’s sort of um so it’s-it’s – you’ve almost got to not-
not – it’s hard not to focus on them at all but you’ve got to focus not –
focus on them but not focus on them but not focus on not focusing on them
because if you’re focus-if you focus on not focusing on them then you’re
focusing on them (. ) if you’ve got a sore toe and um … and some you know
some-some gives you an ice-cream and you really love ice-cream you can sit
there and eat the ice-cream and your sore toe might not be so bad but if you
stop and think (She brings her right hand up to her mouth as if holding an ice-
cream) ‘oh this ice-cream tastes good (. ) glad my toe’s not so sore’ and all of a
sudden you’ve brought back your focus on your toe so you know it sort of
works like that (. ) if you sort of – if I sort of um like look at the positives and
start focusing on the positives and focus on how – then your focus goes back
to how much better it is without them even if it’s only for five minutes if that
um they just focus – they just zoom right in again like they don’t-they don’t
like giving you any – giving me any spare time at all=any peace at all but
as I said I can’t control them but I can now control my response most of the
time and that’s-that’s the important part for me so I can sit on the bus
without freaking out=I can walk down the street without you know sort of
thinking that I want to deck the person next to me because they’re talking
about me or something you know (. ) I think that-that would be harder I think if
like it happens sometimes that-that – this only happens when I’m really unwell
I actually hear people like I’ve got to be sitting next – if I’m really unwell=I
can be sitting here with you and I can actually see and hear you talking about me and saying things and making comments if I’m really unwell and that’s when it becomes very confusing because other-otherwise like … like the demons don’t have a real physical-a real physical physical presence you know I mean I can sort of see them but it’s like seeing shadows but like it get – when you get really unwell they – people you-people you know take on the – well the voices take on the persona of people you know so you actually – I can actually see you saying things or you agreeing with them or you talking with them when I’m unwell um or you know or my-my – like my sister Jane she can be talking to me on the phone but when I’m really unwell I can see and hear her in her voice talking to the demons at the same time and that’s-that’s when it gets really confusing because you have to-you have to use all your logic and sort of think ‘well hang on that I know Jane um I know what she’s like=would she be saying that? I mean does that make any sense? Does that – is that logical?’ And that’s the only way you can rationalise it out and if you’re really unwell you can’t do that you know you start to think well that it must be that person saying that=that person must think that you know so it gets uh=excuse me I’ve just got to get a drink (She picks up her glass of water) excuse my rambling on

Keith: No um I – what you’re saying is what I want to hear
Amy: That’s good yeah wasn’t sure whether be able to talk about them much but yeah |

Keith: | How are you feeling about it now?
Amy: Ah … probably glad when I get home (She laughs) mmm

Keith: Remember you can just-you can | stop anytime
Amy: | Yeah yeah I know yeah … that’s anoth- – see that’s an-another thing with it if I stop now then they can say they won | so yeah yeah so (_) so you got to-got to sort of toss up

Keith: | Okay

Amy: between allowing them to win and what keeps you comfortable and safe and it’s you know it’s a fine line between the two very fine line yeah

Keith: So if-if I say if we talk for five more minutes (Amy: mmm) and then stop (Amy: mmm) is that a-a good compromise?

Amy: Yeah that’s a—that’s a good way of doing it yeah |

Keith: | Okay because then I can | decide it okay yeah

Amy: | yeah yeah yeah mmm yeah because that puts the decision out of my hands so they can’t |

Keith: | But if you wanted to continue

Amy: mmm yeah yeah yeah yeah yeah

Keith: you can | so when you were in hospital what – were-were you giving an example of me or did you actually hear voices?

Amy: I was giving an example of you | yep yep

Keith: | That was an example? okay but with Jane| that that’s a real thing?

Amy: | That is Jane yeah yeah yeah when I was in hospital um I could hear the nursing staff um standing outside my room talking about me and when I would be standing to get my medication the nursing staff would be in the office and they would be saying things like you know they’d be laughing and saying how stupid I was you know (_) how they could hear the voices too and they were just pretending they couldn’t because you know that was part of the game they play but yeah but when I was in
hospital this time I was actually quite fortunate because um I got a shocking
chest infection and the staff were very good and um so were the patients
because I had – the old-old patients kept telling me I had hooping cough or
croup because that’s the kind of cough I had=that real hooping whooping
cough you know um and they-they were very good um I was actually
surprised because um I was expecting them to be-to be complaining about it
and they didn’t um I thought they did but then I looked at their body language
and stuff and the body language didn’t coincide with what the voi- – their voices
were saying

Keith: These are the voices in your head were saying?
Amy: No what the voice – like I’d be down at craft and I’d be coughing and I
could hear people at the craft – in the craft room saying (She looks up to
express frustration) “For God’s sake shut up!” you know and stuff like this and
um I could see – (She circles her right hand in front of her mouth) actually see
their mouth and their face doing this you know um but then I’d look at their
body lang- – like the fir- the first day or two um I did have trouble staying in
the room (. ) I went went to go to relaxation=didn’t even-didn’t even try that
but I went down to craft and the first day with the cough um I couldn’t stay in
craft=I got really paranoid and thought they were all making you know=I was
annoying them all and they’re going to really kick up a fuss but then the next –
well actually there was a couple of patients who during the morn- during tea
time um actually came over and spoke to me and got my tray for me and all
that and – (She suppresses a burp) excuse me – I could hear them saying
things that didn’t coincide with their body language you know like they got me
my-my dinner tray because I was coughing and couldn’t use my stick and
cough and carry my tray and um you know they sort of – and they spoke to me
in – well their-their-their approach wasn’t the same l- like even if
somebody is trying not like you know you got somebody who is sort of trying
to be um what’s the word (She looks up as she’s thinking) … condescending
you know (. ) they might say “oh” – I’m using you as an example again (She
looks down at my feet and speaks in a patronising way) “oh poor Keith you
got a sore toe oh poor Keith” you know um if they do it like that um then you
know that they’re-they’re you know they sort of look and (She rolls her eyes
and speaks more dismissively) “ich poor Keith” you know sort of thing you
know but then if they sort of come up to you and say (She speaks in a genuine
interested way) “oh Keith how’s your toe? Must be really sore” you know um
then if they do that then you can sort of – you know that they’re not laugh- –
but if they come up to you and if you hear their voice-if you hear their voice
come up (She looks down at my foot) to you and sort of make a denigrating
comment about your toe but they actually say you know sort of like they’re
saying “oh” like if they were saying you know “oh poor Keith he’s whining”
and they say (She leans forward in a sympathetic way) “oh poor Keith you’re
whinging about your toe you know” um even though the words coming out are
saying you’re whinging about your toe the body language is saying “look uh
uh I’m concerned about your toe”=do you know what I’m trying to say? | so

what you hear is not what they’re saying?

Yeah

that’s what the voices are saying

and they |

That’s what the voices are saying in their-in their – through them um but
there’s a uh discrepancy between what the body language is saying of the person

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and what the voices say=that’s when I’m really unwell=I pick that – get – that
happens you know=when I get really unwell I can’t pick up that discrepancy=I
believe that the people around are saying whatnot like for a couple of days of
nursing uh uh nursing home (She chides herself) at the City Clinic I believed the
nursing staff were saying what I heard them say but then when I actually
approached one of the nursing staff and said something to her=she was one I
knew-I’ve known for years she sort of talked to me about it and we realised
that well – I mean what would be the point in the nursing staff saying what I
thought they were saying and you know it’s unprofessional anyway you know
so sort of worked out so I work-- I worked out that um as I said before I can’t
control them but I’m slowly learning how to control how I respond to them
and that’s different than like before I actually told anyone I had them – that’s
different again because during that period um I was responding but everything
(Sh makes a grabbing gesture with her right hand towards herself) was
internalised so um I could be talking to you but in my-my mind (She makes a
circling gesture with her right hand like a wheel going around) at the same
time I’ve got this-I’d have this internal conversation going with them and
sometimes I’d slip up (.) I’d make a-a comment that didn’t quite match what
was being said in the conversa- -- in our normal conversation and then I’d just
joke about it you know because that’s the way I learned to cope you know um
when now I tend not to get sucked in that easily (.) I tend to be able to say well
you know like I guess it’s the adult rationalising you know like at the moment
your face is covered in blood um and that’s not an example that’s true that
your face is covered in blood and so are your hands but um I know that if that
was true=if your-if you-if there was that much blood there’s no way you’d be
sitting there calmly you know and that’s what I have to rationalise with you
know (.) I mean there were periods when I’d see people running around crazy
covered in blood and I wouldn’t be able to tell they weren’t really running
around crazy covered in blood but now um I think – but it’s the voices sort of
of being beaten a bit and you know they feel that – I guess they have lost
that bit of that strength with them and you know I can control that to
some degree (She takes a big sigh) anyway how are
we going | mmm?  mmm mmm mmm
Keith: | Well it’s uh just a little bit over five minutes (Amy: Yeah) um so shall
we stop?
Amy: Yeah I wouldn’t mind yeah yeah
Notes: Victoria is dressed stylishly and her hair is styled in a coil with a wide band to hold it in place. She looks like she could be an art student or someone who has taken time to design her own individual style. She is sitting in a leather sofa in her psychiatrist’s office. There is a standard lamp behind her. This is where she normally sits when visiting her psychiatrist. I sit in a chair opposite her. The days are getting shorter and it is cold and grey outside. The office is warm and the light of the lamp creates a warm space. She had brought in for me a copy of her psychiatrist’s report from 5 years ago and a Community Treatment Order from 3 years ago. She also had brought in for me to read a journal she had written in 3 years ago when she was very unwell. I was mindful of the trust she was putting in me. I felt she wanted to do as much as she could to get on top of her experiences in the context of the study.

1 Keith: Okay thanks a lot Victoria
2 Victoria: That’s okay
3 Keith: Um where should we start?
4 Victoria: I guess I’ll start the first time I heard voices and uh was back
5 when I was a little girl after a man had broken into my house and I guess the
6 trauma from that I started hearing voices and I started sitting in front of a
7 mirror talking to myself and having conversations with the voices because I
8 was scared at night and I didn’t want to be awake alone so I talked to these
9 voices and it just became sort of a habit and then as I got older it became
10 something I couldn’t stop doing and it eventuated into I guess schizophrenia
11 Keith: Tell me how old were you when this person broke in
12 Victoria: I was nine nearly ten
13 Keith: okay um are you able
14 Victoria: I was a few weeks off my tenth birthday
15 Keith: to tell me just a little bit more about what happened when the person broke
16 in?
17 Victoria: Well uh a paedophile broke in and sexually assaulted me
18 Keith: Um how s-s— this happened how soon after did— tell me about the first
19 time you heard something and no one was there
20 Victoria: It started in my bed (.) I think it was only a couple of nights later I-I
21 started talking to God and I started praying because I guess when you go to
22 church and you get taught if you don’t pray to God God won’t answer your
23 prayers (.) I started praying for sleep because I was so terrified I couldn’t sleep
24 and I was getting headaches and I was getting sick and I was getting skinny
25 and I started praying for sleep and then it became talking to God and then it
26 became talking to other people and then it just became my-my little world
27 where I had conversations with people and they’d have conversations with me
28 but no one was there it was all in my head
29 Keith: The-e-e … going from the uh the praying the talking uh how-how many
30 days – was that one night or was that | ?
Uh it was over a space of weeks and weeks became years and then it was lessened off when I hit my teens because after a couple of months the trauma kind of went away and I started to sleep a bit better and I wasn’t doing so much talking to myself then when I hit about fifteen I started talking to myself in my bedroom again and almost uncontrollably like I couldn’t help doing it and it was like I’d – it was like I’d trained my mind into doing it and then couldn’t untrain my mind out of it and I don’t know whether there’s a lot more behind it like there might be more medical reasons behind it and stuff like that but that’s just my view on what might have happened

Keith: So um were you talking aloud or in your head?

Victoria: Sometimes aloud sometimes in my head it-it would depend on-it

Keith: How did it start?

Victoria: would depend on …whether I had enough control over it at the time=sometimes even now I just hear things in my head (She raises her left hand to the side of her face and moves it around several times as she continues speaking) and it goes around a bit and I kind of (She shakes her head briefly) shake my head a bit and…take a tablet and I feel a bit better but sometimes it’s uncontrollable where the voices in my head come out of my mouth and it’s like (She moves both hands to and fro in front of her mouth) two conversations I’m having with myself and I can’t control it

Keith: When you say come out of your mouth |

Victoria: (She raises her left hand to her temple) Like the voice in my head…(She flicks her hand forward) actually comes out of my mouth=it’s like I can’t stop myself from repeating whatever I’ve heard in my head

Keith: So you hear it first and then you say it?

Victoria: Yeah I – (She moves her left forefinger in a circle next to the side of her head) it’s almost simultaneously because as you hear it you’re saying it (.) it’s—it’s quite a strange experience like…I used to go for long walks long long walks to try and clear my mind and on my long walks I’d just hear chatter in my head the whole time then after a few years of not being medicated it became…double conversations while I was talking like my head would say something and I’d say something back but it would all come out of my mouth at the same time and I’m sure I’ve seen people look at me funny because I’d-I’d be having this conversation by myself everywhere I’d go=I even had a woman come up to me in a café once when I was sitting having my coffee talking to myself say “are you okay?” so it was apparent to other people but at the time because I wasn’t on any kind of medication and I kind of refused to accept there was something wrong I-I was oblivious to the fact I was doing it but I knew I was talking to myself but I didn’t have an understanding of my illness or didn’t have any understanding of why I was having these conversations whereas with the medication it gives you like (She raises her open hand to the left side of her head) a clear thought=it’s like…a cloudy sky (She crosses both hands in front of her and then opens them out) and all the cloud parting that’s what it’s like in your head and then all of a sudden you have a different view of yourself=you can understand ‘right all this talking to myself is an illness and…’ well these days it’s considered an illness but when you’ve done studies on it I’m sure it was considered=sometimes it was considered being you know a…what do they call it? A ….. a messenger or things like that but these days it’s considered an illness which is-which is pretty accurate like when you think about it |
Keith: | Just—just checking the camera’s all
okay—does it f-f—I mean it feels like an illness
Victoria: It does well it’s (She lets out a sigh) I know with medication I’ve
gotten better so I know it is an illness but when you’re not on tablets (She
moves her hand to the left side of her head) your head tells you all sorts of
crazy things like delusional things like “the government’s trying to kill you
with tablets and it’s because you know more than everyone else” and you have
all these crazy ideas about the world and there’s some of that stuff in my diary
but i—it’s not until you take the medication— you’ve taken it for a period of
time that you go right “the government’s not trying to kill me (.) I’m not you
know Jesus Christ or an angel or any of those things (.) it’s I’m sick and I need
my medication in order to get better”
Keith: Let’s go back to these conversations – w—what—wh— who do you think... at
the time was talking to you?
Victoria: Well first when I was very little I believed it was God because I was
praying to God and I never got an answer so I think I must have manifested
(She moves her hand to the left side of her head) an answer in my mind and
had these little conversations with God (.) as I got older there would be
conversations with ex-boyfriends=there would be conversations with um…my
mum my dad you know more stuff than even now but even when I was really sick 3
years ago I still believed I was talking to God
Keith: When you said your mum and dad=are they alive?
Victoria: Yes
Keith: So where were they when you thought they were talking to you?
Victoria: Um they were usually in the next room and I was having a complete um
manifested conversation with them uh usually things I wished I’d said if we’d had
an argument or things that…I wished they’d say to me you know um just silly little
things
Keith: Can you give an example?
Victoria: Um yeah I remember a time I had a fight with my mum back a
couple of years ago and she kept saying you know because I was smoking
marijuana at the time which added to my illness and he (sic) said something
like “why can’t you be more like your sisters?” and then when I went off to
my room I sat down and then I cried (She starts nodding her head) and I kept
nodding my head saying “I’m proud of you Victoria=I’m proud of you Victoria” and (She waves her left hand a couple of times around the side of her
head) imagining it was my mother so…..but at the time you believe you’re
having that conversation (.) it can get quite dangerous because your delusions
seem real so you can go up to someone who—I went up to an ex-boyfriend
who I hadn’t seen for 2 years after I’d married someone else=gotten a divorce
and went up to him and gave him a whole heap of love poetry you know after
2 years of never seeing someone for them to come back and give you a whole
heap of love poetry is a bit (She recoils a little) — and then I gave him some
poetry about suicide and things like that and some quite scary stuff and he
kind of—fair enough kind of went well “stay away from me” but it was quite
dangerous in the sense that I was so (She waves her left hand once round the
side of her head) in love in my mind because I was going home (She moves
both hands back and forth in front of herself) and having all these
conversations with him and believing they were real conversations that when I
go up to him and say to him “oh what do you think about such and such?” he’d
look at me and go (Her head quickly shies away to the left) “what are you
talking about?” and it can make a person very confused very disorientated and
even suicidal and that’s I guess the dangerous thing about delusions=they’re not real but you believe they are so I believed at one stage my dad was the head of a paedophile ring and that he had hurt me as a child because of the break-in=it was like a manifestation of that=it’s always starts with something small and becomes this bigger thing but not real and it starts with the reality and because there’s like a reality behind it it becomes…bigger and untrue but still with that touch of reality so you always think it’s real and it’s strange how it happens but I believed my dad was a paedophile and at one night I was talking to myself and my head was telling me “Go into his room and kill him” and I-I believed – I went out into the street sat on the footpath and cried and just kind of sat there rocking backwards and forwards and kept saying “I don’t want to kill my dad=I don’t want to kill my dad” and…(She gestures to her journal on the coffee table between us) there’s actually some stuff about that in the diary too but um…..like that’s why they’re so dangerous because once you get this delusion and you believe it then there are consequences to it and if you don’t seek help or you don’t seek medication of some sort you can – it can really become quite…scary like the world is a very scary place when you don’t know what’s real and what’s not

Keith: L-let me see if I can just check that I un-understand so things like hearing your parents speak (.) they might be in another room but when you see them again you could pick up the conversation from what you heard when you were in your own room (.) I mean you would think that they knew what you knew when-what you heard | (unclear) the conversation

Victoria: | Yes it’s-it’s like the delusional conversations you have you believe everyone else…knows what you-you were thinking but they don’t and when you reiterate what you’ve said they say “I never said that” or “That never happened” or “What are you talking about?” or “You’re being ridiculous” and you just get more frustrated more angry more confused and all those emotions together can cause for a very dangerous mix so I’m-I’m one of the lucky ones but I have to say those people out there that are schizophrenic that stab someone in the street for no reason at all (.) I hate to say it but I understand how it happens because I’ve been that sick and I’ve been that unwell and I know that had they been on medication=had they had doctors help ninety-percent of the time they wouldn’t have done it

Keith: W-w-w--- how…did you un- – how did…you understand that how could people talk to you if they weren’t in the same room?

Victoria: At the time because you’re so sick and because you’re so clouded with all your thoughts and so many conversations going on your head you really don’t understand anything and you really don’t understand that you’re sick so you don’t understand why other people don’t know they’ve had this conversation with you and it’s like anyone-anyone trusts their own instincts you know…you walk into a room full of people – it’s like being in a room full of people and having everyone say (She points upwards) “The sky is blue” and (She points upwards again) you see green (.) now no matter what anyone says (She points upwards again) if you see green you’re going to say “The sky is green” but everyone else knows it’s blue and it’s like that being in a little bubble where you have this little world that’s separate from everyone else and you’re constantly trying to scream “The sky is green” but no one is listening because they all know it’s ridiculous and the sky is blue and that’s the only way I can kind of | explain

Keith: | So when you heard your mum and dad’s voice but they weren’t in the room that…was-wasn’t a problem?
Victoria: No (She leans forward) because when you’re having delusional
conversations and delusions….you believe your delusions=you can’t…you
can’t really control it and you can’t…you can’t really….you’re not (She lets
out a sigh as she tries to find the words) …..thinking straight so therefore you
can’t…your judgement’s impaired (She puts her hand to her mouth) pardon
me
Keith: So did you hear like lots of different types of voices=it wasn’t the same
tone or the same sex or the same age | ?
Victoria: No it’s sometimes women sometimes
men sometimes um old young like all sorts=I’ve had conversations with
imaginary people with real people…with God |
Keith: When you say imaginary and real
what’s the difference?
Victoria: Oh I-I had a crush on this fellow named Hugh=the one I sent the
paintings and the poetry to and I had created this delusion in my mind that he
had a girlfriend and that…they were both…on the internet (.) (She gestures
with her left hand to the side of her head) there was a camera in my head and
they were talking to me and that’s how we communicated and I had
manifested this somehow=I don’t know how=it – I know it sounds pretty
ridiculous but I believed it and…his girlfriend I=for some reason her name
was Lisa but at the time this man …didn’t have a girlfriend named Lisa=I
don’t even know if he had a girlfriend (.) I don’t know where I came to that
conclusion but…it’s…there was a constant fight between her and I over him
and…he couldn’t make up his mind between her and I and it was all an
imaginary thing but because I believed (She uses her left hand to indicate her
head) there was this camera in my head hooked up to a computer I believed I
was talking to them=I believed I was talking to other people=I believed I was
talking to all sorts of people=one point I believed I was talking to the Prime
Minister of Australia
Keith: Who was that?
Victoria: John Howard at the time and I believed I’d talk to President Bush
and I believed I’d talk to them about war and try to stop it and things like that
n- --but even the war was going on and they were both in power at the time so
you see there’s that basic reality basic inner but it’s in a completely…unreal
situation and it’s almost like when you ha--create these delusions it’s almost
like you have to have a basic real…factor in it in order to make it a real
delusion and to make it a believable delusion to yourself [ | Could you say that you
need something that’s part of your life or something that’s around you
and that | becomes brought into your own world?
Victoria:] Yes yes a lot of the time-a lot of
the time it’s um …it’s needs it’s wants it’s desires it’s all these sorts of things (.)
things that you-you’re lacking things that you – you know and if you’re a
very lonely person and a lot of schizophrenic people when they’re very sick
don’t have friends because people are quite taken aback by people that talk to
themselves and I was at a point where I had no friends (.) my family were
slowly but surely losing their patience with me because I refusing to seek help
and I was very isolated and the more isolated you are the easier it is to believe
your delusions the easier it is to listen to the voices and the easier it is to become
immassed/immersed(?) in this world that really isn’t real……
Keith: You said the voice-voices began when you prayed to God
(Victoria: Mmm) did you ever hear…anyone speak to you that you thought was
like God?

Victoria: Quite often (.) | I still do

Keith: | Could you talk about that experience?

Victoria: Um it’s often with prayers sometimes I have a little conversation with God and I’ll say “Hey can you-can you help me out?=my friend’s got cancer” and then next second I’ll be saying (She speaks in a lower voice) “Yeah no worries I’ll help you out Victoria=you’re my mate” and it’ll be like (She moves her left hand quickly up to the side of her head) a voice in my head answering but it’s a voice I can’t control and recently I asked – my n-nextdoor neighbour last week had a heart attack and recently I asked for that and I heard back “Yep that’s okay=you’re my favourite” and things like that (.) now I know I’m not God’s favourite=I know God loves everyone equally if you believe in God and even if you don’t I’m pretty sure he still loves you even – just as I believe it doesn’t mean you have to and I’m—I’m not really into that whole fight over religious sort of thing but I—I believe that at times when I’ve heard (Her left hand moves up to the side of her head) these voices I’ve been so involved in what they’ve been saying to me that I’ve thought ‘Yes God is talking to me’ now on the medication that happens less and less and I know (She gestures with her hand to the left side of her head) it’s a chemical in my brain because medication helps it now I don’t know ten years down the track people may discover medication chemically altering your brain is a bad idea and you should just be the way you are and accept it (.) twenty years down the track they might have a better drug where it completely wipes it out altogether and everyone’s happier or sadder who knows but I can only (She lets a breath out) go by what’s going right now and I know right now I’m a lot healthier and I’m a lot happier=when I’m on the medication I’m hearing less voices because I can actually concentrate on things

Keith: During a day like today um did you hear any voices?

Victoria: Um… no I don’t usually hear them during the day=I usually hear them at night

Keith: - it’s nothing to do with being with other people during the day or lots of | noise=nothing like that?

Victoria: | Oh (She lets out a sigh) that factors into it (.) -on’t get me wrong=sometimes these happen all the wa— all day every day during the day but that was 3 or 4 years ago um now on medication usually happens at night when I can’t control it um

Keith: Does it wake you up?

Victoria: It’s usually before I go to sleep=it keeps me awake rather than wakes me up um I have been woken up…a few times by me talking to myself (She lets out a little laugh) but my nextdoor neighbour hears me sometimes and she says “Victoria who were you talking to last night?” and I said ”Marg I’m schizophrenic=I talk to myself” and she went “Oh okay (She laughs) that’s all right”

Keith: So you were asleep but talking aloud?

Victoria: Yes that happens quite a bit um…I don’t know though um I couldn’t really – today I didn’t really hear anything but I was so busy running around doing lots of things that it’s almost like your mind’s (She raises her left hand to the side of her head) off of it and (She lets out a little sigh) sometimes I can
have a conversation in my head and then 2 hours later I’ll go back to the exact
same conversation but sometimes I’ll have a conversation in my head and 2 hours
later I’ve completely forgotten what it was all about.

Keith: S— can you just explain a bit more?=you have a conversation and then
you r — just |

Victoria: | Yeah sometimes like you know when you see a friend and you
(She holds her left hand up in a fist as if holding a phone) talk to them on the
phone and you go yahdi-yahdi-yah and you’re going on and then 2 days later
you pick up right where you left off | well that’s

Keith: Yeah

Victoria: what the conversation in my head are like (.) it’s almost exactly the
same thing=it’s like having a friend constantly talking to you in your head (.)
the only problem is sometimes the friend can be quite nasty and say quite
ridiculous things…

Keith: Let’s talk a bit more about the-the type of voices that you hear and you-
you talked about friend but then they can be a bit nasty (. do they have…

personalities?

Victoria: Yes they all have personalities um … if it’s God there’s not much of
a personality=it’s just a very charming nice fellow (. I always think it’s a
fellow like I know a lot of people argue it might be a woman but I’ve always seen
God as a man um

Keith: Say a bit more about charming?=what else?

Victoria: Very charming very-polite very close friend (. that’s the way
he comes across to me um Hugh is an ex- boyfriend=I talk to him quite a bit (.)
he-e-e-he can be quite nasty (. he was into drugs and things like that
and he can be quite | when we were together

Keith: When into drugs that’s (unclear)

Victoria: yes but yeah because of the f-the imaginary conversations I have he
can be nasty and call me a fat slut and things like that and |

Keith: the real Hugh? |

Victoria: | Yeah the real one would never do that to my face (. I’m
pretty sure he – quite capable behind my back but would never do it to my
face (She gives a slight laugh) um he is a very short sharp sort of person so it’s
almost like the personality in my head is very short and sharp and…can be
quite rude um Justin my ex-husband he’s always “I love you=I want you back”
and all that sort of stuff um now the real Justin in real life never hassled me when I
left and…I think was quite happy for it to end um but for some reason the
imaginary Justin is very doting and wants to be back in my life um who else is
there? There’s a couple of ex-boyfriends=they’ve all got the same sort of
personalities they had when I knew them (. there-ere’s my mum and my
dad which – I don’t really hear much about anymore because I’m more – I
prefer to go talk to them you know when I hear their voice in my head I think
‘Right I’ve got to go to talk to my mum more and my dad so I know I’m
actually talking to them’ because it’s trying to … you know (She lets out a
sigh) the less I do it the saner I feel so um there’s …|

Keith: | Can I ask how do you know

when it’s Justin or Hugh |

Victoria: | I just know |

Keith: | They don’t introduce

themselves? |
Victoria: No I just know=just a thought pops into my head that Justin is talking=the next minute a conversation happens so I just know (.) I don’t know why |

Keith: Did – is it like feeling there’s a presence=there’s somebody there?

Victoria: It is a bit (.) it is very much so (.) it’s-it’s … you just feel them start talking to you and hear them and know it’s them by their voice by their-by their (She lets out a sigh) their – although I’ll be honest a couple of times I haven’t known who it is (.) a couple of times I’ve not been sure who is talking to me and I’ll ask and they usually get angry for me asking so I don’t know what’s that about but it’s all to do with chemicals I know but (She gives a little laugh) but um most of the time just from their mannerisms and the way they’re talking because when people talk they have a certain manner about them (.) I can just tell who it is

Keith: Do they speak loudly?=What’s it – the sound level like

Victoria: Sometimes-sometimes it’s really loud it’s yelling at me it’s loud um if they’re not yelling at me then it’s usually – sometimes it’s really gentle and sometimes it’s just a normal conversation and sometimes if they’re yelling – usually if they’re yelling it’s yeah loud

Keith: And it feels like s- – it um is it like hearing a person in the room yelling at you or | far away or?

Victoria: Oh yeah No it’s-it’s like having someone scream in your head …

Keith: So do you hear – where-where do you hear them=where do they seem to talk from?

Victoria: (She presses her hands to her temples) Inside my head – I um … (she opens out her hands) inside my head and it’s (she leans back in the sofa with her hands still open in front of her pointing up)-- I hear it (she waves her hands back and forth) – I know it’s going on inside my head and I hear it just my – like I’ve been caught so many times by my neighbour – by some of my neighbours like I’ll be sitting at the back door talking away and they’ll be going “Who are you talking to?” and I’m like “Uh no-one I’m just … having a schizophrenic moment=don’t (she lets out a laugh) worry about it and they kind of go “Oh okay well come over if you feel like company” and they’re pretty good about it=they try and keep me busy so I’m not so amassed (immersed?) in whatever conversation is going on (.) can I stop for a second?

Keith: Sure

Victoria: I need to go to the toilet (She takes off the microphone and gets up) all right I’ll be right back (I pause the recorder)

A few minutes later Victoria returns, puts the microphone back on, and we resume recording

Keith: Okay … (She watches me as I check the camera angle and reposition the camera before sitting down) where were we?

Victoria: Um volume (Keith: Mmm) about how loud it can get (Keith: Mmm) and then I think we went on to my neighbours (.) knocking at my door (she smiles) interrupting my conversations

Keith: Um … (I let out a sigh) what uh when you s- – when we talk-we’re talking generally about conversations um … th-the – it – how would you describe some of the conversations=like are there any arguments?

Are there (unclear)

Victoria: Oh yeah it’s like – it’s almost like any relationship=there are
arguments (.) there’s happy moments=there’s tears sometimes (.)

the-ere’s | yeah from me or them like | yeah sometimes

Keith: | Tears from who? they cry?

they laugh?

Keith: You-you talk about – do you have a relationship with the voices?

Victoria: Yeah well I do a bit

Keith: Can you… help me | understand that a bit more?

Victoria: | Um I’ve been talking to them for so long that it’s almost like they’re my friends | um

Keith: | Okay

Victoria: if it’s just general chit-chat and it’s nothing too worrying I won’t worry about it (.) if it gets to a point where it’s violence or something like that I talk to my doctor about it like I always tell my doctor when I’ve been talking to myself and he always helps me with my medication and stuff like that but when it gets really bad all – you see that’s the thing=the only time it’s been really bad was three years ago when I was really sick and I refused to listen to any doctors so I think if it ever got really bad again chances are I probably wouldn’t listen to them or tell them what was going on=they’d just have to judge it for themselves because when you are really sick you isolate yourself and you don’t tell people about your conversations=you don’t tell people about the voices=you try to hide it as much as possible … because … it’s almost like subconsciously you know something is not right … but you just can’t quite put your finger on it so you try and hide it … yeah

Keith: Would you say any of your experiences with your voices were good? Were positive?

Victoria: Oh yeah oh yeah I’ve … had conversations with them (.) that’s what got me studying design and jewellery

Keith: Tell me about that

Victoria: Well I um when I was really sick I drew a couple of pictures of jewellery and I kept (She waves her left hand to her ear) having my voices telling me “that’s really great=that’s really wonderful=you’re doing really well like you should take it in and get it made” so I took it in and got it made (.) came back out and the jewellery lady said to me that she quite liked my designs and my jewellery=the lady in the shop (.) so a couple of years have passed now and … I think I’m well enough now that I could actually do something with it so I’m doing a course at Sommerton TAFE but the voices are actually the ones that told me it was good so … is that – that’s kind of bizarre because majority of the time … it can be negative stuff … but everyone now and then there’s a positive thing to it as well so

Keith: And that’s an example where you acted on something the voice said=can you give any other examples (Victoria takes in a big breath) that you did something

Victoria: I slept at a bus stop for 2 weeks by myself with a backpack and a
bus ticket=I went to stay in Port Augusta with some friends but she could see I was unwell and she told me to go home=I didn’t want to go home so I slept at the bus stop for two weeks and bathed myself in a bucket and washed my clothes in a bucket and that’s how I took care of myself for 2 weeks and people in the town in Port Augusta were leaving food next to me so when I woke up I had something to eat and because I had no money and I did that because voices told me to go to Baxter and help free refugees

Keith: When was this?

Victoria: Um about 3 years ago | when I was really unwell um so

Keith: All right

Victoria: I slept at the bus stop for 3 – for 2 weeks

Keith: Did you go to Baxter?

Victoria: No I couldn’t because in order to get into Baxter you need … special … permission and you have to have your passport your driver’s licence and all those sort of things and I brought all of those things but Baxter from Port Augusta is quite a long walk and I tried walking up there to get the permission to go in and visit a friend but halfway up there the police drove me back in a paddy wagon because they’d seen me sleeping in the bus stop and they obviously thought I was going to do something that was going to hurt someone so they drove me back to town and they told me – I tried walking that night which was stupid but you can’t really – voices tell you to do things and when you do them it doesn’t make sense ever so but yeah that’s an example of a time when I put myself in danger I didn’t hurt anyone else but I did put myself in danger like my backpock (sic) got stolen and in the middle of the night when I was sleeping so I’m quite lucky all they took was my backpack but (She lets out a little sigh) what else have I done? I’ve um … at the time that happened I believed I was an X-man

Keith: An X-man?

Victoria: Yes (. ) you’ve seen the movie “X-Men”? Keith: No

Victoria: Haven’t seen the movie “X-Men”?

Keith: Sorry

Victoria: (She has a good laugh) You don’t get out much | do you?

Keith: No no too busy doing this

Keith: | Hugh Jackman

Victoria: (She continues laughing) Well if you get a chance it’s like um mutants and they’ve got special powers and it was a whole cartoon series and there’s Wolverine who has metal things come out of his | yeah

Keith: | 109

Victoria: (She laughs) after all that I didn’t even go on the right week so …

Keith: And d-uh did the voices ever if something l-like doesn’t work out do they give you a new thing to do?

Victoria: Um … yes they-they (She lets out a little sigh) they do (. ) they haven’t really told me to do anything as of lately since I’ve been a lot better (. ) they still talk to me a little bit … and if they did tell me to do something now I
doubt I’d listen you know I can tell the difference between my own voice now and the voices in my head and that’s simply because I’ve been medicated for a long time and I know now that sleeping at a bus stop in Port Augusta for 2 weeks is not only incredibly stupid but incredibly dangerous so I would never do it now whereas when you’re really sick you just do what the voices tell you to do because you know with the exception of when they told me to shoot my dad I didn’t do that one I sat on footpath and kept saying “I don’t want to” because I couldn’t handle that that was a really bad night I had a really rough night that night but … yeah I … a l- a lot of things like – I think that’s why I steered away from making jewellery for quite a while because I associated it with being sick and voices telling me to do it and I thought it was something that was an unhealthy obsession to make jewellery and then a couple of years down the track I thought no I was actually good at it a lady told me I was good at it I’ll do it for myself and just if nothing else take the positive you know … influence that my illness did have on that one thing and go well that’s just a coincidence and it doesn’t matter so much |

Let me just-just – we’ll finish with just a last question but do you know which voice told you to or suggested that you made jewellery?

(Shes covers her face with her hands) oh god it’s 3 years ago now um which voice? um … it might have been Hugh my ex-boyfriend it might have been my mum…… (She lets out a little sigh) or it might have been a different ex-boyfriend I’m not sure |

(Softly) Right okay

and it’s-it’s – they talked to me so often like not these days but they talked to me so often 3 years ago that it’s hard to remember who said what and when

thanks very much Victoria

That’s okay

We’ll stop there um how are you doing?

Yeah I’m good

Is that all right?

Yeah I’m fine

Good all right well um yeah it was good to take a break when you know wanted to
Interview 2

Participants: Victoria & Keith
Place: The office of another psychiatrist in the same clinic as her psychiatrist is working today
Date: Thursday 20th August 2009
Time of interview: Around 4.00 pm

Notes: Victoria is dressed very elegantly and quite formally. Her hair is again styled in a coil with a wide black band to hold it in place. She’s wearing drop earrings. She looks quite pensive before we begin the interview. Her appearance reminds me of a young Queen Victoria. She is sitting in a leather sofa in another psychiatrist’s office. I sit in a chair opposite her. The office is similar in décor to her own psychiatrist’s room.

Keith: Okay thanks again for coming in
Victoria: That’s okay
Keith: Um is there anything you’d like to talk about first today?
Victoria: Um no I can’t – I think last time I-I talked about a lot of stuff so it’s kind of hard to think where to go from
Keith: So you uh perhaps think um what’s been happening um in your life since we met (.) that was the end of May (.) has there been anything with the voices that have-has happened since then that we can talk about?
Victoria: Yes uh I … recently went on Facebook (She gives me a humorous sideways look) and I ran into a lot of my – on Facebook I talk to a lot of people that I haven’t seen in years and years and years and one of the guys talked to – name’s Syd and he’s an old friend from high school and I … I started talking with him on Facebook and we organised to meet up for a drink and leading up to meeting up to him for a drink I started talking to him (She makes a slight gesture with her left hand towards her head) in my head and it kind of became like just little conversations and things but it was really weird because it’s almost like- like before I started doing my jewellery course I’d have conversations with people in my head about jewellery and all that sort of stuff so it’s like when something happens in my life that I’m worried about or a little nervous about I have these conversations in my head or out loud with imaginary people you know leading up to that event and it’s – I-I don’t know quite what it is=whether it’s a nervous thing (.) I know it’s an illness but I don’t know whether it’s a nervous thing or a quite what the deal is with it but yeah so I’ve been having a few conversations with this boy Syd and I’ve been having um a few conversations with a guy named Chris who’s a – the head of the jewellery like in charge of the jewellery class I’m taking and ….. that’s all=it hasn’t been – it’s not very often these days like it’s been once a week or twice a week if that and it’s usually very short conversations because it happens late at night so I just take my tablets and I go to sleep…
Keith: Is it helpful that kind of – to have those conversations before you meet someone?
Victoria: (She lets out a sigh) Sometimes it can be=sometimes it’s not (.) it just depends on what the conversations are about (.) if you have an aggressive conversation with someone that’s imaginary and then you meet up with them you’re going to be angry at them and they don’t understand why whereas if you’re just having a pleasant conversation with someone and then you meet up then it can you know make the conversation easier because you can talk about
things that you’ve talked about in the imaginary conversations with them and
it—it’s almost like a practice go you know I mean with – leading up to speaking
to that person but ….. it (She lets out a sigh with the effort of trying to find the
words) it’s hard to explain it’s almost like all my nervous energy I need to get
it out somehow and that’s a way I-I guess express myself when I can’t express
myself completely to a person I’ll go home and have an imaginary
conversation with them and if I’m angry at them or I’m upset at them or I’m
hurt by them I’ll tell them all that then and then when I see them I don’t say
any of that=I’m just like “hey how are you doing?” and I’m – it’s like I get
over it you know what I mean? So sometimes it can be a good thing=it’s a way
of venting anger without actually getting into confrontation with the person
but at another times it’s ….. I guess it’s unhealthy on any level you know
because you want to stay in the real and the here and the now as much as you
possibly can(.) that way you’re not constantly off in this little fairy land that
no one understands because then you become isolated in yourself(.) you-you
isolate yourself and become (She takes in a breath) less and less able to hold a
conversation with a person because you’re so busy having your imaginary
conversations with people

Keith: Um … what type of things did you talk about | in-in these
Keith: conversations?

Victoria: (She takes in a breath)

Keith: um with Chris it was about jewellery(.) he’s the
jewellery teacher and it was “oh I’d like to make this” and “oh I think that’s a
good idea” and you know back and forth just a con-- general conversation(.)
with Syd it was you know “oh it’s great to catch up” and stuff like thi- and you
know(.) just general conversations(.) n-neither of them were very aggressive
conversation about anything although when I was meant to meet up with Syd
he actually – he was late and then he didn’t ring me and then I went home after
I waited an hour and then he sent me a message on Facebook going “where are
you?=I yelled out the window=I tried getting your phone number off from
Rachel=I left it in a meeting=I did everything=running round in circles down
Rundle Street looking for you” and I said back “look I’m sorry=I waited for an
hour=I thought that was fair enough” and after that the conversations were a
bit “oh I’m angry at you” and you know “I’m –” you know all the things I-I
can’t say because I’m not very assertive to him so instead I-I say in my own little
world behind

Keith: So Syd – the-the real Syd he was late?

Victoria: Yes

Keith: And-and – but you had the-this argument about him being late was
in your  | private  so when you – what happened when you actually
Keith: talked to him?

Victoria: Um well he didn’t speak to me for two and half months after that(.) I
don’t know why=he just didn’t speak to me so I guess uh he’s either upset and
angry at me which he seemed a bit when we were s- talking online and I just
left it alone and just yesterday he spoke to me and he said “oh … how are you?
What have you been up to?” and we had a bit of a normal conversation and
there was no anger and no-no … anything I guess because I’d gotten all my
frustration and anger out in the imaginary conversation I’d had in my head by
the time I spoke to him two and half months later I was over it and it was like I
could just have a normal conversation like nothing had happened

Keith: And when you heard uh Syd’s voice and your jewellery teacher's voice it –
was – it really did sound like them
Victoria: Yeah it sounds like them=it always sounds like the person I guess my
mind (She points to her face with both hands) has … (She now points her
hands down) zoned in on and decided to (She moves both hands back and
forth) have an imaginary conversation with and it always sounds like the
person and their personality is very similar to the person (. ) that’s what makes
a delusion or an imaginary conversation so real when you’re sick because it
sounds and acts like the person in your mind you can believe that you’re
actually having the conversation and it’s … it’s quite scary when you don’t
know what’s real and what’s not (. ) now on medication I know what’s real and
what’s not but I know off the medication I can’t decipher between one and the
other um so yeah it’s (She lets out a breath) hmmm it’s hmmm … sorry it’s a
hard thing to talk about because when you are really really sick you hide it as
much as possible then when you get better you’re so embarrassed by the things
you have done and said living in your delusions that it’s really hard to then sit
down and have a conversation with someone when you’re well and say ‘oh
you know I’ve done this and I’ve run round in circles and I’ve slept at a bus
stop and I’ve done this and I’ve done that and” it’s really embarrassing
(Keith: Mmm) it’s really quite embarrassing so sometimes if I get lost for words
and I can’t pick a way of saying something it’s because I’m self-conscious about
discussing these sorts of things with anyone
Keith: Remember you don’t have to
Victoria: Oh no I’m quite happy to and I’m – it’s been helpful for me too but
it’s just that’s why I get lost in my train of thought because halfway through I
think ‘oh should I say that or shouldn’t I say that’ and I know there are the
little voices in my head you know working overtime because it usually
happens when I’m nervous about something and (She looks at the camera and
speaks in a shy voice) I don’t like being videotaped (She starts laughing)
Keith: I can turn it off
Victoria: (She looks back at the camera and continues to laugh) No no it’s
okay I don’t– I don’t like it like we use to have calisthenics competitions and
they used to tape us and I-I just don’t like being=photos and take-- -- you know
what girls are like=they’re self-conscious about that sort of thing (She laughs)
Keith: Boys can be too but at anytime I can turn it off
Victoria: Yeah oh no it’s okay
Keith: Um you said something about little voices in your head going
overtime |  w-what are they…?
Victoria: | Yeah oh they – it’s like … every night to take
my medication is a bit of a struggle because when I was really really unwell I
believed through a delusion and imaginary conversations I was having that the
medication I was given was the government trying to kill my brain cells off
because I was … you know extraordinary and oversmart and too smart for
everyone else who knew these government secrets and all this sort of
conspiracy theory sort of stuff so now every night when I go to the fridge and I
go to take my medication a little voice (She points to her head several times
while speaking about her voice) inside my head says “don’t take it” now I
know they’re my voices and I know they’re – it’s not a rational thought and I
know it’s– it’s schizophrenia and that’s just through taking medication that I
have enough … insight to be able to see that but still yet every night no matter
what I do I still hear that little voice that says “don’t take your medication”
now I take it and I’m a lot happier when I take it but it’s almost like you have
to make the decision to be well ( .) you have to make a choice in your life and
go “right I can either sit in a mess and constantly hear voices and never be able
to get up and have a shower and do all the normal things other people do or I
can take one tablet and be better” now for me it—it took you know a (She lets
out a breath) … a … a guardianship board to detain me and force me to take
my medication with injections for a year in order for me to get enough insight
to get well enough to take that tablet and I think that happens with a lot of
people that are schizophrenic because you just let it go and you let it go and
you let it go and your head tells you not to take that tablet so it’s really quite …
frustrating but at the same time when you do take that tablet it’s rewarding
and you know although you are different you can be like everyone else if you
just put in that effort to take your medication so when I say my voices are
working overtime=when I get nervous or I’m anxious about something I hear
(She lets out a breath) a lot more voices going on inside my head=now I know
everyone can walk around the house and do the ironing and talk to themselves
and do like that but it’s not the same sort of thing it’s … voices in my head
saying – I’ll have a thought and then someone says “oh don’t say that” and I
think to myself ‘now do I want to say it or don’t I want to say it?’ and it’s like
a constant decision because you can’t figure out whether it’s a rational thought
not to say it or whether it’s a (She falters over the word) irrational thought
telling you not to do it=do you know what I mean? So but when I went
through the transcript I was pretty happy with it because I thought ‘no I was
pretty honest=I didn’t hold anything back and … I tried to explain everything
as best I could’ but that’s why sometimes when I’m talking I get kind of a stop
and it’s like I’m trying to find the words with (She gestures with her open left
hand to her head) all that’s going on inside my head at the same time

Keith: That’s happening now is it?
Victoria: Ah it happens – well it doesn’t happen constantly=it happens mainly
around and before I take my medication but during the day when I’m driving
around it’s very quiet and there’s not
much going on like I don’t have the radio on or something like that – (She circles
her left hand around the side of her head) I can hear voices…

Keith: Uh what kind of things do you hear?
Victoria: Um (She lets out a breath) conversations and (She lets out another
breath) it’s usually a conversation between me and a second person but it’s all
inside my head and … if I’ve just come from my parents’ house it can be a
conversation with them you know that I thought I should’ve said but didn’t say
or it can be vice versa if you’ve just come from my house and it can be a
conversation with my neighbour Marg that I didn’t you know say I – or a
continuation of a conversation I was having with her or a joke I thought I
should have told that I didn’t tell or you know it’s … it’s not like it used to be
(She lets out a breath) when I was very ill it would be (She lets out a breath)
some quite sinister sort of stuff you know um … you know telling me to hurt
people or telling me to blow things up or telling me all sorts of you know
things like – I don’t know how to make a bomb so I’m-I’m lucky (She starts
laughing) in that sense because I don’t think I could blow anything up if I tried (.)
probably blow myself up before I blew anything else up but your head does
tell you to do some pretty extreme things when you’re really really unwell and …
it’s … it’s hard (She lets out a breath) the hardest thing is to try and
explain what the conversations are about and what has been said because when
it’s happening it’s almost like you’re sitting outside yourself and you can see it
happening on the medication and you can see the conversation going on and
halfway through you tell yourself “stop it=you’re being silly” and after you
tell yourself “stop it=you’re being silly” you put it outside your mind and you
concentrate on the radio=you concentrate on what’s going on or you
concentrate on something else … so it’s really hard to explain what the
conversations are about because you try to block them out you know you try to
push them to one side because on medication you can do that=you can to a
degree stop yourself from having those conversations whereas when you’re
really really sick you can’t stop yourself from having the conversations=you
can’t even get up and go have a shower because you’re just sitting there in one
spot talking and talking and talking and hearing things and constantly … it’s
almost like having … how can I explain it? … Um … you’ve seen
“Ghostbusters”?

Keith: Some of it
Victoria: And you’ve seen when they’re sucking all the ghosts into the
backpack thing? Well imagine that backpack is your head and all those ghosts
are voices (.) (She uses her hands to show her head being bombarded) it’s like
having all these voices bombard you when you’re really sick coming into your
mind and not being able to block any of it out and not being able to stop any of
it and just having six or seven different personalities all talking inside your
head at once (.) that’s what it’s like and it can it can it be – you can get massive
headaches=you can get quite tired=you can get – it can be quite a horrible
thing to go through but once you’ve gone through it and you come out on the
other end=if you get better I think you can appreciate life in a way that you
can never before because you finally have your voice back=you can speak to
people=you can go out=you can do things and you’re not constantly confused by a
million and one questions going on inside your head

Keith: That’s a very … vivid way you put it=getting your own
voice back | finally (.) can you say a bit more about that?
Victoria: | Yeah well (She lets out a
breath) when you’ve got all these voices going on inside your head you can
say some really nasty things to people and do some really unusual things and
possibly even do some really nasty things and not be able to help it and I think
the reason is for it is you’re not in control of your own mind=it’s like … one
car with five steering wheels you know everyone’s driving (.) if you’ve got
eight different voices going on inside your head you can’t you can’t make a
responsible adult decision=you can’t … you know your judgement’s impaired
because you’ve got so many different personalities or different voices telling
you what to do or telling you how to go or where to go who to speak to and
what to do that day and it gets quite confusing and you end up just sitting there
and trying to decide what to do and you end up doing nothing because you
can’t focus on one particular thing whereas when you take the medication and
you take it for a while you sit down=you relax and you go “right I can sit and
just watch TV and concentrate on the TV without thinking it’s a government
conspiracy to come get me” or I can walk the dog and go down the street and
not be talking to myself the whole way so people turn and look at me like I’m
a strange person or I can you know go to the fridge and get something to eat
and not have three different voices tell me “don’t eat that=you’re fat” because
I got down to something like 68 kilos or – no 58 kilos=52 kilos at my lightest (.)
now that’s … (She uses both hands to show me a tiny waist) about that big when I
was really unwell

Keith: How did that happen?
Victoria: A voice just told me not to eat (.) Voices told me not to eat=told me I
was fat (.) even got me like I wrote out myself – it was 5 weeks’ worth of days
and 5 weeks = there are 7 days in a week (.) seven = fourteen … twenty-four (.)
how many? Twenty-four twenty-five = twenty-six = twenty-seven = twenty-eight =
twenty-nine = thirty = thirty-one (.) thirty-one days (.) so I wrote down 31
days and I wrote thirty-one thirty (Shes lets out a breath) thirty twenty-nine =
twenty-eight (She acts out a lot of what she says) and put them – stuck them
altogether on A4 piece of sheet = put them on the fridge (.) Thirty-first day
didn’t eat anything – ripped it off = put it in the bin (.) the thirtieth day ripped
it off = put it in the bin = didn’t eat anything (.) got down to – had 2 weeks
left to go = I’d lost about 15 kilos I reckon (.) I ate something in the fridge
that day (.) got angry at myself (.) went back to what I was doing and went
the 2–last 2 weeks without any food because I had a wedding to go to and
I’d convinced myself I was fat and I needed to lose weight = now when I went
to this wedding – I remember it was (She lets out a breath) Tanya? It was
either Tanya Maxwell’s wedding … yeah I think it was Tanya Maxwell’s
wedding = a friend of the family and I was wearing a pink dress and I
remember people asking me “are you okay?” and me just looking in the mirror
at my back and being able to see my backbone through my skin really badly
and just being really (She lets out a breath) really crook like not being well and
mean – that’s what I mean by you can’t make a rational decision = you’ve got
all these voices telling you not to do things or do things and one of them was
“don’t eat (.) you’re fat”

Keith: What type of voice was that? = was it anybody you knew?
Victoria: Um ….. I think that one oh I’d have to remember = I’d have to look
through a diary or something = I can’t I can’t remember who that one was but …
I remember doing it = it was = it was about 5 weeks of – maybe 4 weeks but
yeah I’ve (She lets out a breath) … like I’ve had a voice tell me to burn myself
with a cigarette lighter … I’ve had a voice tell me (She acts out lighting the
cigarette lighter) “light it” so I lit it (.) “count to 10” so I counted to 10 (.) “let
go of it (.) let go of it = put it on your chest” now if you light a cigarette lighter
and you hold it for 10 seconds burning the metal heats up around the … and
you can give yourself quite a severe burn (.) now a voice told me to do that so
I burnt myself (.) (She makes a circle of several inches on her chest) I had a–a
big – I put Dettol on it so it wouldn’t scar because I’d realised what I’d done
afterwards and I thought if I put Dettol on it it won’t scar (.) put Dettol on it
and the Dettol burned the skin around the outside so I had a mark like that
(She opens her thumb and forefinger several inches) (.) luckily 6 years now I
don’t have a–a spot at all = there’s not even a mark there but I had a scab (She
again shows me the size of the burn with her thumb and forefinger) that big on
my chest and I was walking around with this quite obvious burn = this like self–
inflicted disfigurement or whatever you call it on my chest = now at the time
because I was so unwell I didn’t even – didn’t even bother me to walk around
with that thing = I walked into the kitchen = mum said “what’s that?” and I said
“it’s a cigarette burn” and she said “what from?” and I said “I did it” and now …
today being well if I burned myself with a cigarette lighter = a) I wouldn’t
have done it and b) I wouldn’t walk into the kitchen and tell my mum I had
done it (.) you know that just makes your mum worry and gets upset and gets
confused – you know and she doesn’t know what’s going on … and that’s what I
mean by voices confuse you = you can’t make rational decisions = you know
usually when people do disfiguring things they hide it whereas when you hear
voices you tell people “I burned myself with a cigarette lighter” you know and
people look at you and they don’t understand and it’s not until you’re well that
you go “well right I sound like a crazy person (She starts laughing) = that’s why
people don’t understand

Keith: W – do ever say why you burnt yourself?

Victoria: Ah I was having a conversation (.) a delusional conversation and it was – I’d painted a picture I’d painted some pictures for a friend that=like I told you=some poetry and stuff for an ex-boyfriend and I painted one about his dad=now don’t ask me why I’d painted one about his dad=it wasn’t a romantic thing or anything but it was still a poem about his dad and I gave it to him then afterwards I’d realised what I’d done—I started telling myself off in my head and out loud and getting angry at myself and getting upset at myself and said “right you’ve got to burn yourself for what you did to Hugh’s dad” and then I burned myself so that’s what I mean by it’s very—it can be very dangerous hearing voices because … little things can trigger something that can get you to hurt yourself or hurt someone else and it’s all these little things that lead up to it and then bang next minute you know you’ve got a big burn on your chest or you know you’re sleeping at a bus stop for 2 weeks which you can be raped=you can be murdered you know it’s all that sort of stuff and it’s really quite dangerous like anyone that I meet that – if I knew they were schizophrenic and were going through what I go through the best bit of advice I could take-could give to them is just take your tablet=your life will be so much better (.) it will be so much better and also much easier ….. but yeah (She lets out a breath) that’s – but that’s in the – like extreme cases when you’re really really sick (.) when you’re only hearing it a little bit and that it’s almost like you can live with it and it doesn’t bother you so much (.) you come to accept that you’re going to hear voices and there’s not much you can do about it even on medication because when I started taking the medication that I was dedicated to ma– – taking the medication and expected to get well (.) halfway through I realised ‘hang on a minute(.) I’m still hearing things’ and I go back to my doctor and he’d say “do you want to increase your medication?” and then we’d increase it a bit too much and I’d be sleepy all the time and eating all the time and couldn’t get out of bed because I was completely and totally zonked on medication so I’m like “all right this is not working=I need to go back (.) take me off of a little bit because I can’t get up out of bed” (.) take me off a little bit the voices come back a little bit so you get to the point where you go “right medicine can do so much but you come to accept the fact that you’re going to hear your voices for the rest of your life whether you’re on medication or whether you’re not and (She lets out a breath) after a while you go “which conversation do you want to hear about?” and I could go into the one where … my-my mother actually reminded me of this when she um when I was really sick she – I was convinced that she was not my mother (.) that she had – she and my dad=oh it’s always conspiracies about my parents trying to hurt me or whatever but she and my dad – because my dad had a sister named Pam my aunty Pam and she was schizophrenic too or had had some sort of mental illness and she actually jumped off the top of the Bayview Hotel when I was fifteen and killed herself (.) now I believed from hers committing suicide somewhere down the track when I started talking to myself I believed that mum wasn’t my mum (.) that Pam was my mum and that dad and mum had organised and planned her to jump off the top of the Bayview Hotel and kill herself so they can take me away and take care of me and I believed that and I went on “you’re
not my mum=Pam’s my mum” and my mum’s looking at me and going “I’ve got your birth certificate” like and try to bring me all these things and say “I’ve got your birth certificate” and this and that and I went “no you’re not my mum (.) Pam’s my mum=you killed her” and she’s like “but she jumped off the top of the Bayview Hotel=you know this=you know she killed herself” and I’m like “no you killed her=you killed her to take me away=I hate you=you’re not my mum” and all this sort of rubbish (.) now I know looking back now it’s rubbish but at the time I believed it (.) I 100% believed it and if there’s one thing I can’t … I can’t understand is … that’s why when I say–when I say you can’t help hurting other people and hurting yourself (.) you hear all these delusional thoughts and you end up hurting the people you love the most because they’re the closest to you because when you are walking around talking to yourself all the time the only people that will stick by you are your family you know and so you end up creating these delusions about them and hurting them … (She lets out a breath) … but yeah that’s a conversation I’ve had … where I thought my mum wasn’t my mum          | uh
Keith: | Mmm | you said you heard the delusional thoughts (Victoria: Mmm) so it wasn’t something you thought of =it was something you heard?
Victoria: Yeah it’s a voice=it’s definitely voices telling me things and uh speaking to me … but … the thing is on medication you know it’s not real because it only happens a little bit and you notice a pattern with it=you notice like it happens from something real like meeting Syd or going to the-the jewellery course with Chris it starts with something real and then it gets a little bigger and turns into a little conversation then it gets a bit bigger and it turns into another conversation and then I go “right I’ve got to stop this=I’ve got to go do something or I’ve got to watch TV or I’ve got to” – because I know it’s like a nervous thing like leading up to it … but (She lets out a breath) … it-it really (She lets out another breath) it’s not as – happens as often as it used to but it still does happen and I’ve just accepted the fact it will happen for the rest of my life
Keith: Has it changed in any way?
Victoria: It changes all the time=it can be – sometimes it can be aggressive=sometimes it can be sad (.) sometimes the voices can say things that … move me and make my cry (.) it’s really strange how it happens but like I had a delusion ….. this is another one (.) uh just recently – haven’t even told my doctor about this one so you’re the first one to hear this one um (She laughs a little nervously) I went for a blood test at my doctor’s and I had a partner a while ago but I haven’t been with anyone since him and I hadn’t been with anyone before him – like well I had but … I knew I was healthy and everything before that and he said you will take blood and he said “Do you want to test for STDs?” and I thought ‘Yeah well we might as well’ |
Keith:  | What are they?
Victoria: STDs=Sexually Transmitted Diseases or I think they’re called STIs now=Sexually Transmitted Infections but he said “We’ll check for STDs as well” and I go “Yep no worries” I’ve gone home and had created a whole delusion where I’d died of AIDS just from having a blood test like it made me so nervous and so anxious that I created an entire delusion based on me having AIDS and me dying and in my delusion I asked everyone on Facebook – I didn’t actually literally ask everyone on Facebook but I was sitting there thinking I’d ask everyone on Facebook to at my funeral go up to my mum and
dad and family one at a time and ask them to say “she loves you” and ask them to all say it in a line and then the last her-person to say “this much” and I was bawling my eyes out and crying at this thought of me doing that to my family and me dying of AIDS and all this and then I got up=shook my head=I went “I need a cup of coffee=I’m going down to see Ellen” (She starts laughing) so I went-and went down to see my first neighbour and she said “What’s wrong?” I said “I’ve been crying” and she went “What?” and I went “It’s a delusion=don’t (She starts laughing again) worry about it” and she went “Victoria you’ve got to (She laughs) stop this” because a couple of times I’ve down to her crying and she’s gone “What’s wrong?” and I’ve gone “My delusion made me cry (.) (She laughs) I can’t handle it” and I get really quite upset sometimes but other times it’s … it’s not … it’s (She lets out a sigh) – other times it’s happy and it’s not a sad sort of thing (.) do you know what I mean? But it also-it always stems from something real like I had the blood test and then I’m having all these delusions about dying of AIDS and then I – now I know I don’t have AIDS but I’m almost 100% positive I don’t have AIDS (.) in fact I am 100% positive (She starts laughing) I don’t have AIDS but just the fact that I was having a blood test and he said “Do you want to check for STIs?” I thought – my head starts to think ‘Why does he want to check for them? Does he think I’ve got something? Do I have something’? you know when your head does all these little things so that by the time you get home you’re crying at your own funeral you know and it’s ridiculous but there are other things and the happy moments where you have jokes and stuff with your voices and stuff like that and you laugh and you – it’s really like having a relationship with a person but it’s all inside your head and that’s why it’s so hard to take the medication because you almost don’t want to let go of your voices (.) it’s almost like they’re your friends (.) it’s a really-it’s really strange=it’s like a love-hate relationship because you can’t live without them literally (.) you-you don’t know how to but you can’t live with them to a degree because you can’t function as a normal person with them so when you hit the medium in the middle where you hear them sometimes but you’re still taking your medication and you’re still functioning…it’s almost like some days you go ‘why do I bloody talk to myself?=I look like an idiot when I’m in the car talking to myself on the way home’ and then other days you’re like ‘that voice said something funny’ and you have a bit of a laugh and you giggle and you go ‘that’s not so bad’ so it’s really – it depends on the day and it depends on the mood you’re in I think=I think the mood you’re-re-you yourself is in will to a degree…affect how the voices (she gestures with both hands to her ears) speak to you=if you’re feeling insecure or you hate yourself or you’re upset with yourself then you’re going to hear things like “you’re a stupid fat bitch” and stuff like that in your head whereas if you’re in a good mood and you’re having a happy day you’ll hear some nice things or in my case if you have a blood test you instantly go to your own flu-funeral in your head so (she laughs) it’s a bit strange but you know you (she lets out a sigh) … it’s all (she shakes her head and lets out another sigh) … it’s so hard to explain (.) it’s just really is because it’s so confusing to be (she raises her hands towards her head) inside my head (.) to try help someone else see inside my head … is even more con- =do you know what I mean? (she lets out a breathy laugh) …

Keith: Can you say something about the funny things | that made you laugh?

Victoria: um ….. just jokes like ….. like I’ve actually sat there and had a
laugh out loud and known my neighbours heard me but it’s harder to
remember the laughty ones because I haven’t had one where I’ve laughed in a
little while (. ) I just remember that one because that happened like two or three
days ago when I had blood tests so it’s hard to remember ones where I’ve
laughed but I know I have been because I know my neighbours heard me
laughing
48 Keith: Are these are like original jokes or jokes you’ve heard that your voice is
telling you again?
49 Victoria: Sometimes it can be an original joke=usually it’s a-a sarcastic sort of
remark ( . ) do you know=I mean dry sense of humour? And I think that’s because
I’ve got a fairly dry sense of humour like I – but yeah …
50 Keith: We’ll just take a few more minutes I think just=is that all right?
51 Victoria: Yeah
50cont Keith: just a few okay um are your voices part of you?
51cont.Victoria: that’s all right
52 Victoria: (she thinks hard) …
53 um …… it’s it’s not a part of me in the sense that it’s like my arm (she grips
her right arm with her other hand) is part of me you know it’s part of my body
but my sen – my voices would definitely be part (she lifts her hands towards
her head) of my personality I think and part of my spirit (she taps her chest
lightly with her left hand) I don’t think I can help being me and ……. I don’t
think I’d change it for anything because I think it sometimes can give me a …
deeper look at other people and inside myself because if I see someone
walking around the road talking to themselves … and … I don’t now=back
when I was in high school=back when I was younger I would’ve thought ‘you
freak’ you know like anyone else would (.) now I think ‘they’re
just like me’ and I think that allows me to – when I meet people that say “Oh
I’m schizophrenic” or “I’m bipolar” or “I’m”, you know, “schizoaffective” I
say “Oh hi=how are you doing=I’m Victoria=I’m schiz-schizophrenic
too” and you know just the other day my sister wants to set me up with one of
her mates and she was talking about setting me up with one of her mates and
he said “Oh what’s she like?” and Tina went “Oh-oh she’s schizophrenic” and he
turned around and went “Me too=what’s she take?” the medication and
Tina said “Isn’t that good? That’s ver- – I thought he was going to get upset”
and I said “No you’ll be surprised Ti” and the more I meet people that have
something similar to me the more I realise that ….. anyone out there that isn’t
schizophrenic now but in 10 years is schizophrenic and is diagnosed with
schizophrenia will go through all the emotions I went through when I was
diagnosed but I know if I meet them I’ll offer my support whereas back
when I was a teenager if there was someone in my class talking to themselves
I’d just kind of move away and I didn’t have the compassion I do now (. ) you
know what I mean? I don’t have – I didn’t have the – I don’t think I was a
deep enough person to understand that there are reasons that the world has different
people in it and different personalities and I think it’s just meant to be that way you
know I’m pretty – and now I’m pretty accepting of anyone and I think that has a lot
to do with my illness … so …
Interview 3

Participants: Victoria & Keith
Place: The psychiatrist’s office we used for our 2nd interview in the same clinic
Date: Thursday 6th May 2010

Time of interview: Around 4.30 pm

Notes: Victoria is dressed very elegantly in black with a design on the front. Her hair has been cut shorter and is boyish in style. She’s wearing stud earrings. She is sitting in a leather sofa in the psychiatrist’s office we used last time. I sit in a chair opposite her. She opens the interview quite confidently by asking me how everything is going with my study.

1 Keith: Okay so um is there anything that you’d…like to talk about?
2 Victoria: No I have to admit (She looks at me cheekily) that I didn’t do my homework—I didn’t listen to our last sessions so if you have any questions about it you might just have to refresh my memory
3 Keith: Okay there’s a couple of-of things that I uh that would be good to talk about but |
4 Victoria: | (She leans over to open her bag on the floor) I think I’ve got the transcript of it in my bag
5 Keith: Otherwise we’ll just bring me up to date because uh we saw each other in August and uh we’ve now just got into May
6 Victoria: Yep
7 Keith: Any any experiences that you…would like to talk about?
8 Victoria: Uh about the voices?
9 Keith: Mmm or anything related to that
10 Victoria: Um I find it happens a lot more when I’m stressed out and with this course I have been a bit nervous about it so I talk to myself leading up to it and leading up to the test to sit – to get into it but after that I was okay like it was like once I got into the course I just went gung-ho and I wasn’t hearing my voices anywhere near as much
11 Keith: Mmm so um uh when you talked about being stressed—because this was the first=just tell me you started this jewellery |
12 Victoria: This is the first time I’ve studied in ten years…’cause my illness always got in the way so it’s the first time I’ve studied in ten years and I was quite nervous about sitting the TAB’s test to see if I could get into it | but
13 Keith: | Okay what kind of test?
14 Victoria: TAB’s test (.) It’s the um TAFE equivalency test to get into TAFE courses (Keith: All right) It’s just to make sure you know general reading and writing and… |
15 Keith: | Okay and did um did you have any experiences with your voices talking about what you were going to be doing?
16 Victoria: Yeah um well it was actually my voices that told me I should pursue jewellery making (Keith: Mmm I remember) and it’s quite bizarre because something good has come out of something which is quite upsetting but um yeah it’s—it’s strange how you know some people’s voices tell them to go preach on the side of the street and my voices told me to go pursue jewellery and you know I’d take something to a jeweller and have it made and then I’d look at it and my voice would say “Oh that’s nice=you should be a jeweller” you know this voice (She raises her left hand to near her ear) inside my head
and sometimes (She gestures with her left hand to her mouth a voice coming out) it would come out of my- mi- mouth and – I at first dismissed it and thought that’s just crazy mumbo-jumbo and then I actually went and have done it now and-and quite successful on the course so it’s really bizarre how something good can come out of something that’s quite upsetting and quite bad

Keith: Mmm have your voices said anything about the – any of the projects that you’ve been involved with on your study=have they commented on what you’ve been doing?

Victoria: Um not really because I’ve been so busy it’s kind of mellowed down because I’ve kept myself occupied and I’ve s-s-slowly tried to control and minimise how much I hear them and how much I allow them to come into my life and the medication helps a great deal but it’s almost like if you’re preoccupied and you’re using your hands and you’re constantly busy it kind of minimises the amount you hear in your head=all the fog and the cloud kind of goes away and you get a clearer mind

Keith: I remember you saying that um sometimes your voices come at night time | before you take your medication          is there – just remind me a

Victoria: | Yes quite often             mmm

Keith: cont.| bit more about – have there been – do they still try to s- | (unclear)

Victoria: | Oh yeah oh

Keith: Mmm I if you think about last night is there anything you can remember?

Victoria: I – yeah uh someone telling me they loved me and a quick conversation with God

Keith: Can you tell me a little bit more?

Victoria: Uh yeah um…the quick conversation with God was…it was “God I pray” – I said “God I pray that my family are okay” ‘cause I say the same prayer every night=that my family are taken care of that my sister and her newborn baby are okay and all of that and God just said “Yep no worries Victoria=we’re mates=I’ll take care of that for you” and it’s quite weird because I know I’m not mates with God but then again I believe everyone is mates with God if you believe in him so it’s-it’s strange

Keith: S-so how do you feel or how did you feel last night when

Victoria: | I feel at ease=I feel like – I’ve said my prayer (.). I believe God hears me no matter what (.). now I know God’s not talking to me and it’s part of my schizophrenia but at the same time it’s comforting to get that response even though I know it’s a manifested response in my head (.). it’s still comforting to get that response

Keith: Mmm and it seems to be a part of your night time |
Victoria: | routine yeah and I’m used to it now=it’s not like back four years ago when I was really sick and I’d sit in my bedroom and talk to God 24/7 you know I’d sit there and say things to him and he’d say things to me and it was backwards and forwards and it was long conversations and it was you know stuff like “you should free the refugees at Baxter” and this and that and all sorts of very strange things (.) three years ago it was scary to talk to God (.) now three years on on my medication knowing it’s part of my personality knowing it’s part of my illness and being really well that I don’t sit in a room and talk to God 24/7 is actually quite comforting to have that little conversation at night because I know it’s a part of who I am and I can’t change that.

Keith: Mmm so um when you say it’s a part of you what part of you do you think it is?

Victoria: Well it’s obviously my schizophrenia (She smiles) it’s it’s not a healthy part you mean?

Victoria: Yeah it’s—it’s I know it’s not a healthy part=I know it’s a manifested delusion (.) I know – I don’t know much about schizophrenia but I know that it’s based on delusions hearing voices um you can even see delusions you know stuff like that and I…I know it’s not a healthy part but it still puts my mind at ease because when I look back four years ago from where I’ve gone from to where I’ve come now and to know medications are going to get better as years go on I know there’ll be a time where I’ll talk to God and God won’t talk back and that won’t worry me.

Keith: That was going to be my next question=how would you feel if God didn’t talk back?

Victoria: (She smiles) I’d be okay with it because although he’s like a friend to me because I’ve had all these years of talking and talking and having these conversations with him at the same time…there’s a part of you that yearns to be normal=I know there’s no such thing as normal but what society deems is normal (.) you know there’s a part of you that yearns to just be able to go to bed at night say your prayer and go to sleep and not sit up and wait for that answer (.) you know so…I’d be very okay with not hearing voices because I’ve heard voices for a large chunk of my life and it gets in the way of other things (.) gets (in) the way of socialising it gets in the way of being able to have s- conversations with people you know you can be talking with someone and your head will say something negative about that person something you know like “oh they’re just – they’re just talking to you ’cause they want money” or “they’re just talking to you because they want to get in the sack with you” or “they’re just talking with you because”=you know all these sorts of paranoid delusional thoughts and it’s really hard to just talk to a person and take them on face value=it’s hard to trust (.) it’s hard to do all of those things ‘cause the voices really get in the way of just sociable activities and being sociable (.) on medication I can socialise I can talk to you but three years ago there’s no way I could’ve sat down and talked to you about my illness because I didn’t even understand it I was that sick…so…in that sense I would love for medication to get better and for me not to hear my voices because although they’re a part of me and I think they ground me and remind me everyone is different everyone is equal and everyone deserves chances in life because when you’ve been through something that’s damaging to your life and you’ve done crazy things and you’ve you know completely exposed yourself vulnerably to…just strangers and things like that when you’re well you
remember those times and you think “right that man over there that’s singing
to himself collecting cans is a person (.) he deserves my respect because I’ve
been there” whereas a lot of other people don’t have that insight don’t have
that understanding don’t have that compassion so I think what I’ve been
through and my illness has made me a better person but I’d at the same time
I’d love to become an even better one and not have the illness at all
Keith: Just reminds me of what you were saying about doing the jewellery course
and good things coming out of bad (Victoria: Mmm) would you
say that who you are now has been – some of it’s good that has come
out of
(unclear)
Victoria: | Oh absolutely I’ve-I’ve grown immensely through my experiences
through my – even the craziest things I’ve done looking back now I think now
right I’m human (.) I make mistakes (.) I (She lets out a sigh) was confused…
but I’m still a person and I still expect people to treat me with the respect
because when I meet people it doesn’t matter whether it’s the poorest person
from the richest person the oldest person to the youngest person you know
it doesn’t matter what wave of life they’re through I treat them with the
respect and I try to take them on face value because I know there was a time
when I was a person in the streets singing collecting cans or doing whatever
just like that person and people were pointing and laughing at me and I know
what that felt like (.) I wish I could back to when I was sixteen and I used to
laugh with my friends at all the you know the poor people in the city that were
begging and you know saying ‘no’ to them and you know how teens don’t
really get poverty they-they don’t really understand it so they make jokes
about it or they turn a blind eye to it=I wish I could go back to when I was
sixteen and stand up for that person because I remember seeing you know a
can-man or whoever laughing or doing whatever in the street and I
remember…laughing with my friends | ten years on I was that person
Keith: | Was that
when you
were l-laughing at the-the can-man then do you think that was just like being a
teenager | not-not part of an illness?
Victoria | I think it was just being a teenager I don’t think it was
part of an illness because other teens were laughing too=I think it was just
being a teenager=being young dumb and stupid and not knowing the
difference between someone that deserves compassion and someone that you
make fun of and nowadays I don’t make fun of anyone (.) you know I’ll have a
laugh with my friends=I’ll have a joke around and we’ll pay each other out but
if there’s someone in the street that I see is different I don’t make fun of them
‘cause I know that through my experiences the tables can turn and you can be
the one that ends up blind or in a wheelchair or you know mentally disabled or
(She lets out a sigh) any of those things=I split second it can happen to you
and unless you have compassion for that person…you find it really hard to live
with yourself later if it does happen to you because part of you thinks well
that was my karma you know I laughed
at them | I deserve what I got
Keith: | Would that be you speaking to yourself or would that possibly be a
voice that might | express those ideas?
Victoria: | It possibly could be a bit of both…it could be a bit of both
but I’ve definitely grown from my voices from my life experience from the
crazy things I’ve done I’ve definitely grown as a person
Keith: Do your voices ever try and – try to pull you back into that kind of negative
behaviour?
Victoria: Oh absolutely um……what’s an example?……..um…………uh I can’t think of any example of an instance…but…it definitely happens…

Keith: When uh you talked about the um voices saying negative things w-was that any particular voice=was it someone you | (unclear)

something like that=I had a lot of – because of the…the sexual assault when a like younger it’s been explained to me by my doctor here that as a result of being sexually assaulted as a child you then grow up and date men that will sexually assault you (.) he said it’s an accidental reoccurrence of a subconscious thought that men are supposed to treat you bad and you learned it as a child so you grow up and then you date men that treat you bad (.) I had dated a whole range of men majority of them=not all of them but the majority of them hit me or raped me or did horrible nasty things to me so a lot of my voices – I know it’s triggered by trauma I know those things are traumatic and I know a lot of the time I hear voices of men that I’ve dated telling me I’m a slut or I’m fat or I’m ugly or I’m…useless or you know a number of things and you know “kill yourself=you’re not worth it” and stuff like that and when it happens now on the medication I can ignore it (.) it doesn’t happen too often and I just push it to one side and go “right shut up” I even – I’m sure my neighbour can hear me tell myself to shut up ’cause I sometime – we live very close in our units and I sit out my back door and sometimes I have a smoke and I’ll hear these things and I’ll just say “shut up” and I’m sure she can hear me and it’s quite embarrassing (She laughs) but I then go to bed and wake up and the next day’s a whole new day and I don’t even worry about it or think about it again

Keith: Do you think going back to study that’s also changing your feelings about yourself | um have an eff- knock-on effect do you think with

Victoria: | Oh absolutely

Keith: the voices as well

Victoria: I think absolutely now it’s positive things (.) I hear positive things a lot of the time | Oh could you talk a bit more about that?

Victoria: Yeah I hear um “you’re doing a good job” and “that’s fantastic” and “I knew you’d be good at this” and stuff like that and it’s none of the ex-boyfriends’ voices in my head it’s my mum’s or my dad’s voice or – and it’s…it just having the confidence to go out and attempt something like what I’m doing is…a complete change for me to go from this kind of battered little woman that you know is constantly in a horrible relationship and constantly worried and thinking about the things that happened as a child and all those (sort of things) (.) to pull myself out of that hole and to finally get where I’ve gotten has completely changed my life (.) it’s completely changed the way I see things the way I view things the way I feel about people the – and it’s like it pours out because I’m so positive about my changes that people around me are positive about it too and I’ve changed the opinion of my family (.) they’ve gone from seeing me as a bit of a loose cannon to a completely fully functioning adult that can do things and achieve things and do really well so at the moment I’m loving life (She coughs) it’s really good

Keith: Um okay you were saying before about any questions I-I had (She opens up the copy of the transcript of our last interview that’s been lying folded up on her lap) about out last interview (Victoria: Yeah) do you remember the um – oh just before we look at that when you talk about stressful things thinking about Christmas and we we-weren’t in any contact before or after Christmas did-did that
– um is that a time of the year which be---- I mean sometimes people feel very
stressed because they’ve got lots of social things to do and they’ve got to buy
presents and all the other | parts (?)

Victoria: | Usually I do I’ve – well no not that’s not true=I’ve
always loved Christmas (.) I loved Christmas because I love giving presents I can’t
help it=I go crazy and I spend a couple of thousand dollars on presents and buy
really expensive presents for my family and I save up all year to do it and I love
doing it=just their faces when they open them so I love Christmas=I don’t find
Christmas really stressful um…

Keith: Do your voices become part of Christmas in any way? They talk
(Victoria: Um) about things going on?

Victoria: Not that I can recall like usually the voices are – a lot of the time it’s
negative stuff and it’s just stuff about past relationships and things like that and that
doesn’t really change from season to season you know it’s um |

Keith: | So voices don’t
celebrate Christmas

Victoria: No (She smiles widely) they don’t celebrate Christmas=I do (I laugh)
but they don’t (Keith: okay) but it’s um…no it’s – Christmas time is always
good for me ‘cause I-I love getting my presents and I love my dad’s face when
I buy him=he’s diabetic and every year for Father’s Day his birthday and
Christmas I’ll buy him these sugar-free chocolates from this really expensive
sugar-free chocolate stall(?) they use a special sort of um carob in their
chocolate but it’s imported and the reason they import it is because it doesn’t
taste – you know how carob tastes like…crap like it’s bad whereas this carob
tastes exactly like chocolate but it’s sugar-free so it’s beautiful
chocolate but it’s expensive so every year for Christmas his birthday and
Father’s Day I’ll buy him this special sort of chocolate and every year for
Christmas Father’s Day and his birthday he waits for the chocolate (.) he loves
that present and my sisters all say “I suppose Victoria got him the perfect gift
again” ‘cause my dad loves chocolate but he can’t have it throughout the year
and they always get annoyed because they never figure out what to buy him
and I found the perfect gift that he never gets sick of so
(She laughs) | yeah that’s my

Keith: | Better than socks or getting aftershave um

Victoria: | Syd

Keith: there’s – I’ve just made a little note that it – you-you said that he didn’t
ring you and you went home after waiting an hour and then he sent you a
message on Facebook=I wasn’t too sure whether this was actually really
happened or was this a part | Syd

Victoria: | Yes that really happened that really happened=the argument I had with him didn’t happen but him not rocking up
asking for me to meet and the comment of Facebook did happen and it was after all
of that that I sat at home and had an argument with him in my head ‘cause I was
just that annoyed that he didn’t rock up he didn’t ring me (.) he then got pissed off
at me for leaving after an hour and I didn’t say anything=I didn’t express the fact
that I was irritated at him=I thought ‘hang on a minute=you stood me up (.) you
didn’t call me (.) you then sent me a message on Facebook an hour later saying
where am I? you know I waited for an hour in the rain (.)
that’s ridiculous so that’s – we didn’t actually have an argument =he just got shitty
with me and then went off line and then after that I had this whole argument in my
head so

Keith: Have there been any other kind of miscommunications like that where
you’ve then – y-your voices have |

(Victoria turns over a page of the tapescript)

Well I actually met up with him – about him? Or?

Keith: Or any |

Victoria: | I actually met up with him right after Christmas and we went back to
his house and= do you know what a beer bong is?

Keith: A beer |

Victoria: | Bong

Keith: There’s a lot that you’ve (Victoria smiles) – couple of things you’ve
said to me and I | I haven’t

Victoria: | All right I’ll explain what a beer bong is briefly |

Keith: Getting drunk and just to be idiots I rock up at his
house after Christmas (.) he said “there’s a party= do you want to come along”
and I thought I’d forgiven for whatever (.) I thought we’re friends= we’ve been
friends for over ten years (.) I’m going to go along (.) I went along and there’s
a six-man beer bong (.) six of these things lined up on a big wooden post and
him and all his footy mates are proceeding to race each other to see who
finishes the beer first like pulling it over and drinking it all (.) they went
through about six boxes of beer…in one night= there were only about eight of
them (.) that’s ridiculous (She leans back in her armchair and puts her left
hand up to her head) and I’m sitting there going ‘how could I respect myself if
I’m sitting here watching this’ you know it’s ridiculous | the night went on

Keith: | Were you talking to

yourself or the |?

(Victoria waves her hands a little up around her head) Yeah the
voices (She sits forward alertly) telling me like “you don’t respect
yourself= you’re sitting here watching this= this is ridiculous” you know so
anyway at the end of the night he said to me “look stay here the night= I’ll
drive you home in the morning” I’ve gone “no no no” and he’s gone “no it’s
$30.00 for a taxi= stay the night= I’ll drive you home in the morning” he said “I
can’t drive now I’m too drunk” and I said “fair enough” (.) I spent the night (.)
he’s tried to (She makes a gesture with her arms to mean to have sex with
her). . . I said no (.) his response was to say “this has never happened to me
before” I’ve said “well it’s going to happen a helluva lot more as you get older (.)
é he’s taken that very personally and I’ve got a taxi home but I just thought ‘I
can’t respect myself if I turn into a gridiron groupie that has sex with a man that’s proceeded to have 15 beer bongs in front of me and obviously doesn’t respect himself so I went home (. ) I said to him before I spent the night – he’s said to me “look you have to spend the night in my room because there’s people passed out all over the house (. ) I said “that’s fine=I trust you” then when he tried to do something I was like “hang on a minute (. ) I made it very clear=I said I trusted you and you’ve set the line over anyway – stepped over the line anyway” you know so after that there was a couple of voices and when I got home going “what a prick” and “what a jerk” and |

Keith: What kind of voices were they?

Victoria: They were mainly my mum’s voices in my head (She laughs) telling me “that was really careless and you shouldn’t have gone and I told you you shouldn’t have gone” and it was – the whole conversation I knew I was going to have with my mum later but it was all happening in my head so I haven’t spoken to him since and I don’t intend to but that’s another instance where if something upsets me or something makes me emotional usually that’s when my voices come out and start coming into play and I hear all the things in my head...

Keith: Mmm mmm uh when you were sitting there was it also your mum’s voice that was talking to you about what was happening?

Victoria: Yeah yeah well you can imagine seeing eight men seeing eight

Keith: Never seen anything like that

Victoria: men (. ) eight men just going out of their way to get as drunk as they possibly can…it’s revolting and the way they were doing it it made me think they do this every weekend you know it was like their ritual and I thought ‘this is one big sausage fest’ it’s just ridiculous (Victoria sits back in her armchair and shivers) ughhh

Keith: Mmm let’s have a look at – just see if – I know it’s [the transcript] not the easiest thing to read – I just wondered if there anything uh stood out um |

Victoria: Do you have any more questions?

Keith: Um well have a look through and I-I will come up with something in a minute unless you see something first (There’s a long pause as Victoria looks through the transcript) I remember there’s one thing I uh…I was very very taken with was on page 5 (She turns to it) when uh you talked about um you said you can appreciate your life in a way that you can never before because you finally have your voice back you can speak to people=that really-really blew me away the way you-you phrased that uh you said you can

Victoria: Oh thankyou

Keith: go out and do things – that seemed to me like what you’re doing with your studies yeah

Victoria: Yeah I’ve got my life back when you hear voices and you hear them every day all day you can’t get up and have a shower (. ) you can’t you know get out of bed=you can’t leave the house ‘cause you’re that terrified people are going to see you walking around talking to yourself (. ) you’re conscious of the fact it’s happening…but you’re not so conscious of the fact it’s happening that you can’t s you can’t stop it and it’s really quite humiliating and…embarrassing but when you finally ta- start to take the medication and you take it for a period of time and a little bit by a little bit by a little bit it gets better and then eventually you can go out=you can talk to
people=you can meet people=you can go on dates=you can study=you can do
a million things you can never do before and it’s all because of one tiny tablet
that just clears the fog in your head and makes it…you understand what it’s like for
everyone else walking around doing all those things you wished you could do (.)
it’s like you get your dream (She looks down at her copy of the transcript) it’s
really cool
Keith: Hmm…and uh the other thing you can probably just see I uh also bolded
where it says um when you said you’re not in control of your own mind
it’s like one car with five steering wheels (Victoria: Yeah) that’s a again a pretty
strong image
Victoria: Yeah well it’s (She lets out a sigh) if your body’s the car and you’ve
got five people driving it’s not going to work |
Keith: | Now these five people like all the
different voices |
Victoria: | Yeah it just doesn’t work it doesn’t work at all because you
know everyone wants to go a different way and you can’t even walk down the
street without everything is one massive decision because you’ve got five
different opinions telling you their take on it and what you should and
shouldn’t do and all that sort of stuff |
Keith: | Are you able to you give me – is it
possible to remember anything where you felt there were all these
different |
Victoria: | Um there was one point where I was talking to about fourteen
different personalities at one – at one given time and they were all
ex-boyfriends um my family….God you know all different – and they-they’re all
chucking their two cents in and I’m sitting in front of a mirror in my bedroom
watching my mouth having no control over it (.) just seeing me (Her left hand
acts like a mouth talking) have conversation after conversation with these
different personalities |
Keith: | So you were watching your | mouth responding
(unclear)
Victoria: | Mouth in a mirror yeah and…I’d do
that for hours and hours and hours and hours when I was sick to the point
when my mum would come in and say “stop talking to yourself (.) get
up=have a shower=do something” ‘cause I’d sit there for three nights in a row
talking to myself (.) maybe get two hours sleep=like fall asleep in front of the
mirror=wake up do it again and it’s a nightmare because you never get
anything done=you never achieve anything=you just sit in your own mess and
you know you can’t clean your room because you just too preoccupied with
these personalities that are coming through out of you and it’s really quite
terrifying
Keith: You’re saying personality rather than voice |
Victoria: | Yeah it’s-it’s a voice but
it’s a personality as well each voice you hear has a personality of its own (.) it
can be an aggressive one=it can be a nice one=it can be…it just depends on I
guess the voice (.) like I’ve often contemplated whether I had a split
personality disorder because they do – my voices do have personalities (.) they
do have – and very different personalities
Keith: Tell me when you feel like – what they – is that when they take over
your own personality=is that what it’s a- – a split personality is about
or is it | ?
Victoria: Um I think split personality is when you have multiple personalities
but I’m not quite sure the ins and outs of it |

[310x53]251

Keith: | Did you ever feel they were trying
to take you over like | lose your mind
[63x760]96

Victoria: | Oh yeah oh absolutely um…I went back
down to Port Augusta and slept in a bus stop for 3 weeks because a voice told
me to you know and I (Victoria lets out a sigh) left my parents’ house went
round the corner to a park and slept in the park because a voice told me to you
know quite dangerous stuff when you’re a single white female you know any
female (.) it’s very dangerous to sleep in a park=it’s very dangerous to sleep in
a bus stop especially in Port Augusta but the voice told me to do it so I went
and did it and …now I have to a degree a control over it you know I hear it
and I ignore it (.) you know if it tells me to do something stupid my head my –
like own personality kicks in and says “that’s ridiculous=don’t go do that” you
know so I know the medication works=well for me anyway=some people it doesn’t
but for me it definitely does

Keith: When you – just when you talked about your mother coming in
and (Victoria coughs) and that can you just say a little bit more about um the
effects of your experiences on the people | that you live with

Victoria: | Oh horrible horrible
horrible um my little sister grew up watching her sister go crazy (.) she was
about twelve when I was at my worse (.) I was still pretty bad five years later (.)
even getting worse five years later there were five years in there where I
refused to take medication=refused to seek help (.) and she grew up in a house
with me watching me talk to myself not eat get skinny not shower go
missing=you know my parents reported me missing a couple of times and she
grew up with that kind of madness going on and she was twelve (.) she had no
control over it and nothing and now she’s a (She lets out a sigh) …she’s a
tough cookie but I believe she’s a tough cookie ‘cause she’s had to be you
know she’s grown up in a situation where she’s had no control over it (.)
there’s nothing she could do to help and she’s just watched my parents frantic
you know either looking for me or trying to get me to get up or a million and
one reasons why they’ve been frantic over me and she’s had to deal with that (.)
I think a lot of the time because I – I’m the one in my family that has
always been sick (.) you know I’ve always been sick and I’ve always been
unwell up until the last three years and because of that a lot of the time – you
know my parents don’t love any of their children more than another one but a
lot of time they’ve had to overcompensate for my illness with their other kids
because there’d be something going on but that week they’d have to put me in
a hospital and because that week they’d have to put me in a hospital they’d
miss something that was going on with one of their other kids and I’m lucky
none of my sisters resent me for it |

Keith: | Thinking that word ‘resentment’

Victoria: | Yeah none of my sisters resent me for it (.) none of my
sisters have ever thrown it back in my face (.) they’ve always just been loving
and concerned like my parents but at the same time it’s (She lets out a sigh)
…it’s like being…you know the injured one of the family (.) now I’m lucky my
family always bound together and as a family unit did what they could to help me
but it’s almost thrown off the balance in my family ‘cause now that I’m well and
I’m doing things for myself and I’m studying and all of that my mum and my dad
and my sisters every five seconds they’re telling me how proud they are of me (She
starts laughing) and I’m like “it’s okay=it’s okay you know you -” – yeah it feels
great and it’s wonderful…but it makes me realise just how much I put them through

Keith: Do the voices – they ever play on that guilt? Do they?

Victoria: Sometimes yeah

Keith: Can you say anything about that?

Victoria: Um things like – like when I was really sick I-I went to the police station and filed a police report stating that my dad and his friends were members of a paedophile ring (.) something I’m not proud of (.) I didn’t do it out of malice=I was very unwell and I was in a state of delusion and paranoia (.) my dad had the police rock up to his front door and knock on the front door and tell him…he has never ever ever held that against me=he has never resented me for it=he has never once thrown it back in my face and he has completely forgiven me for it and I know it because he doesn’t even mention it…the few times I’ve tried to mention it and apologise to him he says “I don’t want to talk about that mate=you weren’t well (.) don’t worry about it” he said “don’t even give it a second thought” (.) when I sit at home sometimes I hear those delusions coming back saying “your dad’s a paedophile” and “why do you have him?” and stuff like this and then after that I f--am wracked with this guilt that I’ve had that thought knowing full well my father is a good man but I know I can’t help it and it’s almost like (She lets out a sigh) when reality and fantasy meet (She lets out another sigh) it’s hard to…..reality kicks in and then you’ve got all the emotions that go with the fantasy like you feel guilty=you feel-you feel horrified=you feel scared=you feel upset=you feel hurt and everything for all the things the fantasy’s doing and that’s why it’s like this constant battle between reality and fantasy=you have to try and pick out what’s real from the mish-mash that’s going on in your head and it’s really hard sometimes but at other times and especially when I’m busy and I’m keeping myself busy and I’m on my medication and I’m doing the right things=taking care of my myself and I’m exercising and all of that because the exercise helps as well

Keith: How?

Victoria: Well the medication I’m on can give me insomnia and because my voices happen a lot at night insomnia’s a bad idea for me because I could stay up and talk to my voices for three to four hours before I go to bed whereas if I walk for two hours a day I’m that exhausted by the end of the day from my two hour walk and everything else I’ve been doing I go straight to sleep so it’s like exercise exhausts me and it helps me sleep at night

Keith: So your voices would – are never short of anything to say=it’s you really have to |

Victoria: I have to work at – you have to make the decision you want to be well and figure out ways to get there you can’t just one day (She clicks her fingers) wake up and be better (.) you’ve got to go “right this works for me=that works for me=I know when I do this I sleep better=I know when I do that I feel better=I know when I take my medication I hear it less” and you put a combination of things together and then you know move forward and every little step after a while it’s been two three months and you haven’t even heard hardly boo from them and you go “right what I’m doing is working” and you’ve just got to keep that routine going

Keith: Can I ask that with talking about v-voices now have they – is that actually um |

Victoria: doesn’t trigger it=that’s all okay um let’s |

Keith: just have a look at the um um and we probably would just have
another minute and then just to see if there’s anything there that catches your eye (We both look at our transcripts) I remember when you were talking about the uh delusion of um uh when you’d been for the blood tests and almost being at your-your own funeral | mmm

Victoria: | Oh believing I was having AIDS yeah that was a big one (.) I actually was in tears sitting crying there at my own funeral in my head and |

Keith: | Mmm anything happen like that | since we spoken

Victoria: | Uh

Keith: together

Victoria: no (Keith: Right) no nothing that intense (.) sometimes my voices do make me cry but a lot of the times it’s my conscious self being fed up with…this problem I’ve got you know it’s very exhausting to hear a lot of voices in your head and sometimes you just need a good cry you know and it’s not to feel sorry for yourself and it’s not to you know you don’t want to dwell on it but every now and then it gets that frustrating that you just need a good cry so every now and then when I hear the voices I do have a good cry and I usually feel better after it and I wipe my tears and I go to bed and I get up and I do everything again the next day and I’m fine

Keith: Are you the only one who cries or do the voices also…

Victoria: The voices don’t cry | they’re not very sympathetic (She

Keith: | They don’t

Victoria: lets out a little laugh)

Keith: Mmm all right well we might-we might stop there then |

Victoria: | All right

Keith: thanks a lot Victoria
Interview 4

Participants: Victoria & her parents, Barb & Andy, and Keith
Place: The kitchen of her family home
Date: Wednesday 22nd February 2012
Time of interview: Around 6.00 pm

Notes: We are sitting on bar stools around the polished marble top of the counter in the middle of the kitchen. Victoria’s family home is very spacious and fashionably designed. Outside is an enormous garden with swimming pool, enclosures for Andy’s tropical Macaws, which keep up a steady chatter during our talk together, building up to a few minutes of raucous noise. There is even a tennis court beyond. I hand over the information sheets and consent forms for Barb and Andy to sign. I feel the expected tension of her parents as I set up the camera and audio recorder. I feel that her mother is the more resilient of the two. I warm to her more during the interview but mostly am struck by the vulnerability of Victoria’s dad. It’s a warm day and we all have cool drinks. I do a sound check and then start the interview. We could be in a tropical rain forest what with the sound of bird calls. Barb and Andy look at me intently as I open the interview.

1 Keith: Okay so thank you Barb and Andy=I said your names w-will be
changed on this – I can use them on the recording but I’m the only one who
sees the recording um you know thank you for letting me come in into your
home because you understand you know this has been the scene of you know
quite a few uh (I let out a breath) experiences with with Victoria with with her
growing up and have been quite difficult with uh her experiences um Victoria
told me about a childhood experience which was very traumatic (Barb shifts in
her seat) which um you know feels that her ex uh illness came from but I’d
like to tell me what what’s it been like for you?
(There’s a pause. Victoria turns to look first at her dad and then her mum.)
2 Barb: I assume you mean living with Victoria when she was unwell
(Keith: Mmmm) um...
3 Victoria: (Victoria turns to look at her mum and smiles) | frightening
2cont. Barb: (She speaks in measured words) saddening frustrating um never have I
ever (She turns to look at Andy who’s been keeping his gaze looking out
beyond the conversation) felt so helpless as a – as a person and specifically
with regard to the hearing of voices I guess we were not aware of the extent of
it but if I can describe it when you talk to someone who is hearing voices it’s
like um uh (She raises her left hand so the palm is facing her) an image in the
mirror (. ) (She tries to break through the mirror represented by her right hand
with her left hand) you can’t get through (. ) you can see they’re looking at you
and you’re talking to them (She tries to break through the fingers of her right
hand with those of her left) but you know that it’s not penetrating= it’s like it
bouncing back at you (She gestures with outstretched fingers towards her
head) because there’s so much noise in their head that they they really can’t –
and-and they can’t stop what they’re doing or what they’re hearing and you are
a source of frustration to them (She gestures with her hand towards the right
side of her head) because they have so much going on in their head that it’s
really hard and if you’re not aware that – and-and-and now this uh that
observation’s probably – with a certain degree of hindsight because now I
understand why she would perhaps look at me with a um that vacant (She
shakes her head) I – you know I’m-I’m just not hearing you look on your
voice (face) well (She waves her right hand around the side of her head) I didn't know that in her head there was a cacophony (She moves both hands around the head to show Victoria's voices attacking her mind. She lets out a slight laugh) of-of you know of voices and-a-and whatnot Keith: When did you know that she did hear voices? Barb: Well she talked to herself um she – and it – that was audible= she would talk to herself | (She comes 5cont. Barb: in strongly) e-exactly but not for hours on end in front of a mirror and laugh sometimes um Keith: How old was she? Barb: Oh no this was uh | yes no | not-not as a small child Andy: | I was fairly old Victoria: | I was fairly old Barb: Mmm- mmhmm Andy: I would have said it was relatively uneventful from the time that the incident happened until sometime after puberty even (Barb: Mmm-mmm) I would have said a period of at least four-four years=we knew she should have had counselling immediately (. ) Victoria was adamant that she didn't want counselling immediately Barb: And her exact words were "I didn't enjoy it – the experience when it happened=why would I want to talk about it to someone else” now you know (She makes a grimacing face as if admitting this was a mistake) Andy: I would have said my first knowledge was perhaps latter years of high school uh where she seemed aloof withdrawn difficult to communicate with ( . ) it was a gradual thing rather than an immediate thing | and got Victoria now (Barb: Mmm) and in fact I would have said unlikely we’d have her for even say two years after she’d left school (Barb: Mmm) she was very very bad very bad (Barb mumbles in agreement) and we were completely beside ourselves and had no idea what to do (. ) none whatsoever we - you can't go back in time which we'd all like to do is work in hindsight=we can’t and there was nothing we could do ah ah it was just the grace of God she got the right mental help at the right time and the right support groups at the right time and you perhaps are (He speaks with increasing force) part of that (He speaks very softly) and we’re forever grateful Barb: Mmm she um uh if Victoria was as a small child um | mischievous oh not but not-defiant i-in the sense that um Andy: | Naughty (He starts laughing to himself for the first time) Barb: mischievous oh not but not-defiant i-in the sense that um Andy: not “I won’t do it t-” and-and there’s not a -there was never an aggressive bone in her body (. ) of our four children she was always the-the gentlest of nature so to go from that to someone who was quite um aggressive and I don't mean she’s physically aggressive to us but she was aggressive in speech and in um...uh (Andy twists his mouth and shakes his head slightly as if not totally agreeing. She lets her breath out as she tries to find the right words) just in-in behaviour almost wasn't she? Andy: Do you think(?) she was aggressive? Barb: Oh yeah (She turns from looking at Andy to look intently at Victoria before turning back to him) yeah at times with me she was yeah...and s- that was very hard to contend with because I suppose as a parent when you've been able to – for want of a much better ex-expression command respect and
response and um from your children like do not do that because I'm saying it's not right and in the main as a small children=(She speaks more quickly) and you don't just do that=you give reasons and whatever but she was a relatively well behaved child=to suddenly have absolutely no control and know that what she’s doing is putting herself in danger=that's the scary part=when I said that I was never actually physically scared of Victoria no um but scared of what she might have allowed to happen to her and what-what happened to her um and…yeah uh (She twists her mouth into something of a grimace before running out of more things to say)

Andy: (Just a?) Second I-I would have said that most placid by nature as children but also the most observant and the most um tsk ye-h I’ll get uh (He lets out a sigh) it came from us losing something=if you want to ask Victoria to try find her she is the most likely to find her you know for example (several words unclear) or um very acutely aware of colours and (Victoria and Barb: Mmm) things like that uh you know they've all got their strengths and weaknesses and Victoria wasn’t out of the ordinary uh I would have said |

Barb: | Are-are you k- – how are you looking to determine whether or not the uh episode in her life - whether she actually w- – hearing voices prior to that? Or |

Keith: | I don’t-I don’t – I hadn’t thought of that=is that something=what do you think?

Victoria: I don’t think so

Andy: No

Barb: I don’t think – I was not ever aware of that and there was never anything that set her apart from | any of the other children

Victoria: | I I don’t have any recollection of anything (Her mobile phone starts ringing) like that as a (general?) child so excuse me for a sec I’ll switch that off (Victoria gets up and answers her mobile phone. We wait while she takes it outside to speak)

Barb: But certainly um h-her- her – it-it changed her personality totally didn't it?

Andy: But not immediately

Barb: No no but by the time | she was acutely ill yes it did

Andy: | By any means not immediately

Keith: Were you aware – how were you aware that she heard things?

Andy: I wasn't aware | till well well down the track

Barb: | Well no uh I-I have to be honest that when she was given the diagnosis of schizophrenia I resisted it (Victoria rejoins us) and said no that’s not – didn’t I? Nah nah nah

Keith: What was it about the diagnosis you remember – the ? |

Barb: | Well | because

Andy: | Stigma

Victoria: | You-you've got to remember my parents have known me from the beginning to now so what happened in the middle was just in the middle (.) it wasn't like I grew up one of these kids you see on Oprah that’s four and ripping the bedroom apart (Barb: Mmmm) and screaming

Andy: | Nah ne-ever never

Victoria: they remember me from then to now and in the middle somewhere I
Barb: But then when someone’s used the term to me s- drug-induced schizophrenia or jug-drug-induced um psychosis then or alcohol-induced psychosis | any of those well then I thought I suppose you’re always

Victoria: It was easier

Barb: looking for a reason aren’t you=I mean I thought well okay |

Andy: (unclear) drink a bottle of Scotch in about a second

Barb: s-s-s-s-s-s-s-s-s-s-s-s-s-s-s-s-s-s-s-s-s-s-s-s-s-s-s-s-s-s-s-s-s s that was – that was – she was self-medicating um with you know with and of course these (She lets out a little laugh) these expressions – these knowledge all of this came – has come after um – although you were still only – when I first took you to Dr Richards remember because I knew there was something seriously wrong |

Victoria: I was about fifteen=sixteen

Barb: the- there’s been a absolute range of diagnosis=first it was depression and something up to and including um borderline personality disorder which – that one I balked at () that’s “no! This-this there is-that’s something that you’re born with and that is not the case=this is not=” and I remember saying to Victoria's GP "I don't know who this person is=there is something wrong with them – terribly wrong with my daughter because I don't know her – I don't know who I'm talking to=I don't know what it is" and-and it was er pleaded with him to – something desperately is wrong () now Frank actually in the period after once Victoria had – was hospitalised and medicated and whatever and came back and said=because it was he who said the-the borderline personality disorder=he said "you're right=I was wrong” and he said “knowing Victoria as I know now I can understand why you were so er-erm insistent that ‘no give me – t-tell me something= there's got to be something=this is not her= this is not=I don't know who this person is=” they were my exact words "I don't know who this person is but there is something drastically wrong” now I suppose we always knew that what had happened to her in her childhood was um …was an underlying causal factor |

Keith: What age was this?

Barb: She was ten

Keith: Ten yeah () have ever you-you you talked about – you – when you first – the you know aware of voices=you said it was part of you talking to God?

Victoria: Well I remember after the break-in sitting in my bed with my hands like this and my knees up to my chest praying to God "let me sleep=let me sleep” and I’d eventually fall asleep but for a while there I really struggled to sleep and I don't know whether that was the start of it () I also remember a couple of nights when I couldn't sleep sitting in front of the mirror (She makes dancing movements with her hands) and playing with the Barbies and I remember doing that because if I was in front of the mirror I could see the window and see the door… | and I felt safe

Andy: (unclear) she slept in the room with our – her sister and they always after that incident had the lights on Always and |

Victoria: So it was-it was little things but these guys I don't think they knew I was up sitting in front of a mirror playing Barbies because they would have come
in the room and said "go to bed=you need sleep"

Andy: I-I-I-I (He grimaces) surprised

that I wasn't aware because…you know with any kids particularly at that age you
do put your head in and check…so it’s (He grits his teeth and looks pained with
guilt)

Keith: Well one of the things that struck

Victoria: It wasn’t always but it was occasionally and

then later in life it seemed that all those things sort of popped up again you
know (She gestures with her left hand around the side of her head) my voices
were talking to God and God hearing me and me hearing God and then for the
space of I think a year I sat in front of a mirror=talked to myself so I don’t
know whether that was a bit of post-traumatic stress or what it was but I do
have these vivid memories of being a child doing these things when I was little
and then it coming back pretty much to bite me later

Keith: And you would er speak – you would repeat what you
heard –is that | right? Did you ever h-hear that?

Victoria: Yes

Andy: No no I wasn’t

Victoria: They heard me talking to myself (Keith: Aaah) and that | was

Andy: I couldn’t

Keith: Victoria: probably

Andy: say even that to a great |

Barb: See well that’s it see=I thought she was
talking to herself=I wasn’t aware that they – there were external voices talking
to her=I thought she was quite literally | talking to herself

Andy: You get a connotation Keith of
a lot of things (.) this incident that happened when she was about ten or a bit
younger was very real=it certainly happened… as time goes by different other
stresses come in on puberty you know boyfriends….mixing with drugs (.)
working in an environment that booze is um prevalent and the whole thing
gets mixed into the one thing and what to blame or reason who knows other
than we do know for certain that Victoria got very very sick indeed (.)

Barb: You see this is what

I’m saying=this once again=this was speaking to yourself=this is not actually
an external voice | speaking to you but it’s still

Victoria: (Victoria places the fingers of her hands on both sides of head)

No but I’d also talk for you guys

Barb: talking to yourself (.) were there external identities that spoke to you?
Victoria: There was a girl called Lisa (Barb: Right) now I don't know where I got a

Andy: Lisa?

Victoria: Yeah I didn't even know a Lisa but there was one personality

Andy: Lisa?

Victoria: in my head called Lisa…… now I don't know where I got that from (.)

I can't remember because it was like five six years ago but there was a girl

called Lisa and sometimes Justin but that was the-my husband of course

(Barb: Mmm mmm) sometimes Hugh but that was (Barb: Mmm mmm)

obviously a bad relationship you know and they all sort of got muddled into

one and then it got to a point where I'd sit down or I’d sit on the couch and I’d

have (She moves each hand in turn up to the side of her head as if they were

each going over her head) all these voices trying to talk at once

Barb: Mmm and that's when you’d become almost incapable of doing

anything else | you can’t yep that’s right

Andy: Very muddled mind I'd say that

Keith: Very?

Barb: Disor– I think the-the health professions call it dis-disordered mind
don’t they? But they’re– you know incapable of um | making decisions in

Victoria: Taking care

Andy: (Victoria gets up and goes to the fridge to get another cold soft drink) You’d

hear the door go and you’d rush out and stop her from going at two o'clock in the

morning in the middle of winter for a walk but of course sometimes you wouldn't

hear it (.) you'd go to her room and she wouldn't be there so you drive the car into

town=you'd search the streets of town 3.00am in the morning in the middle of

winter knowing she's left the house in her dress- in her nighties or whatever and

walked to town…

Keith: Once she talked about going up to Port Augusta (Barb: Mmm)

and sleeping | at a stop for several weeks

Andy: (Things like that in a car that not really capable of

getting to Gepps-Gepps Cross)

Barb: I think she was trying to uh almost get away

from the – like take myself to a different environment= get away from the

voices in my head (Victoria returns)

Andy: And she blamed me for it at one stage er er being a big | cop

Victoria: Oh at one time
I blamed dad (.) I had delusions about me going to gaol because
I'd shot him | I'd shot you | yep
Andy: | You'd what? | You'd shot me did you? Yeah
76cont.Victoria: one day um (Andy laughs with a snort) I was out in the street in the
76cont. gutter crying because I was scared I was going to hurt you because I'd had a
delusion that I was going to go to gaol because I'd hurt my dad then another time I
had a delusion that mum wasn't my mum=Aunty Pam was my mum |
Andy:          | You'd what?                   You'd shot me did you? Yeah
Victoria: one day um (Andy laughs with a snort) I was out in the
street in the
gutter crying because I was scared I was going to hurt you because I'd had a
delusion that I was going to go to gaol because I'd hurt my dad then another time I
had a delusion that mum wasn't my mum=Aunty Pam was my mum |
Andy:          | You'd what?                   You'd shot me did you? Yeah
Andy:         | I remember
that yeah (Barb: Yeah)
76cont.Victoria: and I’d told mum “You're not my mum” Aunty Pam was my mum and
you’d killed her (.) now my aunty Pam committed suicide=jumped off the top of
the building…so but it was always like my delusions stemmed from something
traumatic
Barb: Mmm …I certainly I remember that conversation and-and the incredible
frustration that comes from looking at this child that you know you gave birth to
and when they’re telling you that—that you’re not and-and you know you can be
talking to someone who is lying to you and you know they’re lying but they are
100% convinced (.) they have complete conviction that what they’re saying is true
(.) the frustration involved (She lets out a laugh) in saying (She speaks with more
animation as she goes on) "but hang on a minute I-I carried you= I gave bir- – I-I
did! Look at me! Look at me Victoria I wouldn’t —“ (She giggles) and it’s
you know | in hindsight
Victoria: | And that’s pretty |
79cont.Barb: | and then
much how the conversation went and I just
kept saying “you're a liar” |
81 Barb: | because I kept thinking I could get through=I’ll find the
word the-the whatever the key is that’ll-that’ll push that button that’ll go – she’ll go
“oh yes of course I-I – you’re right=you are” but of course you can't and in
hindsight you realise it was really just an enormous waste of energy and all it
did was probably up her degree of-of anxiety because I'm saying “no what you
believe in is wrong wrong wrong wrong which-which frightens her
back into this you know this grey world of ooh what is=what isn’t and
whatever but it's incredibly frustrating incredibly frustrating because you're
just not-you're not getting through you're not | getting through
82 Keith: | How about when you talked together
about – I mean – what was going on=I mean particularly like – just thinking about
the voices – is this something you ever talked about?
Andy: No | not to my knowledge
84 Keith: | Things
Barb: No because as I said I'll - I always believed Victoria was speaking to
herself=I had no idea that there were external voices=I-I really didn't know
that um a-at one stage when I er we called the um called an ambulance um
she…her delusion was something to do with um |
Andy: | It wasn’t you that called the
ambulance was it?
Barb: Who | was it?
Andy: | Was it-was it?
Barb: No no the n- the night the police came (.) the night we had to - we had
to call ACE - could we call the police first or ACIS or whatever they
are um | and then yeah no that was a different day –
Andy | Yeah the two – (Andy inclines his head over to the left) the two woman
Barb: that night that the police came and they said "well we can't really cart her off" (.) because hers-her psychosis was um … they (She sighs) she was able to convince herself too that when we said you were unwell that somehow that was for our benefit that-that we were saying | she was unwell

Victoria: I manifested a whole delusion surrounding where my parents were trying to put me in the funny farm (Barb: Yes yeah. Andy smiles wryly and rolls his eyes) to cover something up (Barb: Yeah that’s right) basically that delusion then spread into my entire life so every time they try to get me help I'd been able to turn it round in my mind that they were really trying to trap me (. ) put me in a place where I couldn't speak to (unclear)=couldn’t talk to (unclear) couldn’t you know tell people how horrible I had it

Keith: Is this something you believed or something you heard or something | other

Victoria: It was to do with voices=it was to do with uh – I believed it (. ) it was a delusion | but I believed it

Barb: And so she then taught herself that 'okay even though I know what I'm doing is right and what I think is right' that these people that are being led by my parents believe something else so what I need to do is pretend a certain way and then they won't be able to | put me in hospital=she did | incredibly good | yeah so what sh-

Victoria: I got really good at avoiding hospitals

Barb: when someone would t – – when I would get desperate enough to ring um – (She turns to Andy) is it called ACIS?=I can’t remember=the you know the mental health | yeah when they would come she would

Andy: | I think-I think it might be Sharp as a tack

Barb: one day when we went there she was – she was not well and she said – I had my other (She lets out a small laugh) daughter with me- uh one of my other daughters with me who was getting increasingly frustrated by the length of it was time for someone to come and help Victoria and then they said well the doctor was coming to have a chat and she was slumped in the chair and she went (She places both hands flat on the kitchen counter and drops her head. She takes in a breath) “okay bring it on” and she sat up and when he presented she said to him (She speaks in a very soft voice) “um I’m actually okay but my parents – I think perhaps I shou-

Andy: | Which one?

Victoria: I walked out of the door rang her GP and said "Brian she’s going to talk herself out of it”=he then made a phone call to the car (?) and said –and-and his words were to “if you put her-if you put her there for (24.30) 24 hours – she’s only
able to maintain this for a short period of time and the delusions will take over”
becau-it was all part – this is how it manifested itself that she could to do this and
sure enough once-once she was there for a period of time she couldn't maintain it
and they were able to | see how
But how many times were you at Bradford Lodge before
you were in that long stretch of the end?
Barb: Twice (Andy: (unclear)) twice and once (. ) once it was in | City
Three times
| That’s right yeah
| That’s right yeah
| Three times
| City Clinic
at Bradford Lodge (. ) twice before the last time |
Andy: | Yeah (Barb: Yeah) three times (Barb: That’s
right)
| Yeah (Barb: Yeah) three times (Barb: That’s
right)
| Three times
| City Clinic
actually twice in City clinic (Barb: Yeah that’s right) because I went
in-came out-went back in
Yeah but – and-and the thing that made the difference ultimately was –
because Victoria would be given medication and she would take it to an extent and
then soon as | it wasn’t
| Oh I’d take it if they were blood testing me=you’d check it was in
my bloods (. ) I’d take it if I was court ordered to take it but other than those two
(The house phone starts ringing) situations I wouldn't going to take it (Barb gets up
to answer the phone)
Barb: And so ultimately you (unclear)
Andy: The last time you were there it was for (Barb picks up the phone)
extended periods | and (Andy speaks very deliberately and
| About six weeks
here=we were far too close to the action way too close and there was virtually
nothing but nothing we could do that was constructive (.) in fact destructive like
here Keith it's not…a poverty pit... (Barb returns) we’ve got everything we could
wish for really you know we’re not destitute but there was nothing we could do=we
couldn’t relate to it=we couldn’t (He lets out a sigh) in fact uh well uh in my view
we were completely counter-productive completely | and
| Well how it was put to us was
you’re actually facilitating her illness by cleaning up whatever mess she might
make=providing her home here=feeding her=do- you know | whatever
| Filling her car
with petrol | (unclear)
| exactly
| cars=paying fines=putting our names on fines that she’s got=
all sorts of stuff rubbish |
| We-we were facilitating her illness which
makes sense | Filling her car
| exactly
| cars=paying fines=putting our names on fines that she’s got=
all sorts of stuff rubbish |
We-we were facilitating her illness which
makes sense | Filling her car
When I say putting our names on you know who was the driver=we
wouldn't know we'd put ourselves (Barb: Yeah) we had a fair idea who it was (He
looks over at Victoria fondly) she had two speeds=stop and flat out (Barb lets out a
little laugh and says “yeah” but it’s Andy who enjoys the joke more as he laughs
wheezeily)
Victoria: That's because I was always running late (Andy laughs a bit more loudly)
now I'm always running early (Barb sees the joke and laughs more warmly saying
“yeah”) and that's (Barb: Always) probably because I take my tablets (Barb laughs
Andy: The support network that was provided after the last stint in-in um Bradford Lodge particularly St Mary Lodge has been phenomenal (.). most of it’s voluntary people uh but um for some reason Victoria’s picked up on it and completely I would’ve said turned the corner.

Barb: The key to it was the injections though |

Andy: | And that doesn't mean she's a hundred out of a hundred you know her concentration ability b-bearing in mind how many drugs and how much booze she drank in that period that’s got to have some um….residual effects surely but…

Keith: Just one question I was was in the back of my mind um where we were talking earlier about you know the voices and whether Victoria was talking aloud to herself or whether external (.). why do you think people like Victoria hear voices? Why is that a part of her experience do you think?

Andy: Looking for answers | that are maybe not there

Barb:                                    | It's an escape hmm I think it's an escape too |

Andy: | they're looking for answers=some people you know people want to find a reason for things and if you can't find it you probably go bananas looking for it |

Keith: But why as voices?=I’m just wondering if you (Andy lets out a sigh) have any | living with it

Andy: | Well you if you're not getting through to somebody uh you can perhaps get through to the mirror=the bird does it all the time (Andy gestures over to where one of the birds has an indoor pen) he look – he stands in front of the mirror (Andy warms to his analogy) and he talks to himself (Andy nearly starts laughing) and he gets quite a lot of entertainment out of it=I don't think anyone in there – lucky if he has a blue with the mirror at times=sometimes it's | argumentative and sometimes it’s

Barb: But 

Andy: friendly | No but | – what-

Barb: yeah but that's animal behaviour isn't it? |

Victoria: But it can

Andy: what are we not animals?

Victoria: I but I agree (.). in a way that’s what it is (.) it's something that is comforting to Rex (the bird) at that time=at that darkest moment in my life that was something that was comforting for me |

Barb: But see

 Victoria: i-in once again when-when you say this I still then have reservations about schizophrenia diagnosis because it doesn’t sound – it-it do-do you understand what I'm saying?=it doesn't sound like classic schizophrenia where there are um you know there are all of these definite – it used to be called split personality which was you know was wrong but there were definite voices and whatever=it's um it's still once again it was a lot of talking to yourself that then manifested into |

Barb: Voices it's I don’t know |

Barb: (unclear) in different tones?=do they have different | yeah hmm

Victoria: yeah oh yeah um that’s the thing I don’t-I don't quite know the boundaries=I don't know what level of schizophrenia I have=whether it's severe=whether it’s mild=I don't know whether it's permanent=whether it – you know after ten years of being medicated I'll be
able to wean myself off medication (.) and not get symptoms=I don't know (.)
but I do know that is a very real thing but even in the points where I was
hearing voices and I was down in the dumps (She speaks with some emotion) I
still had feelings (.) you know what I mean?=I still felt things and it was even –
like my parents say it was like talking to a mirror I’d still hear the things
they said (.) it was almost like I physically couldn't react to it you know what I
mean and I don't know for what reason whether it be a voice telling me not to
or whether it be you know my instincts telling me “just stop=walk away”
whatever – for whatever reason I still felt and could react to things that people
said to me that it was like,… like I said=I said to you before it's like you’ve got
a car but two people are driving it you know your body’s driving one half and
your brain’s driving the other and the two aren't connecting so it's like even if
your head says to you (Andy: unclear) "no don't walk out at three o'clock in
the morning because it's cold" you still do it because there’s another voice in
your head telling you "go for a walk=you'll have fun"

Andy: Like your ability at that time to concentrate on anything was nil |
Victoria: | Oh I couldn't do anything=couldn't hold down a job=couldn't do anything |
Andy: | What they did at Bradford Lodge in my view was first to make sure your brain got a good
rest
Victoria: Yeah
Andy: They didn't let you out until they thought you were good and ready
which was weeks and weeks longer than the other times you’d been there and
were let out still quite sick (.) when you came out you were under a court order
to take the medication (Barb shakes her head) yes she was= we had to go out
Barb: | Oh sorry yeah
Andy: there and get her injected |
Barb: | yeah no no the injections didn't happen until
after you’d been in St Mary Lodge because remember you stop taking the
tablets=you were ducking |
Andy: | No but the court order came from
Victoria: | No no no the court
Andy: Queen Elizabeth
Victoria: order came from the hospital
Andy: I’m very aware of that |
Barb: | Not for the injections it wasn’t | it was the
Andy: | Yes it was
Barb: old ones and they said “right we’d better switch in-switch to injections
because she's (unclear)
Victoria: | I'm not sure (.) I've got the report at home |
Andy: | But anyhow (He lets out
a sigh) they ensured that she was under their medication (.) whilst she was under
the medication they arranged for support – come from St Mary Lodge and a
combination away from here (.) and they trained her and gradually but gradually in
sensible steps to be able to do things methodically (.) now that process is still
ongoing perhaps but it has ens- – the-the bottom line’s been that she's completely in
my view turned the corner=surprised me no end (.) and the sense of relief is
immense
Barb: We-we’re actually straying off topic though aren't we?=we – you’re
wanting to know about the | voices really yeah
Keith: | No I want you -no but I think what's
coming out is what the effect was

Andy: I don't even know very much about the voices

never ever between you and I never ever discussed the fact that she was hearing voices we thought that she was talking to

Andy: Yes we did but um

Barb: We-we

Andy: herself

Barb: We never ever between you and I never ever discussed the fact that she was hearing voices we thought that she was talking to

Barb: But funny enough when she got really really sick she completely stopped drinking and she stopped any other form – yeah (unclear)

Andy: She stopped drinking - are you sure?

Barb: When she was really sick yeah

Andy: (He makes a derisive sound and leans back) Fooled me because there was (He points over his shoulder) that fellow across here that was complaining about Victor ia stealing her grog from the shops

Barb: No

Andy: perhaps I don't know

Barb: drinking and she wasn't]

Keith: Whe-When you said prisoner in your own room

Victoria: When you said prisoner in your own room (Andy: Oh) –she didn't go anywhere= she was – the only thing she did then =was smoke=she wasn’t know

Andy: Yeah perhaps I don’t know

Victoria: Oh I literally turned those four walls into my own little nightmare

Andy: Oh no it's all changed now=we changed all the rooms to get up in the morning in the same clothes I’d been in for the last week =sit on the couch

Andy: And I think you had candles on that’s what you had

Victoria: and smoke and talk to the TV or talk to the mirror

Keith: Why the TV?

Victoria: Because I believed the TV was talking back |

Keith: When it was on?

Victoria: Yeah I believed there were messages through the TV like – one of my delusions was that my emotions caused natural disasters (.) I don't know why but that was one of my delusions and there was that big hurricane in Mississippi (.) you remember that one? (Barb: Mmm mmm) and I believed that happened because Mum and I had a fight so I sat there and cried for a whole day because I thought I’d killed millions of people |

Barb: Not millions about hundreds|

Keith: Hundreds

Keith: So you believe then you couldn't show your feelings because it might (I let out a sigh) cause | disasters
Well I think that's probably where the delusion came
from you know it’s – when I look at my delusions I look at it all and all of it
stems from something that I've heard that I've read that I've seen on TV but it’s
all like you know I-I – you’re a very smart man because I think about it and I
go “Right (One of the birds sets up a dreadful squawking throughout
Victoria’s turn) I can't have emotions because the hurricane will happen” (.)
it's like a way of shutting down but a way of justifying shutting down you
know what I mean and like my mum’s not my mum’s it was my auntie Helen (.)
it's like a way of pushing her away you know it’s a way of isolating
yourself because when you're sick you know something’s wrong but you don't
know enough to know what's wrong= you don't know enough to know why it’s
happening to you and you don't know enough to realise you’re hurting other
people (. you just seem to in your mind justify everything that's going on
because everyone gets up in the morning (The squawking is now deafening)
and cleans their teeth because their head tells them “I don't want to have
smelly breath” you know what I mean (. there are little things that your head
tells you every day to do (Andy only now looks out the window at all the
ruckus. Thankfully the noise starts to trail off) because that's just what your
head tells you to do so when your head starts telling you “Go sleep in a bus
stop in Port Augusta” what do you do? You go sleep in a bus stop at Port
Augusta because like cleaning your teeth your head told you to do it and
everyone trusts their own mind and then to have eight people around you tell
you “You're not right in the head=stop trusting your head=there's something
wrong with your head” well you're going to believe your mind over theirs so
you start justifying these little delusions |

But didn't you take off not to go to Port
Augusta=to go to Kimba or somewhere like that?

Victoria: I did originally but that was a good two years earlier and then I broke
down |

Andy: I thought the next time – you was talking to the same thing=you didn’t even
get to Port Augusta

Victoria: No I got to halfway between Port Augusta and Port Pirie

Andy: Not that it’s particularly relevant you know like um the |

Victoria: | I rang you
guys and told you I was staying with friends and I was fine=I’m sleeping at the
Port Augusta | bus stop

Andy: | Mmm I think the car had broken down halfway between Port-y
Pirie and Port Augusta | (unclear)

Victoria: | No this is when I caught the bus there=
remember I started | catching the bus there

Barb: | She did a - she did a yeah 48-hour stint which – was
hmm

Keith: Just um one just somewhere I don't want to um uh take too much longer of
your time but I remember when you were talking about the voices that you
heard=you gave the names I think you said Lisa and Justin and |

Victoria: | I didn't give
them names (Keith: Uh I forgot) it's not like-it’s not like you wake up one day
and go “I'm going to manifest a Lisa” your brain for some reason manifests the
Lisa do you know what I mean?=like me personally a well person (. I don't
know a Lisa you know it’s – I don't even know where that they came from but
when you're sick it-it’s as simple as you could be walking down the street with
someone behind you yells out “Lisa” and then you get home and you’re
obsessed about Lisa because you're not well it always comes from something but piecing together where it came from and answering the question as to why (.) I can't (.) I have no idea

Andy: I never knew Lisa existed

Barb: No

Keith: When you said you heard your mum and dad talk to you as well

Victoria: Yes but usually when they talked to me it’d - it wouldn’t – the Lisa one was like a uh a very aggressive nasty female in my psyche (.) she would put me down=she would threaten me (.) she would tell me what to do and if I didn't do it she’d threaten people I loved=threatened me=threatened you know and it was a personality in my head (.) I don't know where I got the Lisa from (.) but it's come from somewhere (.) when mum and dad talk to me it's completely different

Keith: How?

Victoria: Well (She lets out a sigh and then speaks softly) they weren't nasty to me…

Keith: Was it really like hearing your mum and dad like when you talk about - talk with them | face-to-face

Victoria: | Like we could have a fight in my head or we could get along really well in my head but it was always just like our relationship |

Andy: (He puts his hand on his heart) Because that’s all they are (.) it wouldn't matter what I would do it was wrong

Victoria: (Barb tries to say something) Yeah to your face but not in my head

Andy: Was – the-the day I remember the most vividly from my point of view was your birthday |

Victoria: When you gave me ice coffee and I shut the door in the face

Andy: No you didn’t=I gave all-all what all the things I knew you liked and said “Now today’s the change of=everything’s going to be better from now on” and Victoria ticked off and didn't come back for three weeks

Barb: That's when you ran away

Victoria: Oh yeah

Andy: That’s about seven o'clock in the morning

Victoria: (She speaks in a very subdued voice) I don't remember

Andy: All the presents were left here (Barb: Yeah) she ticked off and gone for three weeks

Victoria: I don't remember like I remember being gone

Andy: You went to Boris’s house | I know her name was Doris but I called

Victoria: | I remember being gone and I

Andy: Because the first thing she did was grass...you know a real bright bitch sorry (He starts laughing)

Barb: Yes we actually – that was the only time |

Andy: (He’s still laughing. He looks at the camera and points at it) You can have it on tape and take it to her=I don't care (He continues laughing to himself)

Barb: that was the only time we actually completely lost contact=we had no idea where she was for a period of about uh 48 hours |

Andy: | What was – what that what
Victoria: My twenty-first was at the Pizza Hut twenty-second?

Barb: I reckon twenty-second.

Victoria: I reckon it was my twenty-second birthday because I started to really go off the rails after Justin...

Barb: Yeah isn't it terrible how (She clears her throat) it’s | it’s such a
time goes

Andy: Time goes

Barb: but it was such a dark time that it's all merged into…just a | a period

The last

Andy: Of darkness and-and then and you start extracting bits from it and you remember other bits and other bits and other bits but we’re all capable of shutting our mind off to things and you know compartmentalising it if it's too nasty=don't look back there and so |

Andy: | How many years is it since you last in Bradford

Barb: Mmm

Andy: She has-she hasn't looked back (Barb: No no) I (Barb clears her throat) - you know I want to say that (Andy lets out a sigh) you still have your moods and things don’t-don’t always go the way you want them to go but in the main she’s been very steady uh uh very um methodical and (He lets out a laugh) her room or her house is the tidiest of all kids’ now (He lets out a bigger laugh) by a lo-ng way (.) She’s the least likely to forget an appointment um she’s the least likely to get a speeding ticket will (Barb tries to say something but Andy speaks more loudly) her car’s a lot cleaner (Barb taps him on the arm with her glasses) than the others (He really enjoys his laughter)

Andy: Victoria's not - I wouldn't say the luckiest person ever born (He laughs)

Barb: You got-you've got to include Josie in that mix= she's not going to forget an appointment any time |

Andy: | No perhaps not but you know but one thing for sure uh we got Victoria back (. ) that's my opinion

Barb: (She starts giggling again) I rang Alison who's chief tech at um St Joseph's and said - because the specialist said then "I've made an appointment for her to see the cancer specialist tomorrow um I'd like to have an MRI but we won't be able to get one in time"=I went (She makes gulping noises) “Give me the phone" and remember I rang Laurel | because she's tech chief tech at

Victoria: | Because Alison’s a-a radiographer

Barb: um St Joseph’s and she had been waiting for the call because she'd
d one the initial x-rays and so I told her and she didn't say anything=
I then burst into tears and she’s “Right” and I’m then saying “You can't
do this can’t you see?=you can't do this” and through all of it Victoria
maintained this... placid calm 'oh well bring it on=we can handle it’
you know whatever and everybody – | Josie’s upset (unclear)

[216] Victoria: | Until I-I said to mum on the | car on the way

[217] Andy: | I think we’re

off the track a bit (Barb: Yeah)

[216]Victoria: from I said to mum in the car on the way to the radiographer

“Well if I get cancer I'll lose weight” (Barb laughs) (unclear) Mum went
"That's not funny" (Barb giggles) I got in the elevator and there was quite
a big woman who was bald because she obviously was going through chemo (.)
I got back out to the car and burst into tears and Mum went "What's wrong?"
I said (She playacts crying) "I'm going to be fat and bald!"

[218] Barb: (Barb laughs) That was the only - the only time she even remotely
dropped her bundle where all around her - all of us so-called level-headed you
know sane | people oh we’re just losing the plot you

[219] Victoria: | Oh they’re all a bunch of whooses

[218]cont.Barb: know all of us um you know any- – you're right=were completely
off topic | I remember this poor-this poor specialist

[220] Keith: | No no don’t say that because when you say

[218]cont.Barb: (She slaps both hands on the count
er and leans forward) I’m leant
over the desk “This-this is no! That’s not right!” (She giggles) if I could
physically change it

[221] Andy: (Andy’s been patiently waiting his turn but is beginning to get
a little impatient) I think (He lets out a sigh and then speaks very
measuredly) I think the voices are-are-are just a result of intense emotional
stress (Barb: Mmm mmm) where you’re looking for an answer that you
can't find | uh and

[222] Barb: | But

[223] Andy: in all honestly I would relate it as being almost as simple as (He points
to the garden out the back) that bird out there (He points over to its indoor pen a
few feet away) having a mirror in his bed (. ) and he relates to that mirror
because there's nothing else he can relate to (. ) probably makes the
bird a little |

[224] Barb: | There must be a difference between drug-induced psychosis and
those that are born with it (. ) there must be-there must be some sort um yeah
there must be (. ) what flicks the switch um

[225] Andy: But Victoria’s was allowed to get way beyond and almost to the point that
we were (He holds up two fingers very close together) this close to
losing her |

[226] Barb: | And that’s right and that's where we-we accept full and

[227] Andy: | It was cert- certainly in grave danger with some of the...decisions she
was making

[228] Keith: And the voices they had – seemed – you said they had personalities and
you related them to people in your |

[229] Victoria: | Yeah yeah some of them are nice to
me=some of them were mean to me=all of them would tell me what to do

[230] Andy: (He lets out a slightly derisive laugh) You probably needed it (He laughs
more openly)

[231] Victoria: It was horrible (Barb Mmm) (Andy: Ha)
Keith: Look thank you very much.

Andy: Shouldn't laugh (Barb: Mmm) I can

That's all.

Andy: laugh now but I wasn't laughing then (Andy laughs)

Victoria: right=you better laugh or you'll cry you've got to laugh or you'll cry.

Keith: Well-well we'll finish there unless there's anything you wanted to add but thank you – really.

Andy: I hope we haven't done your research any harm (Barb and Andy laugh)

Keith: Not at all.

Andy: (He's still laughing) Well I hope we haven't confused you too much.

Keith: Everyone's story's you know you've lived it (.) thank you.

Andy: But we're laughing – lucky because we have got some concrete hope for the future we're here(?) which at one stage was as good as gone…good as gone=I don't think you can get any further.

Barb: Um when Victoria was first getting a little better she told me something that stuck in my head that I don't know if you can remember=you said that getting better was a bit like climbing a-a wall of sand (.) it crumbles beneath you and at the higher it gets the possibility for the grains of sand to crumble increases so it’s you know the – it-it’s a very tenuous thing you know that's how-how she thought it - she could see it because as she was getting better she then turned and looked at what had happened in the last – whatever time and that itself was enough to make you want to rush back to that world where you were in control even.

Victoria: When you're sick.

Barb: though yeah yeah yeah.

242 cont.Victoria: you don't remember=when you’re well you remember and that’s the hardest part is not being sick and getting well= it's the part in the middle where you start to remember everything you did when you were sick (Barb: Mmm) and you know you're getting well but you have to make a decision I want to be well and I'm going to get over everything I did and I'm going to move forward because otherwise you're stuck in this position where you constantly feel guilty (.) are angry (.) get upset (.) cry over everything you've said (.) everything you've done (.) that was just nuts (Barb: Mmm) but you know you hurt people you know you did things that were unthinkable=you know you… really emotionally damaged people around you |

Andy: Well really you damaged yourself didn't you?

Victoria: Oh yeah but the way you think that is – good God what have I done to everyone?

Andy: Not really no=we just didn't know what – how we could (Andy throws his arms up into the air)

Barb: But that’s –she’s talking from her point of view yeah yeah.

Victoria: From my point of view because in my point of view I’ve always been the same person= sick=well=I'm still the same person (Barb: Mmm) that's just a phase in my life but the problem is to everyone around you they see you’re sick and they go “Well she’s sick=we’ll=we'll let it go” but yourself you don't see yourself as ever being sick.

Andy: Do you still sleep with the light on?

Victoria: No
Barb: No | Tina-Tina does yeah yeah yeah
Andy: | Tina does
Victoria: No
Barb: Um a lady at uh a very-very wise lady who was on the guardianship board for one of the meetings we had actually stopped me as I was leaving the room and she said “Oh probably what I'm going to say to you is a little inappropriate in that I'm just here as a you know member of the guardianship board but I've watched your face and I’ve-I’ve heard your story and you are me so many years ago”=she had two sons who were diagnosed with schizophrenia and she said "The first thing you have to do is stop blaming yourself (.) you have to stop blaming yourself because you blame yourself but being human nature we try to justify whatever it is we did so you throw that justification back on your child but that makes them feel guilty for you feeling guilty so then in actual fact by blaming yourself you've thrown weight on your child (.) you have to-you have to step away=you have to just "okay (.) whatever happened happened and you need (unclear) it back and that Andy: | No real answer is there?
cont.Barb: was that day I came home to you and I said “Look Victoria’s actually lost to us=we can't help her any more=we have to back off and let the system whoever now have a shot at it because we haven’t we’re Andy: | Well really we cont.Barb: we’re messing up it was=it was 255cont.Andy: were it was taken out of our hands completely and that was a good move | we weren’t doing any good Barb: | yeah it was=it was no 256 cont.Andy: in fact we were making things a hell of a lot worse probably you know not quite deliberate | but we weren’t-we weren’t helping Barb: | We weren’t=we were-we were facilitating her illness=that’s what we were doing | (unclear) Victoria: | You’ll never hear that from me (Barb: Mmm)
Andy: No but it’s – | the fact of the matter is that…people outside of here Victoria: | I don’t think 259cont.Andy: who’ve showed you how to do it yourself and unless you do it yourself it's not worth doing |
Barb: | That's it because |
Victoria: | Having said that-having said that I didn't get shown by those people till I was twenty-three years of age | I don’t reckon yes but I don't reckon I would have Andy | But they showed you well Victoria: made it until sixteen to twenty-three had you guys not done it for me |
Andy: | Who knows-who knows but you know one thing for sure things have been a hell of a lot better the-the last four or five years=maybe six even (Victoria: Yeah) a lot better=heaps better and that's why (Andy leans over and gestures to me) you're sitting there otherwise I would’ve thrown you out the door (Andy laughs heartily and continues to do so for a while)
Barb: At – the thing is-the thing is and it rests with Victoria=always with Victoria because | she puts her hand up and says…….Victoria puts her hand up Andy: | Ooh that's an exaggeration (I chuckle. Andy’s still laughing heartily as Barb is speaking)
cont.Barb: and says“I am unwell” don’t you? | and she never-and never shirks it
Victoria: Yeah

Barb: and if people ask what your diagnosis is she says this is what it is and

Victoria: Schizophrenia

Barb: that’s something we’ve had to learn from her because we you know well (She mutters something under her breath) not any more=if someone asks or if said anything that you give them the answer because she would tell you that the minute you try and hide from it is the minute you’re in danger again so you always have to be open and acknowledge it and another thing she said was that – so if meeting me someone goes “Oh you’re a schizophreni–– or you suffer from schizophrenia=oh I – that’s not what I imagine” if it then allows them to the next person they meet with that diagnosis to give

Andy: Had a

Barb: then an extra ten minutes – yeah okay well I’m going to give this

Andy: very positive effect

Barb: because I know this girl who’s really nice who-who says she’s – if that – then that’s all that she would ask of it

Andy: It’s quite surprising how many people that you wouldn’t credit it (He starts laughing) (Barb: Mmm) who’ve got the same diagnosis (Barb: Mmm) (and if there’s someone else in their place?) they'll say it themselves | things are a bit more | doesn’t make

Barb: | And that-and that’s (unclear) need to be open about it |

Andy: you completely the| isolated abnormality that you get rid of a stigma is to talk about it

Andy: Yeah be open (Victoria: Yeah)=fine

Barb: But even from the time when you were little I always told you that the brain was just another part of your head didn’t it?=if your eyes (Victoria: Yeah) – if you-if your kid-kidneys can break down=if your appendix can go west well why can’t your brain=it has the biggest weight of all the body (.) it’s just a | thing and there’s something another too that a-a

Andy | Get a band aid and fix it

Barb: doctor told me when I was trying to look after my grandfather at one stage=she said “Hate the malady not the sufferer” and you have to-to distinguish between the two

Keith: So you – would you say something like the voices as being uh something of the brain that was going |

Barb: | Absolutely it’s-it’s misfired the same way your kidney can pack up or your-your heart can have a eurhythmia or a whatever because it's another organ in the body=carries – does the most work yet we don't – we will not accept that it can be anything but perfect because as soon as something’s wrong with the brain other than you know like a-a physiological thing you know if there’s something wrong with you mentally (She sucks in her breath) that’s a – ooh ooh that’s | why?

Victoria: | It's still very taboo

Keith: Mmmm mmm mmm thank you very much for – we’ll stop there.

Andy afterwards showed me around the rear garden where he has built a couple of enclosures with Amazonian birds. He loves them and he told me more about the crippled one that sleeps inside. He had placed the bird on a branch out the back and
now picked it up and held him on his arm, stroking him and giving him gentle love pecks. It was touching to see this man who had endured so much showing this amount of affection to this deformed bird.

Andy later apologised for the conversation going off the track. On the way home I reflected there was no track to go off. Andy, Barb, and Victoria were making the track when there wasn’t one there to follow.
Interview 5

Participants: Victoria & her psychiatrist, Dr Fraser
Place: The office of her psychiatrist
Date: Thursday 1st March 2012
Time of interview: Around 8.20 am

Notes: I wanted to set the video camera up so that both Victoria and her psychiatrist would be sitting in the same frame. Victoria was sitting on the sofa with a cup of tea that Dr Fraser had made. I asked him if he would mind sitting on the sofa with Victoria too. I thought this would visually put them on the same footing. However, Dr Fraser said a definite no to this suggestion and sat in his upholstered winged armchair to the left. A small low table separated them. I sat behind the camera panning it as needed to get each one of them in shot.

Keith: So thank you very much for both letting me talk with you um Dr Fraser is-is there anything that you can tell me about Victoria's voices (He looks over to Victoria)...or her experiences with | hearing things
Victoria: | That's all right
Dr F: Um I think Victoria’s voices are interesting in that they tend to happen at the end of the day and they’re almost like an opportunity for her to reflect on things in a way um but – it – obviously it’s a psychotic experience and it’s not-it’s not something that we-we want to happen but it’s – she she almost integrates them into her day in a slightly different way from standard auditory hallucinations
Keith: Uh so it's a little bit different to other | patients you’ve had
Dr F: Yeah it is a little bit different
Keith: Can you say a little bit more about that if that’s okay
Dr F: (He turns to Victoria) So they would-they would usually be at the end of the day for you?
Victoria: Absolutely uh it seems to me – especially if I’ve had a very long day or a stressful day it happens more often and it seems to be at night if I'm by myself (,) usually when I'm out the back sitting by the back door I’ll start to talk to myself and start to hear voices and it’s-it’s been that way for the last seven years? Before that it was an ongoing thing=it was during the day=during the night (Dr F: Yeah) all the time (Dr F: Yeah) but now with medication it seems to have subseed-subsedied? yeah quite a bit
Dr F: | Subsided
Victoria: but it's-it still does rear its ugly head and always at night when I've had a long day and I’m out the back sitting on the porch having a cigarette and then all of a sudden it's like (Dr F Yeah) – it washes over me
Dr F: And you said that when you are first getting quite unwell you spent a lot of time in your room at home and you tend to be in front of the mirror?
(Victoria: Yes) and that you get the voices in front of the mirror at that stage when you-when you were home |
Victoria: | Now I hate looking at mirrors because when
I look in the mirror it reminds me of sitting in front of a mirror for hours and hours and hours having these conversations with myself when I was sick and it’s-it’s almost like I’ll do my make-up and then walk away because I – I’m scared if I s-look too long I'll start to do it again (Dr F: Yeah) and I’ll lose the next five years of
my life sitting in front of a mirror (.) it’s quite scary

Dr F: How old were you when you were spending that time in front of the mirror at home?

Victoria: Oh I was quite young

Dr F: About thirteen?

Victoria: Oh first time I did it was after the break-in (.) the last time that I did it I was about twenty-five (Dr F: Yeah) so I don't know whether it's a post-traumatic stress thing or what quite the reasoning is for it but I seem to find comfort sitting in front of a mirror (Dr F: Yeah) and I think it's because I can see what's behind me (.) what’s coming you know I feel safer when I know everything around me you know? (Dr F: Yeah) Yeah

Dr F: And is it okay if I briefly mention in a sentence the nature of the break-in?

Victoria: Ah absolutely

Dr F: So the-the break-in was um an intruder broke into the house and there was a sexual assault (.) it happened when you were…? | ten nine ten yeah

Victoria: And then um there was a period where the voices would be during the day and at night but in recent years it’s been this kind of evening voices thing | Yeah

Dr F: where the voices would be during the day and at night but in recent years it’s been this kind of evening voices thing |

Victoria: It changes (.) It’s really weird though sometimes it’s – sometimes it can be my mum talking to me=sometimes it can be an ex-husband a boyfriend (Dr F: Okay) a father (Dr F: Yeah) you know (.) it’s – can be men or woman and you never know=it’s like a mys- (mystery?)– it’s basically like a box of chocolates=you never know what you’re going to get (Dr F: Mmm) mmm

Dr F: Does it feel scary?

Victoria: When I realise I'm doing it yes (.) at first it's like oohh you're kind of in the conversation in your head and out loud so you're not really conscious of what’s going on and then after about three or four minutes you realise you've been sitting there for about ten minutes doing this and you go “Hang on a minute (.) I’ve got to go inside do the dishes or I've got to go have a shower (Dr F: Yeah) or I've got to go to bed because I'm obviously tired and getting symptoms” (Dr F: Yeah) and it is scary because you've been at a point where it happened non-stop and in front of a mirror or away from a mirror or walking down a path (Dr F: Yeah) you know going for a walk for exercise it would
happen every day non-stop=you'd never get a break from it so when you go
from that to just a little bit at night maybe once or twice a week you value it so
you go "Right (.) I can s-- I can control this” and you get up and you go do
something else that takes your mind away from whatever you're obsessing
about or whatever your-your mind is running away with itself=my dad calls it
'sisting thinking’=he said if you sit there and think (Dr F: Yeah yeah) too
long you're going to do yourself damage | so every time
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positive function to that=obviously as a-as a psychiatrist you'd see it as being
uh dysfunctional in some sort of way and something that we want to reduce
and eliminate um from a-from a biological uh angle uh I mean there are all
sorts of theories but um you could say that there’s some kind of problem with-
brain functioning where she doesn’t s-s-sieve out the incoming stimulus
appropriately and because of that ineffective sieving mechanism these voices
come through which she then responds to um but that's-that’s a less um sort of
understanding which psychological view of it
Keith: When you say the stimulus do you mean like other noises or thoughts?
Dr F: All-all the inputs that are coming in that need to be um sieved so that
you only respond to the ones that are appropriate to respond to uh but if that
sieving mechanism is kind of broken other thoughts or noises might come in
that affect um consciousness and then in Victoria's case she may feel that she
needs to respond to these things that come through to her and interpret it as
voices but a-again that's a-that’s sort of biological view of it and-and with-with
Victoria’s voices it-it is interesting that the way they’ve evolved over time that
they’re now – that they uh once – I think it was particularly when you were
living in the city and you were living on your own? (Victoria: Hmm-mmm) it
seemed to be that they’d come at the end of the day um and it was almost like a
dreaming function (His voice goes up as if unsure) that-that the things that
were left over that were unresolved came up and were dealt with in the voices in a
kind of way (His voice again goes up)
Victoria: There was also a-a lot-a lot more often because I lived by myself in a
city sort of – you know away from my family away from any friends-away
from any contact really=like I lived in a house with other women but I’d
always go to my room and shut my door you know so it was like and sit on a
balcony and it was like…it was almost like I was unintentionally isolating
myself because I knew I would talk to myself=I knew I would make – hear
these voices and things so you-you don’t intentionally do it but you think ‘I
can't let anyone see me doing that’ so you start to isolate yourself and that’s
never good either because the more you’re out then the more you’re doing
things the more you are active and are stimulating your mind in a healthy way
the less they seem to come through (Dr F: Mmm) the less you seem to be
affected by it and the less you seem to hear it and when you do hear it you
kind of shake your head and go ‘Right what was I concentrating on?’ and you
get back to it so I think your environment I think the people that surround you
are your support network and I think you know the state of mind you’re in
yourself all affect how greater or smaller the problem is (.) or how big you
allow it (Dr F: Yeah yeah) because you can allow it to get huge if you just shut
yourself in a room (Dr F: Mmm) and don't talk to anyone (Dr F: Mmm) else and
then it just snowballs out of control
Dr F: And as you said you had a time where it really dominated your life
Victoria: Oh absolutely (.) there was a time when that was all I did=sit in a
room and talk to myself (.) my mum will swear I was in that room for two
years by myself talking to myself and I might go out for a walk occasionally
and go into the city to do some clothes shopping but the whole way there I’d
talk to myself and the whole way back and I’d talk to myself and get in the
room and shut the door and I’d remember all my walk seeing people laughing
and pointing at me because I was talking to myself=now I don't know if
they’re actually laughing and pointing at me but that's how it felt (Dr F: Mmm)
because of the paranoia and everything that went with it (Dr F: Yeah) so it just
stops you from wanting to go out ever again and then after a couple of months you
forget about it so you go out again and then the same thing happens (Dr F: Mmm)
and it's just a nasty cycle….

Keith: Is that about all the time you’ve got?
Dr F: It is
Keith: All right thank you both very much
Victoria: Thank you Dr F
Dr F: That's fine
Mark

Interview 1

Participants: Mark & Keith
Place: The office of Mark’s psychiatrist
Date: Thursday 2nd October 2008
Time of interview: Around 1.00 pm

Notes: We are sitting in two big leather armchairs in Mark’s psychiatrist’s office. Mark’s psychiatrist has let me use his office on the days he is not working. I’ve placed the armchairs side-by-side so that we can look out through the sliding glass door into a pretty side garden. His receptionist has made tea for Mark and me. Mark is wearing a t-shirt bearing a Kennedy Space Center design on the front. He lounges against the right side of the armchair so that he is facing me. He speaks at a very measured and deliberate pace.

1 1 Keith: Okay Mark uh where would you like to start?
2 2 Mark: Well you start and give answer me some questions and I’ll follow wherever
3 3 – whatever you’d like me to discuss
4 4 Keith: Well um can you tell me about what you hear?
5 5 Mark: What–what I hear | well what I hear is-s-s-s-s – I suffer um from
6 6 Keith: | well
7 4cont. Mark: auditory phenomenon which has been diagnosed by my treating
8 d-doctor uh that auditory phenomenon has been evident now for some 17 years
9 uh it first manifested itself as a result of-f-f uh what had been assessed as post-
10 traumatic stress from my workplace and prior to becoming ill was a 5-year
11 period during which um uh factors which—which had precipitated that onset uh
12 the auditory phenomenon are such that uh I get – I suffer from tangential
13 thinking which means that thinking comes as a tangent uh which is
14 spontaneous and associated with that tangential thinking is what I describe as
15 an internal dialogue the internal dialogue is that tangentially I will uh uh get an
16 idea or a thought process and I will run with that thought process um it’s very
17 much like a form of-f-f commentary and that commentary uh sometimes is
18 related to my current concerns but it’s very much related to uh what I’m
19 experiencing at that point in time um now typically the auditory phenomenon
20 um …. is such that I hear my own voice and um that is a constant monologue
21 um which I’d describe in the form of background noise um I’ve had
22 discussions with the treating psychiatrists uh becaus-s-s-se you know I have
23 experienced auditory phenomena from – for some time but I had some
24 discussions with my treating doctor uh because there is-s-s-a phenomenon
25 which can be associated with auditory uh features called pseudohallucinations
26 um pseudohallucinations are not a true form of hallucinations but it’s often
27 common for people who are very very stressed uh in their lives to have that
28 asorc-a-as-associated phenomenon in terms of thinking out aloud um I don’t
29 believe that’s an isolated phenomenon because various people that I have
30 spoken to including my wife and one of my friends who is a registered nurse
31 uh they often will experience this phenomenon of thinking uh um but mine is
32 different is the fact that mine is a constant phenomenon whereas they would
33 describe their phenomenon as something of worry or of concern it’s like
34 saying to yourself “hey I must do” which is different to having a constant

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monologue in the form of background-background noise I’ve had discussions
with the psychiatrists whether the auditory phenomenon was in fact a
pseudohallucination but he’s clarified this diagnostically by saying that I
nevertheless do suffer from auditory hallucinations um but the form of my
auditory phenomenon is perhaps different from other people who experience
auditory phenomenon by the fact that people who have auditory phenomenon
usually have uh-a response to an external stimuli which is the voices of others
whereas mine is an internal dialogue which typically uh is-s-s-s the sound of
my own voice now I have asked and discussed this with Dr Simpson uh about
the features and characteristics of the auditory phenomenon that I’m
experiencing and asked him if he has come across any other clients who have
a similar experience and manifestation and his answer to that is a categorical
‘no’ … [so does that make sense? (He leans over to get his cup of tea)]

Keith: | Mmm mmm um yeah uh yeah

that’s what – I’d like to follow up – there’s several things there – one thing is
um what did you think what you heard was before you saw a psychiatrist?

Mark: (He breathes in deeply and then comes out with his first sentence quite
briskly) I thought it was something that was normal … it’s um an insidious
thing which manifested itself – I typically put it down to uh a response to
worry and concerns in my life so and the fact is that the auditory phenomenon
that I experience do not hinder me right? With the exception that I when I
become – or have an acute exacerbation (sic) of my illness that some of the
issues come to the forefront uh and typically when I’m going through a
depressive phase is that uh they are typically nihilistic in character um
concentrating on such things as doom and gloom “here I am again” uh “oh no
uh I – I d-not think I can do it” and when I hear that I no longer want to do it
then I know that I need direct intervention and that usually the point at which I
get myself hospitalised which I’ve had a recent admission a couple of months
ago … but the thing is also I suffer from episodes of mania so with mania you
get uh an accompanying grandiosity and um usually when I’m manic it
becomes like a-a flight of ideas uh and it’s not unusual to develop some grand
ideas and notions …

Keith: Did the um or does the auditory phenomenon say | (unclear)

Mark: | It doesn’t command me no it doesn’t – I don’t get commands you know people with voices
sometimes will get commands or given directions or so forth I do not get
commands |

Keith: | You get – have a commentary you said |

Mark: | It’s an internal dialogue in the form of a commentary the thing p-uh (Mark stumbles) – it’s constant
background noise like I said it does come tangential but the interesting thing
about that is when I tell it to stop I can stop it in its tracks … this was a uh a-a
technique uh because I saw various psychiatrists in – over the many many
years and when I was under one psychiatrist he referred to another who
specialises in behavioural- cognitive therapy and uh his simple pragmatic uh
approach to auditory phenomenon was to consciously tell it to stop uh with a
need to train yourself in that technique in order to tell-in order to get the
phenomenon to stop (.) I can also if something is bothering me I can also
change my mode of thinking to another subject (.) in order to distract myself
from that | does that make sense?

Keith: | Mm-hm Mmmm I was thinking that that must
Mark: Well it’s-s-s- something that I’ve-I’ve developed over the years but like I say when I become acutely ill like I say when it’s a nihilistic thinking then uh like I say I have to be very really careful and guarded in myself.

Keith: When you say that your voices – what your – sorry your auditory phenomenon comments uh in a internal dialogue in the form of a commentary what does it comment on? Is it …?

Mark: Doesn’t comment it’s like havin going a concern about something and thinking about that concern | so I suppose it’s from that internal dialogue.

Keith: Can you explain for me what that means auditory phenomenon?

Mark: It’s something I hear out aloud in - inside my head - and usually typically it’s in the form of an echo … that’s what they call ‘thought echoing’

Keith: Can you explain that a bit more?

Mark: Well a thought echo – it’s like bei ng in a cave and you um … speak aloud and in the background (Mark gestures with his left arm something coming back) amongst what’s coming back to you is like an echo so that’s the quality of nature of it in the form of a thought echo.

Keith: So does that mean you know you think something before you hear it?

Mark: (Mark thinks for a few seconds) Yes | I think of something and then it - it

Keith: Okay so does that mean it uses words?

Mark: Monologue is like uh (Mark lets out a deep breath) how would you describe a monologue?

Keith: Because is that what you experience?

Mark: Yeah it-s-s-s (Mark lets out a deep breath) they’re part and parcel of the one thing but they’re different in-in some ways monologue is-s-s-s – oh how would I describe it? (Mark shakes his head about) … Monolithic um … (Mark pauses for several seconds and then lets out a deep breath) uh I know you don’t want to do this but what’s your definition of monologue perhaps I can clarify it.

Keith: Well I’m just thinking like when I was an actor years ago – okay uh um
I think I know what I’m trying to say but I can’t put that into words

like someone speaking aloud while I thought dialogue was more like a conversation between two people

Yeah yeah like a dialogue is a conversation

a monologue is like I suppose if you put it in a Shakespearean context it’s he-he’s thinking about something but is thinking about that in a monologued sort of terms uh it’s not far akin of thinking out aloud

Keith: Monologues?

Mark: Yeah

Mark: Yeah does

That’s how I would de-describe it but it’s-it’s something (Mark uses both hands quite animatedly now) of concern which … which translates into a monologued sort of dialogue the two are I believe inextricably connected I may be wrong but it’s the way I feel it

Keith: What makes it paradoxical

that sounds like that’s part of your experience (Mark reaches over for his cup of tea) something paradoxical there’s something

Mark: It is paradoxical

It is paradoxical

The conversation and dialogue – the dialogue is thinking about something that is worrying me or concerns and that may relate to past events or future concerns so it’s like a form of worry and I’ve noticed that when I’m under a lot of stress it comes to the foreground more often so it goes from being background noise to becoming more um … more of an issue – could I just go to the toilet?

Keith: Yeah of course (We both laugh) let me just stop things

(We take a break. The tape in the video camera reaches its end at exactly this point. I have some difficulties replacing it but we are able to continue after a few minutes.)

Keith: Okay … um … so the um – where were? We were talk-we were talking about the um the er yeah and that it-it’s things that are concern to me

Yeah so that’s um – is it er is it very emotional?

Mark: Has an emotive – sometimes it has an emotive uh and visual component attached to it uh sometimes I

Can you tell me anything about that?

Mark: mean I’ve just had a major what would you say I’m sorry…yep sorry

Mark: I have in the past uh suffered from post-traumatic stress for which I’ve been treated for a long time uh and with um the post-traumatic stress the thinking has a very strong emotive component attached to it as well as uh a visual component to it visual is that I’m not seeing things visually but that I’m
Keith: Can you – so – can you tell me a bit more about that?

Mark: Well it’s like the post-traumatic stress you know some of the things that have happened have come to the surface uh and I think about that which sometimes is in the forms of a preoccupation and with some of the events that have happened that have come to the forefront I can smell it and taste it

Keith: Right so you can hear see smell and taste

Mark: Yeah and I’ve just had a major dispute with the university uh in relation to my disability where I was categorically refuted which I believe was was was not a fit and proper person er and what has happened that dispute because it became protracted over five months reactivated my post-traumatic stress uh and because the uh complaint and dispute that I was in had similar parallels of injustice from my post-traumatic stress related to my previous work there was similar parallels and I was having flashbacks uh in terms of what happened many many years ago and again I could smell it and taste it and see it and hear it yeah that’s not unusual for people who suffer from post-traumatic stress uh I suppose it would be a bit likened like a combat veteran uh they relive the moment

Keith: When the um – you hear the |

Mark: My normally auditory phenomenon is not – doesn’t have attached to a visual there is an attached emotive component to it

Keith: Can you tell me how it’s attached to the emotive component?

Mark: Well if – when I become sick for example I uh will think ‘oh no not again' you know 'here it comes again’ because I’m depressed there’s an accompanying emotion that that accompanies that and usually that emotion is is a futility and despair uh…but but with regards to the post-traumatic stress it’s different because it is coupled-with auditory coupled with emot-emotion emotive component and also a visual component but it’s not visual in terms of what you call a visual hallucination per se but it’s a-it’s a-it’s a vis-vis

uh within my own head like-like I said I can – when it comes – when some of these things come back in terms of flashbacks I can smell it and taste it and see it

Keith: With the um what you hear and the emotive component when you were saying other things for example like hearing the thought echo when it reaches a-a pretty |

Mark: Well it’s normally-normally it’s a constant thought echo |

Keith: So one example you gave me was like ‘I no longer want to do it’ so does that mean when you hear your thoughts it uses words like ‘I’ or does it say ‘you’ or ‘he’? (I whisper) Can you tell me?

Mark: ‘I’ typically ‘I’ it’s not uh like I said in the forms of a command or an external phenomenon which normally accompany auditory phenomenon that…dialogue or monologue or syllables whatever is always focused in-in the medium of ‘I’

Keith: What does that mean for who you think you are?

Mark: (He takes in a deep breath and lets it out) Hu-uh well I would argue is an exercise in egocentricity wouldn’t you (He bursts out in a rare show of laughing and I join in)

Keith: How?

Mark: (He is still laughing) Ha?
Keith: How?

Mark: Ah well I mean you know if the constant thought is on I as opposed to others then uh one could reasonably argue that I’m a very egotistical person (He sniffs) but perhaps the ego-istic component is-is of concern to me...because usually there’s current concerns that impinge upon me

Keith: Okay so um d-does it uh does it feel like there’s-there’s you and another you?

Mark: No I’ve had one episode where I uh felt that I no longer existed um that was-s-s when I had uh an episode – I’ve had a couple of episodes like that of uh what Doc- – one of the psychiatrists described as malignant anxiety um malignant anxiety is one of the most extreme forms of anxiety um that anxiety comes as a chemical surge from the brain…and it is often accompanied by feelings of horror dread and doomsday thinking

Keith: That’s pretty strong

Mark: That’s– it’s very very strong uh | Scary?

Keith: | Scary?

Mark: Very scary uh and I had actually oh one episode where I felt that I’d dissociated and that I no longer existed uh and I actually went to the hospital and they gave me some intramuscular valium but it was a-an acute episode of anxiety and I think I’ve had uh...about three or four episodes of that with an accompanying what they call a fugue state

Keith: Okay what’s a fugue – I’ve heard of that |?

Mark: I’ve had that quite recently before I went to the hospital is that I’m driving might you know I might go from point A to point B but not know what’s happened along the way | uh and I had just recently prior to uh my last hospitalisation I was in a fugue state but I recognised that and got myself admitted to hospital so I went from point A to point B had no recollection of what happened but that is different to dissociation |

Keith: | All right all right

Mark: that’s completely different to dis-dissociation it’s uh it’s an anxiety state

Keith: Okay when |

Mark: Well Dr Simpson perhaps better clarify that but that’s my-my-my | thoughts on it

Keith: | Yes yes yeah just going back – this um what I was asking about like what hearing your own – this auditory phenomenon – means in thinking about who you think you are – the thought-thought echo i-i-i-it – you feel that what you hear are your thoughts it’s not anoth-other | thoughts

Mark: | I don’t have any controlling – I don’t have any belief – I do not believe that any of them are controlling influences of others nor do they issue any commands |

Keith: | Okay

Mark: or tell me what to do

Keith: So what you hear you recognise are your thoughts?

Mark: They are my own thoughts my own- my- | thoughts on it

Mark: Yeah I do not get any commands or any like other people will do – it’s typically uh focused on the ‘I’

Keith: Do you have-have any – do they bring any beliefs – that you have any beliefs about them? About it or | what do I call it?
Mark: Yeah well belief-belief is-s-s-s like when I become sick the belief that accompanies that uh goes along with that auditory phenomenon ‘here I go again I ber -- I – here I go again I do not believe that I can do this any longer’ this is- – this inexplicable

Keith: Okay

Mark: connection between the two usually during periods which I have an acute exasperation (sic) (He takes in a deep breath) uh now that (He lets out his breath) belief…is not solely confined to-o-o-o um…a depressive phase but also will-will also translate into a manic phase…

Keith: What does that mean?

Mark: Well when I become manic or high the thought processes usually become rather loose – can become rather loose and racing and thought can come hard and furious um but it’s not unusual when become manic to develop notions of uh developing grand schemes grandiosity um…and sometimes the feeling that you able to do anything

Keith: Do you hear – do – does that come in terms of your auditory phenomenon as well – you hear yourself |

Mark: I hear myself thinking but say for example like recently I’ve…when I was starting to become manic before I went to hospital I uh was developing a conceptual framework for developing a-a resource companion for allied health professionals relating to disabilities… and I stopped to pause uh down the track and saying is this a grandiose idea or is it something that is objective and attainable? Now that things have settled it is something that I believe is objectible – objective something that’s needed and something that’s obtainable so at the moment I’m developing a conceptual framework for doing that and starting off with a needs analysis but – I always have to pause when I am manic in that uh I do not get carried away with the ideas and notions that come from that

Keith: So does that mean that as you say they come fast and furious that the um auditory phenomenon |

Mark: It’s a bombardment it’s a bombardment of thought processes and sometimes those thought processes uh

Keith: Mmm about?

Mark: will compete with each other…for prominence…I don’t know if that makes any sense

Keith: Can you give like a-a-a just an example of something like you might – that you have heard

Mark: Well for example um the notion that I – I wanted to do that project right? Now that was-s-s-s prominent in my mind but a competing th-th-thought that went with that is “hey hang on hang on am I ill at the moment? Is this rational?”

Keith: Who’s that speaking? That’s |

Mark: Me

Keith: Yeah I have this thought that I – I sort of say to myself “hey hang on hang on is this rational or is this the result of me being ill?” So when I’m manic it's competing and um and there’s a-there’s a dominance of it but again like I say I have to sort of like – it’s a commentary like myself say “hang on hang on”

Keith: Is there a kind of – d-do you feel there’s a sense of relationship between you and your auditory phenomenon?

Mark: Oh very much so |

Keith: How? Can you-could you tell me more
about that?

Mark: Uh well when it first started uh I wasn’t aware of it it was something that insidiously crept up and over a period of time I had come to view it as a semblance of normality until I questioned my initial treating psychiatrist and say you know “I’ve a lot of things on my mind uh and I hear these things out aloud” and I said you know “Is that normal?” and he said “No” “uh” I went

Keith: How – can I ask when was this?

Mark: This was when I uh back in 1990…

Keith: That was the first time you went to someone?

Mark: When I saw a psychiatrist when I uh first become uh acutely ill no the initial diagnosis was by that doctor was uh obsessive-compulsive disorder I’ve been variously diagnosed and typically people with bipolar are not properly diagnosed on average of ten years uh so I’ve gone from (He counts all the different diagnoses out on his fingers) obsessive-compulsive neurosis which I always disagreed with – when I become ill I get obsessional thinking right? Uh but it-it is not accompanied by the anxiety that is a f--that is a feature of obsessive-compulsive disorder it doesn’t rule my life… anyway then I went from um there to major depression was another doctor then major depression I went to post-traumatic stress syndrome and finally Dr Simpson (He folds his hands) uh provided I would say a correct provisional diagnosis of bipolar disorder which was later in view of my auditory phenomenon modified to schizoaffective disorder ……and I do have periods where I get some loosened thought association processes you know sometimes I do also get what you call some blocking-thought blocking as well

Keith: What–what’s thought blocking?

Mark: In other words I-I’ll be saying something and suddenly it’s lost and it’s like uh what they call thought blocking typically that’s when I become – when I’m ra-very ill...

Keith: Couple of times when you talked about your auditory phenomenon you said it insidiously crept up | that’s quite a strong word

Mark: | Yes Well it did insidiously in other words-in other words…..it wasn’t a (He lets out a deep breath) a revelation in itself in the fact that there was something to which I was getting used to right? So when I started thinking these things I put it down to worries or concerns or issues in my life and when it started I didn’t see that as abnormal…so it insidiously crept up on me to the point where it become deemed as normal I think because it didn’t hinder me it di - - I-I saw it as a manifestation of worry …you know when you worried about something things churn through your mind? Right? Uh it was like things churning or milling through my mind um when I started uh having those thoughts uh I just thought yeah I’m just thinking-I’m thinking about these things out aloud so I didn’t see it as abnormal

Keith: When you say that you-you think of your well your experiences of auditory phenomenon – it-it’s a thing rather than a – it’s an ‘it’ rather than a – some people feel that what they hear is a person or a | (unclear)

Mark: | No it has qualitative and quantitative components attached to it which I cannot separate from what’s happening in my life or has happened in my life

Keith: Okay can you ex-- make – explain that a bit more for me I don’t quite – qualitative and quantitative components…

Mark: Well qualitative (sic) is if I get the thought process right? Thinking that is
attached to that isn’t necessarily aberrant right? The thinking that accompanies
that is a sequential and-and I would just say a natural argument which comes
with that it’s an accompanying thing that goes
with that] I don’t know if that answers your question
in the dark
Mark: Well it’s hard for me to (I laugh and Mark smiles) distinguish that it-it’s-it’s
an emotive sentiment that it-it-that it accompanies with it
Keith: So it’s an accom— – a qualitative is an accomp-something like an
accompanying emotive sentiment | okay we can
Mark: | Yes yes it’s like a marriage
couple
Keith: Oh what-what qualitative and quantitative?
Mark: Yeah
Keith: Oh right how?...
Mark: (He takes a breath) Ah.....Well the sentiment also accompanies-accompanies
thought and the thought accompanies the emotion
Keith: So the thought is the quantitative? | Okay I’m not putting words
qu-an-- No the qual-- the quantitative yes that’s the thought the dialogue the
qualitative component is the emotive factor that accompanies that like a
married couple | They are – the two go together I do not separate
Keith: | Oh right
cont.Mark: them
Keith: Mmm-mmm do you think that’s also part of the dialogue side of
things?
Mark: Oh they’re inexplicably (inextricably?) linked with one another I don’t think
you can separate it | I believe it’s a inexplicable
Keith: | Mmm-mmm okay
cont.Mark: (inextricable?) link I don’t know I haven’t given it much thought
Keith: Okay…uh now are you okay for talking for perhaps a-a minute or two
more | about…?
Mark: | Yeah
Keith: Um how’s it been talking about them with me today?
Mark: It doesn’t bother me
Keith: Okay
Mark: Like I say the um the auditory phenomenon it’s a background noise it’s
a constant phenomenon which waxes and wanes which comes to the surface
when I-when I’m ill uh particularly more severe when I’m depressed um……and
like I – it’s some - it’s something I got used to
Keith: Have they been part of |
Mark: | And the thing is if I’d see it a hindrance and
contemplate on that as a hindrance it will become a hindrance so I’d rather s-see
it as something that I accept and with a need to flow with it because if not it
will be counterproductive to me I do recognise however that it is
counterproductive when uh I’m acutely ill um and then it develops in the form
of an obsessional rumeration (sic) and that – when that happens I’m on dangerous
ground
Keith: Shall we leave it there | for today?
Mark: | Yeah yeah has that helped at all?
Keith: It’s been great talking with you
Mark: Yeah
Keith: (I pick up the digital audio recorder) Let’s just see if I know how to stop it.

Mark: That’s my understanding of it anyway.

Keith: Mmm well I think you’re the person.

Mark: It’s rather complex (He laughs).

Keith: This is the thing that um | Mark: You see the interesting thing was (I think he may be waiting for me to switch the camera off so I do).
Interview 2

Participants: Mark & Keith
Place: The office of Mark’s psychiatrist
Date: Thursday 13th November 2008
Time of interview: Around 1.00pm

Notes: Sitting in 2 big leather armchairs in Mark’s psychiatrist’s office. I placed the armchairs side-by-side looking out through the sliding glass door into a pretty side garden. Mark’s psychiatrist has let me use his office on the days he is not working. His receptionist has made tea for Mark and me.

1  Keith: Okay Mark thanks a lot for coming along again um has anything –
2  anything to tell me about in the last month since we’ve met uh | about your
3  Mark: | About what
4  I’ve done?
5  Keith: About you-you know auditory phenomenon anything |
6  Mark: | Well I’ve been
7  setting up a business which is Strategic Health so I’ve been at the process of
8  starting that business off from scratch (Keith: Yeah) um I’ve looked at the
9  mission statement (.) sent off some uh introductory letters to um six residential
10  nursing homes um I’m still in the process of following that up and that I’ve
11  seen(?) three-three a fortnight of the different nursing homes um but again it’s
12  linking in with the directors (unclear) absent or on leave so to establish that
13  contact will take a fair
14  bit of time | so that’s basically what’s achieved mo-
15  Keith: | Bet=that’s a great thing
16  Mark: – most of my thinking
17  Keith: Hmm mm let me just put the uh-uh (Mark: Yeah) mike on you (.) (I go
18  over and give Mark the lapel microphone to put on his shirt pocket) that’s
19  it=get a bit more clear ….. so when – because you had so much to do to have
20  this prepared did your auditory phenomenon interfere with any of this?
21  Mark: No
22  Keith: So it behaved itself
23  Mark: It’s constant – it’s a constant friend (_) it’s my constant companion
24  Keith: That’s the first time I’ve heard you use the word ‘friend’ and-and
25  companion
26  Mark: Well it’s um at the moment it’s like um how would you say – what’s
27  the word – a dictator-dictatium (sic) or would you – what’s the word? Like
28  uh…it’s like a-a dialogue uh but the dialogue is very much related to what I’m
29  focusing on at that particular point so it’s not uh how would you say? Uh
30  counterproductive thinking so you know I may be thinking about something
31  and you ask me to show an illustration of uh what type of words uh good
32  example is “hey hang about what about this?” Right? And so it’s normally the
33  sort of thing you’d have during a conversation but it’s—it’s a dialogue
34  that uh is contextual to what I’m doing so but again it’s an internal dialogue so
35  again I’ve made numerous references to the fact that it’s an auditory
36  phenomenon um which um uh…how would you say? Auditory phenomenon
37  …which doesn’t become counterproductive except in periods where I become
38  very ill and then they become very very counterproductive so it’s an internal
39  dialogue which I’m having uh so I may be thinking of say for example I’m
40  looking at a consultation processes so I may be thinking out aloud um what
variables to look at so
| When you say you’re thinking out aloud | that’s
Mark: | Yeah
12
Keith: you Mark or the auditory phenomenon?
14
Mark: It’s hard to distinguish the two (He smiles) oh-oh I think I can’t
distinguish – they’re part and parcel of one with me so it’s an internal dialogue
but again it’s a-a dialogue which is uh um at the moment responsive to the
contingencies of the moment um
15
Keith: So it responds to what’s happening in your mind at any |
16
Mark: | Yes it’s like a
form of questioning um so and I run with that I mean I’m-I’m – it’s something
to which I’ve become familiar with uh so it’s something that doesn’t hinder
me it only hinders me when I start becoming ill and then uh the negative
nihilistic components come to the forefront and when they come to the point
where they are at the forefront then uh I’d know that uh I-I need to do
something or I’m on tentative ground so but-but again there’s no external – I
make that quite clear – there’s no external stimuli in terms of commands or
prompts or-or things like that it’s completely an internal dialogue
17
Keith: When you say external stimuli I-I think of sounds around you that then
become |
18
Mark: | Yeah no I’m talking about uh auditory voices where the voices of
others the voices that may give prompts or commands or directions uh I have
no – none of that component
19
Keith: They’re external uh phenomena for other people
20
Mark: They are – well I can’t speak for other people but normally with
auditory phenomenon and Dr – I mean Dr Simpson would be the one to clarify
that but normally auditory phenomenon is rela- – my understanding is that it’s
related to external stimuli uh not this internal dialogue but again like I say I’ve
spoken to numerous friends and people and a lot of-lot of-lot of them when
they’ve become stressed uh aware of them thinking out aloud um but the only
distinguishing factor is the fact that mine’s (He smiles) a constant companion
that thinking out aloud may be a reflection of something that may
concern them at a point in time ‘hey you know oh hell oh yeah oh oh I need to
do this’ you know it’s not unusual for people to respond to that-that thought
process by talking out aloud
21
Keith: So do you actually talk aloud to yourself?
22
Mark: Sometimes I mumble to myself my wife says yeah not often but
sometimes I-I do notice that I may be thinking about something and-and I mi-
might mutter to myself briefly about that it’s not something that’s noticeable
something my wife has noticed but sometimes my wife will say “whose that do
you talking to?” and I say-just say “I’m mumbling to myself” I just having to
say um vocalising that thought – do you understand what I’m saying that
23
parallel?
24
Keith: Yeah kind of getting there | I’m getting there um I’m just
25
Mark: | Huh?
26
Keith: like interested before you said the uh auditory phenomenon is
questioning sometimes | can you say a bit more about that?
27
Mark: | Yes well
questioning is that uh I’m trying to work out what direction I’m going-going to
what I need to do in relation to something so I have the thought process say for
example at the moment looking at consultation of health and safety and one of
them is uh what are some of the problems with that you know so and in terms
of research I’ve had to go and research that uh so I sort of think to myself aloud ‘well what avenues do I need to explore?’ Uh so-something that I’m questioning in relation but it-it’s – how would you say? – It’s um it has an immediacy it um uh what’s the word? You’re an English teacher (He starts laughing) you should know uh (He finds the word) it’s congruent-it’s congruent with the thinking that is occurring whereas when I become ill it’s totally incongruent.

Keith: Can you say a bit more about the incongruency of-of the voice and your

Mark: Well when I become ill uh it’s congruent from the point of view that uh uh “yes I’m in a spot of bother um a spot of bother uh because I’m ill or very depressed” but the incongruency that flows from that is that there are a lot of negative parallels that spontaneously flow from that it’s like a whole web and hosts of ideas that-that hit hard and furious in the terms of a tangential thinking.

Keith: T-tangential can you explain the meaning of that?

Mark: Well tangential is at-at the moment the thinking is congruent but it’s not unusual too if I’m not occ- – because-because I’m busy it’s congruent you know I have to have a focus – when I’m not busy right? a whole lot of thought processes will – I will derive a whole lot of thought processes and that idea will-will come in terms of a tangent and I’ll run with it and if it’s some -some nonsense I dismiss it and I can dismiss it and I can

Keith: had the

Mark: I’m very very ill the tangential thinking comes hard and furious so um the-then it’s hard to control it’s a barrage or a bombardment of-of ideas and often associated negativity…does that explain it?

Keith: Yes when you talked about nonsense can you give an example of any nonsense that you hear?

Mark: Aah uh sometimes I might uh – (Mark mutters to himself) nonsense nonsense – oh it’s just a-an irrelevant thought which is just suddenly clanging – comes over – I call that ‘clanger’ ‘clanging’ (He starts laughing)

Keith: Why’s it called that?

Mark: Uh clanging other words that process is-is suddenly derived without any context to it

Keith: Comes out of the blue?

Mark: Clang yeah I call the ‘clanger’ so I call that uh nons-nonsensical nons-nonsense-sensible uh thinking process uh I don’t really don’t go into questioning where or why that come from – I’ll come dismiss it

Keith: So what you hear – the thought is not related to what you’re concerned with but the language it uses you can understand – it’s not gibberish

Mark: Oh no no it’s no gibber it’s no gibber I fully understand the language that um that’s associated with it=sometimes I think to myself ‘where the hell did that come from?’ and that I put in the nons-nonsense basket

Keith: When you ask “where the hell did that come from?” do you then – is there an answer to that that you ever get…when you ask questions?

Mark: No…no not in answer from somewhere else you mean?

Keith: Or you get that thought it’s irrelevant you say “where the hell did that come from?” there’s no response |

Mark: I dismiss it I quickly dismiss

Keith: Hm-mm okay
Keith: Can you give me an example of what you say or what you think?
Mark: Uh (Mark pauses and thinks for a while) …..it’s hard for me to pinpoint – you’ve asked me a couple of times to pinpoint examples – the thought processes um sometimes are erratic right? So it’s hard to know where they come from I-I’ve never really contemplated where they come from – I like I said I summarily dismiss it saying “oh that-that’s nonsense” uh if I have any of those thoughts I’ll probably write it down but uh at this point in time I find it hard to-to come up with-with…
Keith: Do-do you write things down sometimes?
Mark: No no the thing is even though I have that thinking right? I’m aware I am ab-le – I can retrieve that if I have to
Keith: When you say retrieve it…?
Mark: Well it’s something that um… I mean during the day I you know I can think later on back in the day ‘hey I’ve had that thought process and that was nonsense’ or something but it’s not completely lost you know it’s retrievable
Keith: So you don’t – the auditory phenomenon doesn’t |
Mark: I mean for example when I’ve had post-traumatic stress when I became very ill uh I’m fully aware of what a thinking process is related to – well when I become ill I can clearly articulate what the various thought processes were and the context in which they occur |
Keith: Later on?
Mark: Yeah |
Keith: So it’s not experiencing the auditory phenomenon again it’s remembering |
Mark: I can retrieve it – don’t know if that’s any help to you
Keith: Something else you said because of your project that you’re working on and sometimes you-your thought processes come up with a new idea? | Is that the moment I’m in a um very creative mode
Keith: Can you tell me what the – is there a connection between your auditory phenomenon |
Mark: I’m a very very creative person I’ve always been uh – prided myself in a very problem solving sort of skills – be able to think laterally uh and creatively uh so I’ve actually at this point in time um are drawing on my creativity um creativity usually comes more to the sur-surface when I become manic the thing is the difference with when you become manic is that uh you may be creative but you may be completely on the wrong track so so but at the moment I’ve got I believe and I’ve spoken to Dr Simpson that my feet are firmly planted on the ground but I’ve asked Dr Simpson to keep a regular close assessment of me because it’s imperative for my business that uh that I be be uh deemed fit and able to conduct the business so and there’s a danger of with all the pressures that I’m cu-currently under that uh I – there is a danger more of mania at this point in time than depression…the same token I’m realistic enough to know the nature of the illness so I am constantly on guard in myself about that
Keith: When you come under pressure and you’re feeling stressed how does the auditory phenomenon – does it change in any way in those circumstances?
Mark: Yes it becomes more pronounced
Keith: What does that mean?

Mark: It comes to the forefront when I become depressed and my thinking becomes morbid there’s a morbid and despairing quality to my thinking whereas - whereas I become manic I’ve never reached the point of having been full-blown mania with what are called ‘flight of ideas’ but I have been under what you call under ‘pressure of thought’ my thought processes are pressured and fast and often erratic and hard to control they then come fast and furious as a constant barrage

Keith: So the barrage is the speed |

Mark: Yes but my – when I become ill my thought processes are pressured and fast and often erratic and hard to control they then come fast and furious as a constant barrage

Keith: So the barrage is the speed |

Mark: Yes but my own – I develop what they call ‘loosened thought association’ |

Keith: How do you spell that?

Mark: Yeah I’ve mentioned it a few time loosened thought processes so in other words that uh the thought processes isn’t necessary coherent it just comes as a spontaneous thought um and the thought processes are fragmented

Keith: How are they fragmented?

Mark: A whole lot of ideas will simultaneously emerge as a barrage

Keith: And you hear that?

Mark: Oh yes

Keith: So is it more than one voice

Mark: No no it’s a series of – no it’s always my own voice it’s a series of thought processes which come together one after the other like a barrage uh like a ‘clang’

Keith: So do you feel under attack at those times

Mark: Yes when I have the barrage of thinking uh which is one of the reasons why I got myself admitted to hospital last time is that when I was on the XYZ placement I was aware that I was ill prior to the placement they knew that but I became increasingly ill uh to the point of becoming manic but I recognised that um after I’d reached such a state that I was in a fugue state and a fugue state meaning that you know I drove from point A to point B and so preoccupied with my thinking uh that I was oblivious to what was happening around me so somehow I ended up at Modbury Hospital but I don’t know what happened in the intervening period of time but I knew that the thought processes I was under attack with a barrage of thinking which hindered me

Keith: Do they get louder? The thought processes?

Mark: Yeah when they come to the forefront they do |

Keith: | So forefront means |

Mark: Comes forefront is usually I refer by reference of the fact that I become ill or what you call an exacerbation (sic) the thing is the exacerbations because I’m rapid cyclic uh once the exacerbation starts which uh uh and there are no known triggers for that then I usually get a rapid decline uh almost overnight typically after a couple of disturbed sleep so as soon as I start having a couple of nights of disturbed sleep I know straightaway ‘oh-oh be on the guard’

Keith: Why is your sleep disturbed? What disturbs you?
Mark: It’s a typical manifestation of the cycle phenomenon that I have it’s a
typical pattern which is a chemical imbalance which the trigger they’re not
really sure – once the chemical imbalance in your brain has been triggered –
because with bipolar it’s very important to understand that bipolar illness is
often triggered by a history of uh preceding stress usually cumulative over a
period of time and usually the first couple of occurrences of the illness
uh……will induce-it will induce or trigger the illness but the thing is once the
illness has been triggered – it’s like a rubber band that has been stretched over
a period of time (He stretches his arms out to their full length) you rubber band
and you stretch it and let it go goes back into shape but if you keep stretching
and stretching and stretching it and then let it loose it doesn’t fit back into
shape any more it’s not the same shape it was and it’s-it’s a similar parallel
with the chemical imbalance is that uh with prolonged stress the changes in the
physiology in the anatomy of the brain that occurs uh and then once that has
occurred which is irreversible um you then actually uh any future episodes is
not related to the triggers it’s the chemical imbalance that has become
triggered and that-that’s very important to understand that distinguishing
factor so that as a result of that there is a latent vulnerability built into the
condition and I’m rapid cyclic which means the chemical imbalance will
manifest itself right? Typically following a period of disturbed sleep and then
suddenly there’s a rapid deterioration either into mania or depression and
typically I have about three cycles a year which is what they call seasonal most
people have seasonal de-depression component of the illness suffer from-from
the winter months I’m the opposite I’m suffer from it during the increased
daylight exposures |

Keith:  
| So like this |

Mark:  
| Yeah this is the time of year | September

Keith:  
| is | is a bad
time

Mark: October November usually September October and then typically about
February March I can guarantee that it’ll be uh an e- – a roughly within a
couple of weeks an onset

Keith: Right so that make – would make me feel a bit nervous in your position
I’d feel a bit key uped wondering whether the next day was going to be the day
it was going to hit me |

Mark:  
| It’s quite interesting because and I’ve had this
discussions with people at the university in the rehabilitation people – because
they-they attacked me when I became ill and I explained to them about bipolar
and I said “okay the illness is what it is you know the illness uh I understand
the-the illness but the fact is and I still think attached to any illness is a very
important behavioural component and if someone has a purpose or direction in
life as opposed to being floundering without any direction then that will…be
of comfort uh to any person who has that affliction uh I mean I-I’d a big-big
argument with the university with that because I had a disability action place-
in place and I had a placement I saw them for assistance I was frank and
honest with them and then as soon as I became ill I was systematically uh
pounced upon like a cat pounces on a mouse and like I said I have capacity
have the incapacity and variable capacity but I said very very important is I
have to have a sense of purpose and direction because without that sense of
purpose and direction I shrivel up and become an old prune

Keith: And like the project you’re doing at the moment is really giving you that
purpose as well
Mark: Yeah but at the same token I’ve still got to be aware and I-I think the danger at this moment is mania.

Keith: Mmm let’s go back when you talked about the auditory phenomenon being a you said a friend companion uh and a rather positive?

Mark: | At this point in time it’s not always positive.

Keith: tell me a bit more about that positive ex-experience?

Mark: Well the positive experience is that that’s what I’m doing...that congruency is comforting because it’s related to what I’m doing.

Keith: So it’s not destructive from the point of view it’s distracting from...helping.

Mark:              it’s not destructive from the point of view it’s distracting from...how do I go about achieving my niche as functional (sic) and-and it was a very questioning period of time.

Keith: How long was this?

Mark: (He thinks for a few seconds) I’ve been questioning this now for about a year...I found the sense of direction but it’s—it’s taken a long— it actually my experience is with the university when I was attacked when I became ill uh crystallised my thinking and it was only actually when uh the government indicated the initiative to give fourteen hundred dollars uh for people who have disabilities that I’ve actually used-using that opportunity to s-to set up my preliminary business costs because apart-apart from that assistance I-I would have perhaps been stretched financially so I’ve used my own funds to set up the uh the business but uh that’s been paid back uh into my-my account.

Keith: Have any of the decisions that you’ve made about your project been shared with the auditory phenomenon in any sense?

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Keith: Have any of the decisions that you’ve made about your project been shared with the auditory phenomenon in any sense?
Keith: That’s interesting when you say about being used to um how would –
would you like to never hear this auditory phenomenon again?

Mark: (He thinks for a couple of seconds) Be strange (Mark smiles and laughs)
it’s become my companion | um uh?

Keith: | A very personal word that a very personal word ‘companion’

Mark: Well it’s a companion – the point of view that it can be a friend and it
can be a foe… but the point is I have become used and familiar with that
dialogue so I find it hard to envisage uh a world without it…it’s become part of
me…

Keith: Has it helped to know yourself better?

Mark: (He thinks) I think so yeah yeah

Keith: How?

Mark: I don’t see it very much as a hindrance except when I become ill

Keith: Yeah ooh so that’s you – would you say that’s in the minority or the
majority of your experience?

Mark: (He thinks) Majority that it’s that it’s uh it’s not a hindrance

Keith: Okay so most of the time it-it is…would you say beneficial? How
would you | ?

Mark: | Yeah except when I get this strange tangential episodes and I think
‘where the hell did that come from?’ you know and-and that does happen too
in between uh but usually that uh those sort of tangential episodes come across
when I’ve got nothing to do – you have a focus or direction it becomes
purposeful uh when I usually uh not having any sense of direction and what I
call essentially floundering it’s when that becomes more uh that nonsensible
(sic) thinking becomes prevalent so the importance I think is to have a sense of
direction and a purpose to have some focus uh because that distracts from that
nonsensible (sic) thinking…

Keith: I-I-I-I-f we were going to talk about your auditory phenomenon as a
person how would you describe-describe it?

Mark: (He thinks for a couple of seconds) As a person?

Mark: | It’s a – I can’t it’s inseparable from myself the self and I –
that self and I and what you call ‘the other ’ uh |

Keith: | Self I and other

Mark: Well the other – auditory phenomenon come from who knows where (.)
that’s the other but the other is linked with the self and I construct in the point
that they are totally enmeshed together but they not – they are separated by the
fact that it’s not external phenomenon |

Keith: | What’s the difference between self and I?

Mark: (He thinks for a few seconds and smiles) Very fine line – self and I is an
goistic component – egoistic notion uh…the self is-s-s-s-s (He lets out a
breath) very much concerned with my own s-self concept as a person the I
isssss more the egoistic component (.) the I is more selfish than the uh self…

Keith: So does thinking about or talking to me about your auditory
phenomenon – that involves thinking about yourself who you are?

Mark: Reflective

Keith: Mmm (I’m not too sure what Mark means) what do you mean
reflective?

Mark: Well to talk about this I have to reflect on-on my experiences of self and
I – have to draw parallels from that so…it is reflective in that sense – this
exercise is a reflective exercise. Why is it something that you’ve done before or is it something that because we meeting to talk about it’s something you’re doing… more now?

Mark: Oh I’ve done a lot of counselling with people in the past and-and so forth so it’s not – this context is not unfamiliar territory to me.

Keith: So you’ve been to a counsellor who has asked you questions to think about.

Mark: Yeah but I’ve also done – provided counselling I’m a psychiatric nurse so I have done a lot of counselling in the past so the counselling – this sort of interviewing context I’ve of-often conducted interviews for studies and-and oth- for other purposes so

Keith: Does your auditory phenomenon get involved in that?

Mark: (He doesn’t say anything for a few seconds as he looks to one side) No because I can dismiss it when I have to I mean it’s not interfering right?

Usually when it’s a hindrance is when I’m not working

Keith: So if you’re working you doing counselling you’re busy you’re with other people?

Mark: Usually if I am busy I uh it – totally distracted from that phenomenon it’s only when you’re when you’re fairly quiet that it becomes more reflective or more immediate so when I’m busy with something it’s not impacting upon me so the important for my rehabilitation is for me to be – remain active I’ve made a conscious decision to do so because – otherwise I uh I don’t want to become brain-dead if you don’t use it you’ll lose it

Keith: Something you said earlier about – did you say your wife or your partner? Um if she hears you ou-ou talking aloud and you say

Mark: Yeah

Keith: or can you be about your auditory phenomenon with other people

Mark: Oh no I just say I’ve just mumbling to myself that’s all I say uh I don’t discuss it

Keith: Why?

Mark: I don’t want to (He laughs and coughs)

Keith: Any reason it’s better not to?

Mark: (unclear) You know I might be under the shower I might be just sort of mumbling thing my wife say “oh who are you talking to?” I just say “I’m just mumbling darling thinking out aloud” all right (unclear) she knows (He sniffs)

Keith: But she knows

Mark: But it don’t happen very often but sometimes uh particularly when I’m ill I might sort of mumble or mutter out-out aloud whiles I’m thinking

Keith: So that means your auditory phenomenon is an internal experience for you it’s something private but sometimes other people are aware of it?

Mark: Not very often

Keith: In your behaviour?

Mark: Oh not with others uh my wife sometimes – uh very very rarely does that occur but it does occur from time to time

Keith: Can you uh like the example
you’ve given me in the shower?

154 Mark: Yeah

155 Keith: Any other examples?

156 Mark: Oh maybe in the studying may be thinking about something I might just say well (He speaks at a normal volume) “mmm now what do I do now?” you know |

157 Keith: | Is that the kind of level you – a voice you probably use |

158 Mark: | Yeah

157cont.Keith: speaking aloud okay um with the uh the tr-transcript that

158cont. Mark yeah

157cont.Keith: um we sent uh was there anything that you would like to say about it or how about if I pass over what I kind of things that I highlighted just-just (I hand over my copy of the transcript) tell me if there’s anything that… (I’d sent Mark an email copy of the transcript but he didn’t have it with him so I thought we’d try using mine even though I had highlighted parts that that had caught words and phrases I’ve highlighted. He doesn’t refer to them all but just to the ones that seem to catch his eye)

159 Mark: Well “tangential thinking…internal dialogue” (p.1) I think we’ve discussed | that quite a few times “current concerns” (p.1) uh that’s the element

160 Keith: | Yeah yep

159cont.Mark: the element of congruency uh “constant phenomenon” (p.1) being a companion (He turns over the page) “response to an external stimulus” um I don’t hear-hear external voices or (unclear) |

161 Keith: | So does that mean when you’re very much – I don’t know when psychiatrists talk to people and they say “where do you hear it?” do – where do you – are you able to locate it anywhere? Does it come from anywhere?

162 Mark: No it just comes spontaneously |

163 Keith: | But is it like something (unclear) speaking outside right

164 Mark: I don’t have that no I-I uh like I said to Dr Simpson when I’ve had discussions with (unclear) I said “look my understanding of auditory phenomenon is-it’s uh typically uh external voices or stimuli mine’s an internal uh dialogue I said “how many people um suffer fr- or have that manifestation like I do?” and he says “n-I haven’t come across any” um

165 Keith: So don’t you not – it’s not associated with any particular part of your body or it’s | ? No so it has no

166 Mark: | Nuh no (He brings the transcript back up)

167 Keith: | (unclear) I’ll just come next to you (I get up out of my chair and go over to kneel beside Mark on his right) to see if there is anything-anything else (I feel the need to be physically more by his side to be able to see things from his point of view in a manner of speaking. I feel I have to ‘get down’ more to his level. During the rest of the interview I feel we’re more relaxed as I look over his right arm)

168 Mark: "Doesn’t command me" no it does (sic) (p.2) “when I can

169 Keith: Yeah

168cont.Mark: tell it to stop it does” …..“if I also – if I something is bothering me I can also change my mode of thinking to another subject” (p.2) most times…when I become very ill that becomes a problem
(He passes the page over to me and looks at the next one) yes “I have-have
to be careful and guarded” (p.3) I mean at the moment I have to be
particularly careful and guarded in that there’s a danger of the illness
flaring up (He turns over the page) and I think the biggest danger at the
moment is mania (He reads the next page thoughtfully while stroking his
chin)...Yes “monologue” (p.4) it is monologue I do believe that
uh...“inexplicably (sic) connected” inexplicably connected is that the
thought processes which I have are connected inexplicably connected
with the self-myself and I

Keith: So it’s a very intimate – would you say | ?
Mark: | A personal I don’t think
I could separate the two without difficulty...I’ve mentioned that before
when “it comes to the foreground” (p.4) – it comes in “background noise”
very much so and that background noise becomes louder the more ill
I am

Keith: Louder? can you give me an i(dea)-indication
Mark: Hmm (He nods his head) mmm

Keith: of | ?
Mark: it’s a barrage

Keith: Okay but when you say the (unclear) shouting?
Mark: No it’s not shouting it’s omnipresent (He smiles)

Keith: (I speak quietly) What’s it like with something having |
Mark: | Omnipresent is uh...it comes totally to the forefront...it’s the difference between something
being in the forefront and something being in your face (He starts laughing)

Keith: Is it in your face then?
Mark: Yeah it’s omnipresent | do you understand what I’m saying? (He
Keith: | Okay hmm
Mark: smiles. He then speaks with energy) It’s right there (Mark brings
stretches out his left hand and brings it up to his forehead with a ‘boing’
movement) when I’m-when I’m very ill you know ‘oh no I don’t think I can
do this again’ but then when I’m really at that phase (He holds a page from the
transcript in his left away and stretches his arm away from his face) apart from
being in the background (He brings the page right up to his face) it’s there (He
keeps the page there) so from that point of view I consider it loud (He drops his
arm) does that | ?

Keith: | (unclear) when it’s close?
Mark: Yeah...in my face (He laughs then goes back to the transcript to look at
the next page)...“exercise in egocentricity” (p.6)

Keith: We had a good laugh though
Mark: (He smiles and laughs) It’s true uh very true egotistical yeah I think
many times that uh there is a very strong egotistical component I think we
related to that distinguishing between self and I (He looks at another page) no
I don’t have a “controlling influence” (p.7) controlling influence is s-s-s-s-s
when the thoughts are in my pr-face and I can’t get away from them...from
that point of view it’s controlling but it’s not controlling from the point of
view if someone commands or directs you (He turns over the page)...
“semblance of normality” (p.8) yes it is

Keith: Could you say a little bit more about...?
Mark: It’s become part of me so it’s something I’ve had for 17 years it’s – if I
didn’t have them I’d probably feel a bit abandoned (He bursts out laughing)
wh-wh-wh-at-at-at? (He asks laughing) what?
Keith: That’s a very uh – what kind of (unclear) being abandoned – what sort
of l-l-l-leads you – do-do
Mark: Well I’ve had a colleague of mine uh he-he had all sorts of bizarre uh
thought processes um and but he in terms of p- – commanding (unclear)
different voices
Keith: | So you know someone who has |
Mark: | Oh yeah |

Keith: experiences |

Mark: yeah I know a few people and uh um like I said to call
(unclear) joker or to a friend make a joke of it uh you know at least if you
haven’t got a friend in the world you got lots of friends indeed haven’t you (He
starts laughing but continues to speak) to keep you company – (He speaks
seriously now) I said to him one day “what happens if you – if they go?” he
says “I’d be lost”…it’s become familiar territory for a lot of people mind you
counterproductive in many ways but again for many people it’s become
familiar turf (He goes back to the transcript and sighs) “emotive sentiment”
(p.9) again the emotive sentiment um comes-s-s to the forefront when you’re
ill
Keith: Like depression?
Mark: Depression when it starts (He brings the transcript right up to his face
and then drops his arm) becoming in my face that emotive uh sentiment is very
real (He goes back to looking at the transcript and hands a page over to me)
does that make sense what I’m saying?... (I say something but it’s unclear. He
reaches out a hand to take some pages back off me. He’s looking at the
page trying to make out the words) what’s that? “And the thing is if I don’t –
if-if I’d see a hindrance and contemplate on that as a hindrance it will become a
hindrance thus I’d see it as something that I accept and with a need to flow”
yes I see a lot of things that I have that I need to flow-I flow with it uh (I get up
to return to my seat) it only becomes an hindrance when (He turns to look at
me) it’s in my face
Keith: When it gives you no space
Mark: Huh?
Keith: When it gives you no space
Mark: Yes it-that’s when the barrage occurs and (He brings the transcript up to
his face) it’s up here and uh then I know that uh I’m on sensitive ground –
usually that’s when the suicidal thinking comes to the forefront…
Keith: Is it suicidal because that’s the only way you think you can get away
from it?
Mark: Usually uh when I’m – become very ill – have that barrage of negativity
or uh what I call nihilistic (He leans over and puts the transcript down on the
chair between us) thoughts or sentiments that’s not usual (He leans back in the
chair and hooks his arm over the back) for it to be accompanied with suicidal
ideation so…
Keith: So what you’re–what you’re thinking about um… (I’m searching for
words)
Mark: I can’t get away from it so you know when I’ve reached the point of
despair ‘oh no here-here we go again no no no no I-I really can’t do this’ and
when I say (He uses his hand to beat out the stress in the rhythm of the
sentence) “I don’t want to do this” then I’m on tentative ground that’s when I
usually go and get myself admitted to hospital…
Keith: Shall we leave it there | for the time being? Great
Mark: | Mmm | (He starts to take off
his lapel microphone) does that make sense what I’m-what I’m saying? 

Probably uh find it a little bit different | 

Well yes (What I say is 

Mark: (I’m coiling up the microphone and dismantling the video camera so the 

digital recorder is continuing to record Mark on the built-in mike) Probably a 

little bit different from (unclear) but so I’m not sure 

Keith: Everyone’s experience is different everyone’s experience is unique um 

I’m just very uh grateful that you are happy to talk to –to me about it and I 

think | 

Mark: I think I have a fairly good insight 

Keith: Oh yeah well I think you-you’re – so many years of it but I think the 

– want to find out uh what it means to you so I don’t take anything on 

(Mark: Yeah) -on uh without (Mark: Yeah) trying to get you to explain it to me 

Mark: Ooh it has to come from me 

Keith: Exactly it’s your story (Mark: Yeah) that’s why it’s so good 

Mark: You draw inferences from that 

Keith: Well yeah but we talk about it and you say whether that’s-whether that’s 

ture or not=I just have a belief that – accounts of voices are joint 

accounts – what you have to say and what another person’s – like me who has 

no idea=no clue about it (.) how we try and make sense of it | together 

Mark: It’s interesting because when I was at XYX out at (unclear) all right? They knew I was ill (.) 
you know had some time off came back and became ill (.) it was only when I 
declared to the supervisor that I-I was reaching the point of crisis and 

so of(?) and I did mention that at the moment I’m having auditory 

phenomenon (unclear) coming to the surface … immediately I was pounced 

upon with vigour determination and vengeance uh (unclear) what I call a 

reactive response to the contingency of the moment uh and-and the response 

which I got from XYX and from my uh programme director pounced 

categorically on me uh like I said to her “You didn’t react=you didn’t manage 

the situation” I said you reacted to me |                        and I-I said 

Mark: Made it worse 

Mark: “There’s a big difference between the two of us”=I said you was – 

benchmark was in the rehabilitation industry should be damned well ashamed 
of yourself (.) I said “You should be able to distinguish the difference” I said 

“Well once did anyone ask how I am (.) you just jumped and pounced (.) they 
didn’t like that but I told them straight 

Keith: You told them straight | 

Mark: Uh? 

Keith: Yep good for you 

Mark: And then like I said they uh tried to get me to withdraw from a course 

when I was in hospital you know being-I’m being monitored for (unclear) 

suicide 

Mark: Yeah it was like giving you a um 

Mark: But that does illustrate uh the lack of understanding and strong reaction 

that auditory phenomenon (Keith: Yeah) uh imposes on… 

Keith: That might be something we could talk about |
Mark: |

Including (unclear)

professionals

Keith: We might – how about – let’s see uh let me note that down and that might be something we can talk about=the (unclear)

Mark: Well I’ve had (unclear) experience to that |

Keith: |

Okay we might think about some of that=I’ll just make a note of that |

Mark: |

(Because)? if anything the parallel was there as soon as I indicated that I’d become ill or that I was hearing voices because I was ill (. ) it’s the very point that I was actually pounced upon uh unless you damn well change themselves and I told them too in-in a formal complaint (. ) I’ll actually give you a copy of that complaint uh because it uh it’s very much illustrated of my response to how I was reacted to uh so I’ll give you a copy of that (unclear) well it does=it actually shows their response to me as a person who’s become ill

Keith: Okay that would be great=we could uh well I’d probably have to change a few details |

Mark: |

I’ve got all the let- I’ve got all the letters but uh (Mark opens the door and is going out) like I said for people in the industry they should be damned well ashamed of themselves (We’re outside in the waiting room now)
## APPENDIX 5 Table of references to what hearers experience

<table>
<thead>
<tr>
<th>Hearers</th>
<th>Name used</th>
<th>Clinical</th>
<th>Other person</th>
</tr>
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<tbody>
<tr>
<td>Joan</td>
<td>communication interfering conversation (1)</td>
<td>acute psychotic episode (1)</td>
<td>Darby voice(s) (59) demonic (voices) (3) negative thoughts (1)</td>
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<td>Total 64</td>
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<tr>
<td><strong>Personal identity (hearer)</strong></td>
<td><strong>Personal identity (voice)</strong></td>
<td><strong>Hearer’s own description</strong></td>
<td><strong>‘Voice’</strong></td>
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<tr>
<td>Shirley</td>
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<td>person</td>
<td>voice(s) (135)</td>
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<td>Baby (6)</td>
<td>someone/body (else)</td>
<td>a jumble of voices (1)</td>
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<td>(inside) (21)</td>
<td>a sea of voices and confusion (1)</td>
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<td>the Brave One (5)</td>
<td>anybody/ everybody</td>
<td>random voices (in my head) (2)</td>
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<td></td>
<td>the (Little) Scared One (4)</td>
<td>(inside) (13)</td>
<td>negative voice (1)</td>
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<td>God (4)</td>
<td>person/ people (7)</td>
<td>angry/negative male voices (5)</td>
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<td>Carmen (3)</td>
<td>this small weak person (1)</td>
<td>female voices (2)</td>
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<td>the calming/calm one (3)</td>
<td>a male recognised sort of um almost not an adult male (1)</td>
<td>more caring voices (1)</td>
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<td>this calm voice (1)</td>
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<td>(other) things (2)</td>
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**Total 136**
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<th>Name</th>
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<th>‘Voice’</th>
<th>Clinical</th>
<th>Other person</th>
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<td>this thing (1)</td>
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<td><strong>Amy</strong></td>
<td><strong>person</strong> demons (1) spirits (1) person (Amy’s own use) demons (31) spirits (7)</td>
<td>mental individual perceptions (1) an inner world of misconceived perceptions (1) individual concepts of our experience (1) what’s going on in my head (1) a part of my mind (1) communication (internal) conversation(s) (2) person people (3) stereotype label (3) sound (constant) background rabble (2) babble (2) screaming yelling things (1)</td>
<td>voice(s) (193) bombardment of voices (1) <strong>Total 194</strong></td>
<td>(auditory) hallucinations (10) chemical imbalance (6) behaviour (6) delusions (2) psych/mental problem (2) psychotic episode (1) all the psych issues (1) physical type of manifestation (1) phenomena (1) part of an illness (1)</td>
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308
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a very aggressive nasty female in my psyche
men or woman
other people
all sorts of people
someone
all sort of got muddled into one
men I’ve dated
all different types of people that I met throughout my life
real people

subtotal 9

messenger
violence

subtotal 2

part of my personality
part of who I am/me
part of my spirit
myself

subtotal 7

Total 159
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| loosened thought (association) (processes) (3) barrage or bombardment of ideas and often associated negativity (1) pressure of thought (1) obsessional rumination (1) *subtotal 52* |
| **emotional manifestation (of worry) (3) preoccupation (1) attached emotive component (1) morbidity (1) subtotal 5** |
| **Total 106** |
APPENDIX 6 Glossary and tables of speech acts

Introduction

This glossary briefly explains the distinguishing features of each of the speech acts used in the present analysis. In addition to clarifying the reasons for sorting individual utterances into particular speech acts, these notes provide the rationale for grouping several speech acts together to allow for patterns of interaction to be highlighted. This is possible due to a number of speech acts possessing features in common which cluster around a core function. Nevertheless, it is recognised that the following functional descriptions and groupings are not definitive statements but suggested tools developed in the context of this study for approaching the practical task of mapping how voices interact with hearers.

Statements

Consent, allow

These two types of response refer to positive instances in which voices either agree to assist hearers with a request or give their permission, support or approval to a hearer’s intended action.

Praise, encourage, reassure

These three forms of positive engagement exert an active influence in that they represent voices taking the initiative to raise hearers’ self-esteem. Praise is used to refer to interactions in which voices commend or flatter. The apparent reason for such commendation may range from a justifiable expression of admiration to more grandiose assertions. Encourage describes voices predicting a positive outcome as a reason for the hearer to follow through with an action. This form of appeal may alternatively take the form of a mild directive. Reassure describes instances where voices appear to be comforting hearers or restoring their confidence often by attempting to correct an allegedly mistaken belief. This speech act has been grouped with praise and encourage to highlight the role played by these types of verbal behaviour in affirming hearers’ feelings about themselves.

Acknowledge, express emotions, self-assert

This combined group consists of assertions that voices make in respect to a private interior world of desires and feelings. Acknowledge is proposed as a category primarily to accommodate Mark’s references to his voice (2.27, 102-104) appearing to making an impartial observation concerning his health. Expressing emotions is a very general term for statements in which voices disclose their capacity for feelings that can be shared with the hearer. They use language which clearly refers to moods and emotional reactions. Self-assertions refer to statements where voices appeals to a sense of will, typically by using the verb ‘want’. This group of personal references to reflective observations, emotions and drives invokes a sense of self in which the voice lays tacit claim to a conscious identity that is comparable to the hearer’s own. Such speech acts are typically self-directed, unlike insults which are equally expressive of feeling but are directed antagonistically at another.
Announce
This category recognises the sense of newsworthiness behind the excited exclamations Shirley’s voice makes about her son’s return home (3.86, 495-498).

Identify (voice, hearer, other)
Included in this group are assertions in which voices assign an identifying or distinguishing quality to themselves, the hearer or another person that defines a sense of self or role. This may be a proper noun such as a personal name or a common noun group that aptly describes the recipient.

Accuse, blame, criticise
These three communicative acts are all forms of negative evaluation of behaviour. They are closely connected in that voices assert that hearers have committed an act that was morally wrong but have been teased apart in this study to highlight nuanced differences in emphasis. The boundaries between these three statements are certainly not hard and fast, and are often found in combination developing the cumulative effect of disapproval (Shirley 1.21, 255-256).

Utterances in which voices claim knowledge concerning hearers as the agents responsible are identified as accusations while those which highlight the hearer’s supposed moral culpability, prototypically by using the word ‘fault’, have been labelled as a form of blame. In both cases the truth value of what voices allege is asserted in the absence of evidence and is therefore indeterminate. Acts of criticism in this analysis are identified on the basis that it is supposed that the hearer took the wrong course of action when a more appropriate one was available. In other words, hearers are retrospectively censured for what they did not do. The hearer is therefore indirectly reprimanded for their incompetency or ignorance. In all three cases, voices assume a judgemental role claiming superior perception of areas of shame and disgrace.

Complain, protest
Complain refers to exclamations that Mark’s voice makes that express feelings of dissatisfaction or frustration (1.59, 215-216) whereas protest escalates the sense of objection by taking a stronger oppositional stance.

Insult
Statements that are derogatory or offensive and which constitute a personal attack on hearers’ self-esteem are classed as insults. Whereas the acts of accusing, blaming and criticising identified in this study are often defamatory or censorious, insults are more explicitly expressive of aggression and hostility. They are also often more exaggerated, even far-fetched, in their content and apparent emotional tone than criticisms.

Claim, justify
Claims are here understood to be assertions that voices make about themselves or others. They are typically statements of information about current or recent situations but cannot be accepted as facts given the lack of apparent evidence. Hence, they are related to
allegations in that establishing their truth value is the prime concern for the hearer. In accordance with Grice’s (1975) Maxim concerning Quality, the underlying assumption is that these statements are to be believed and so depend on the hearer’s willingness to accept the likelihood of their occurrence. Therefore, their provisional status as claims in this analysis problematizes the issue of truthfulness and reliability.

The category of **justify** is proposed for utterances in which voices appear to be making excuses in order to ‘save face’. They are a self-serving form of assertion in that such statements exemplify situations in which voices attempt to retain the semblance of control or power despite the non-occurrence of a threat or prediction that had previously been made. This group bears some relation to the category of ‘self-preservative reactions’ used by Garrett and Silva (2003, p. 451) but is here limited to statements that are more clearly suggestive of ‘damage control’.

**Threat, warn, plot**

**Threats** refer to utterances in which voices assert their intention to personally act against hearers. These thus function as an intimidatory form of promise which explicitly involves voices as the agents of action. It is suggested that threats constitute a more overt personal attack than warnings as they stem from a decision to cause harm rather than a prediction alleging the negative consequences of an action.

In contrast with threats, **warnings** either refer to apprising hearers of the unintended results of their actions or those of another agent. Although they might appear to be more cautionary than intimidating, warnings may carry directive overtones in that they can be interpreted as a compelling reason for hearers to change their current behaviour. As warnings appear to be used to catastrophise about the future so as to intimidate hearers, they have been grouped with threats. Often the distinction between threats and warnings is blurred, as in Amy’s case where some warnings could be interpreted as covert threats in that the involvement of her voices is assumed or left open to conjecture.

**Plotting** is suggested as a category for highlighting intimidatory utterances in which hearers are made to overhear a conversation in which two or more voices propose to cause hearers mischief. This is a threatening form of interaction in which hearers are not directly addressed but notwithstanding their third-party role are the prime subject of the conversation. Plotting represents a significant change in ‘dialogical positioning’ (Davies et al., 1999; Leudar & Thomas, 2000; Leudar et al., 1997) as it is the only speech act identified in this study in which the hearer is ostensibly not a participant in the communication.

**Directives**

**Advise, reassure**

Advise and reassure are used to describe interactions in which voices counsel the hearer. **Advise** typically has clear implications for the hearer’s behaviour in that an alternative course of action to that engaged in is recommended. **Reassure** is more aligned with calming or consoling hearers about any concerns they may feel about performing an action. Instances of this type have been categorised as a discreet form of directive as the hearer is
in a subtle way being coaxed into performing the action the voice is implying.

**Suggest**

Suggest refers to a voice proposing a new course of action that typically aligns with the hearer’s wishes or preferences.

**Allow**

Allow signifies where voices give their consent or permission to the hearer performing an action. It is suggested that these are a very mild form of directive in that the voice by not raising any objection is still guiding or influencing the hearer’s behaviour.

**Regulate**

Regulate is a broad category that comprises interactions in which voices give hearers instructions concerning specific activities. Such directives regulate the hearer’s behaviour in terms of carrying out an isolated action or a sequence of actions directed towards a particular goal. This group ranges from routine activities to significant tasks in which hearers are in a sense ‘commissioned’, as in the case of Victoria being told by God to release refugees from a detention centre (3.29, 96-97), thereby requiring committed action to accomplish an important undertaking. Added for inclusion are orders to perform actions that prove to be preparatory to a final act of destructive behaviour, such as self-harming.

**Command to harm (hearer, other)**

The term ‘command’ has been reserved for explicit orders for hearers to injure or kill themselves or another. This is in acknowledgement of the widespread use of the term ‘command hallucination’ in psychiatric literature to refer to such extreme cases.

**Command to insult**

Command is also used to refer to orders to verbally abuse others. The use of language to attack is thus associated with commands to harm due to the common components of aggression and hostility.

**Prohibit**

Prohibit is the negative complement of a regulatory directive in that hearers are forbidden from taking action.

**Questions**

**Ask for information**

This refers to the ‘default’ use of a question to request missing information.

**Give information**

Here a question is used to supply information for the ostensible purpose of checking whether it is already in the hearer’s possession. A typical opening to such a question is ‘Did you know…?’
Query

Query refers to the use of a question to test or ascertain the truth or logic of a proposition. This typically forms part of a process of deduction in which an attempt is made to define a problem with the aim of identifying a solution.

Suggest, explore

This pair of verbs is used to describe interactions which are more open-ended in function than a query, which is more investigative. This is typically reflected in clause structure where a query takes the form of a closed question requiring a ‘yes/no’ answer while more exploratory suggestions take the form of an open ‘wh-’ question.

Provoke

Provoke is broadly used to group questions that function to taunt or tease hearers.
## Statements: (direct speech)

<table>
<thead>
<tr>
<th>Speech acts</th>
<th>Joan</th>
<th>Shirley</th>
<th>David</th>
<th>Amy</th>
<th>Darby</th>
<th>Victoria</th>
<th>Mark</th>
<th>Total</th>
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* = minor clause; # = represented in another category
### Directives (direct speech)

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### Questions (direct speech)

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320
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## Directives (indirect speech)

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<td>Amy</td>
<td>Darby</td>
<td>Victoria</td>
<td>Mark</td>
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### APPENDIX 7 Transitivity processes & agency tables

**Material processes categorisation table**

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<tr>
<th>Hearer</th>
<th>Type</th>
<th>Example</th>
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</thead>
<tbody>
<tr>
<td>Joan</td>
<td>Creative</td>
<td>“Take an overdose”</td>
</tr>
<tr>
<td></td>
<td>Transformative</td>
<td>“I’m going to burn in hell”</td>
</tr>
<tr>
<td></td>
<td>General</td>
<td>they were telling me (...) not to contribute</td>
</tr>
<tr>
<td></td>
<td>Specific</td>
<td>I was to follow the instruction</td>
</tr>
<tr>
<td></td>
<td>Elaborating</td>
<td>“Take an overdose”</td>
</tr>
<tr>
<td></td>
<td>Extending</td>
<td>“I’m going to burn in hell”</td>
</tr>
<tr>
<td></td>
<td>Enhancing</td>
<td>they were telling me (...) not to contribute</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I was to follow the instruction</td>
</tr>
<tr>
<td>Shirley</td>
<td></td>
<td>“Well that was your fault that happened”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“Nup it’s okay to wear pink and purple”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I wanted scrambled eggs for breakfast and somebody said uh something about not having them</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“you can’t go yet”</td>
</tr>
<tr>
<td>David</td>
<td></td>
<td>“No you can’t write that”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“Do yourself in”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“because you’ve lost your mind”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“you’ll make the house fall over”</td>
</tr>
<tr>
<td>Amy</td>
<td></td>
<td>“and then something (growling) r-r-really bad’s going to happen”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“oh if you draw that picture…”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“God’s testing you”</td>
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<tr>
<td></td>
<td></td>
<td>“we’re sent from God”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“then why doesn’t the medication take us away?”</td>
</tr>
<tr>
<td>Darby</td>
<td></td>
<td>and it hadn’t been declassified</td>
</tr>
<tr>
<td></td>
<td></td>
<td>my voices told me that I had two Ferraris to pick up</td>
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<tr>
<td></td>
<td></td>
<td>I remember one time um um my voices telling me to-to uh to go to a radio station</td>
</tr>
<tr>
<td>Victoria</td>
<td></td>
<td>“you should (…) get it made”</td>
</tr>
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<td></td>
<td></td>
<td>“kill him”</td>
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<td></td>
<td></td>
<td>“Don’t take your medication”</td>
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<tr>
<td></td>
<td></td>
<td>voices told me to go to Baxter</td>
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<tr>
<td>Mark</td>
<td></td>
<td>“I no longer want to do it”</td>
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<td>“Here it comes again”</td>
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### Behavioural processes categorisation table

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<td>Joan</td>
<td>Near mental</td>
<td>Well I was looking for a messenger (.) that was my instruction “just tell her to f- off”</td>
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</tr>
<tr>
<td>Shirley</td>
<td>Near verbal</td>
<td>“you’re not listening to us”</td>
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</tr>
<tr>
<td></td>
<td>Physiological (manifesting consciousness)</td>
<td>had this argument in my head of what we could and couldn’t eat</td>
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<tr>
<td></td>
<td>Physiological (basic bodily functions)</td>
<td>“you should-you should die”</td>
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<tr>
<td></td>
<td>Near material</td>
<td>“they were just pretending”</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>“For God’s sake shut up!”</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I had … this impression that I was just being told to just lie down</td>
<td>1</td>
</tr>
<tr>
<td>David</td>
<td>Near mental</td>
<td>“you’re just faking it”</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Near verbal</td>
<td>“you should- you should die”</td>
<td>2</td>
</tr>
<tr>
<td>Amy</td>
<td>Near mental</td>
<td>“…and we’ll have a look round for a few churches…”</td>
<td>22</td>
</tr>
<tr>
<td></td>
<td>Near verbal</td>
<td>“(…) watching this”</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Physiological (manifesting consciousness)</td>
<td>“(…) sleep in a bus stop in Port Augusta”</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>Physiological (basic bodily functions)</td>
<td>“you’re sitting here”</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Near material</td>
<td>“Hey hang about what about this?”</td>
<td>7</td>
</tr>
<tr>
<td>Total</td>
<td>Near mental</td>
<td>36 (64%)</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Near verbal</td>
<td>0</td>
<td>18 (32%)</td>
</tr>
<tr>
<td></td>
<td>Physiological (manifesting consciousness)</td>
<td>0</td>
<td>2 (4%)</td>
</tr>
<tr>
<td></td>
<td>Physiological (basic bodily functions)</td>
<td>18 (32%)</td>
<td>56</td>
</tr>
<tr>
<td></td>
<td>Near material</td>
<td>2 (4%)</td>
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</table>
Mental processes categorisation table

<table>
<thead>
<tr>
<th>Hearer</th>
<th>Type</th>
<th>Example</th>
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<tbody>
<tr>
<td>Joan</td>
<td>Perceptive</td>
<td>n = 2</td>
</tr>
<tr>
<td></td>
<td>Cognitive</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Desiderative</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Emotive</td>
<td>“Did you know that Julie is really a whore at night?”</td>
</tr>
<tr>
<td>Shirley</td>
<td>Perceptive</td>
<td>n = 29</td>
</tr>
<tr>
<td></td>
<td>Cognitive</td>
<td>“Yo-ou-you know you’re not hearing voices”</td>
</tr>
<tr>
<td></td>
<td>Desiderative</td>
<td>“They’ll think nothing’s happened”</td>
</tr>
<tr>
<td></td>
<td>Emotive</td>
<td>“I don’t want to do this”</td>
</tr>
<tr>
<td>David</td>
<td>Perceptive</td>
<td>n = 8</td>
</tr>
<tr>
<td></td>
<td>Cognitive</td>
<td>“They’re not going to believe you”</td>
</tr>
<tr>
<td></td>
<td>Desiderative</td>
<td>“You know he doesn’t really want _”</td>
</tr>
<tr>
<td></td>
<td>Emotive</td>
<td>“no-one loves you”</td>
</tr>
<tr>
<td>Amy</td>
<td>Perceptive</td>
<td>n = 56</td>
</tr>
<tr>
<td></td>
<td>Cognitive</td>
<td>the demons would say that the people around me could hear them as well</td>
</tr>
<tr>
<td></td>
<td>Desiderative</td>
<td>“She-she-she only thinks she’s going to do well at this”</td>
</tr>
<tr>
<td></td>
<td>Emotive</td>
<td>“Oh yeah but you wish you could’ve burnt them down there”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>they’re going to destroy people that I care about</td>
</tr>
<tr>
<td>Darby</td>
<td>Perceptive</td>
<td>n = 0</td>
</tr>
<tr>
<td></td>
<td>Cognitive</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Desiderative</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Emotive</td>
<td></td>
</tr>
<tr>
<td>Victoria</td>
<td>Perceptive</td>
<td>n = 11</td>
</tr>
<tr>
<td></td>
<td>Cognitive</td>
<td>“and it’s because you know more than anyone else”</td>
</tr>
<tr>
<td></td>
<td>Desiderative</td>
<td>“I want you back”</td>
</tr>
<tr>
<td></td>
<td>Emotive</td>
<td>Justin my ex-husband he’s always “I love you”</td>
</tr>
<tr>
<td>Mark</td>
<td>Perceptive</td>
<td>n = 5</td>
</tr>
<tr>
<td></td>
<td>Cognitive</td>
<td>“I do not believe I can do this any longer”</td>
</tr>
<tr>
<td></td>
<td>Desiderative</td>
<td>when I hear I no longer want to do it.</td>
</tr>
<tr>
<td></td>
<td>Emotive</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>Perceptive</td>
<td>13 (12%)</td>
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<tr>
<td></td>
<td>Cognitive</td>
<td>47 (42%)</td>
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<tr>
<td></td>
<td>Desiderative</td>
<td>30 (27%)</td>
</tr>
<tr>
<td></td>
<td>Emotive</td>
<td>22 (20%)</td>
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<td></td>
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<td>112</td>
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### Verbal processes categorisation table

<table>
<thead>
<tr>
<th>Hearer</th>
<th>Activity</th>
<th>Type</th>
<th>Semiosis</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joan</td>
<td>Targeting</td>
<td>(Neutral quoting)</td>
<td>Indicating</td>
<td>but instructed me not-to-mention about Julie and Austin</td>
</tr>
<tr>
<td></td>
<td>Talking</td>
<td></td>
<td></td>
<td>they were telling me not to speak</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>it told me not to say anything to anyone</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>“just tell her to f-off”</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>n = 12</strong></td>
</tr>
<tr>
<td>Shirley</td>
<td></td>
<td></td>
<td></td>
<td>“We don’t like you talking about it”</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>“No I don't want you to say that”</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>“Well if Keith asks you this…”</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>n = 5</strong></td>
</tr>
<tr>
<td>David</td>
<td></td>
<td></td>
<td></td>
<td>“They don’t know what they are talking about”</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Like even now like it’s telling me that you’re not interested in what I’m saying</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>n = 4</strong></td>
</tr>
<tr>
<td>Amy</td>
<td></td>
<td></td>
<td></td>
<td>The potential harm that they-they threaten you with</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>“He’s just lying to you”</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>and they’re telling me that by – that God said he’s sorry</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>what they do is they say they’re going to tell everybody that-that’s what I’m thinking</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>“you wouldn’t do what we told you to do”</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>n = 27</strong></td>
</tr>
<tr>
<td>Darby</td>
<td></td>
<td></td>
<td></td>
<td>I wasn’t allowed to talk</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>I wasn’t allowed to tell the doctor I had voices…</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>n = 6</strong></td>
</tr>
<tr>
<td>Victoria</td>
<td></td>
<td></td>
<td></td>
<td>“They’re just talking to you because…”</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>“oh don’t say that”</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>“and I told you you shouldn’t have gone”</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>n = 6</strong></td>
</tr>
<tr>
<td>Mark</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th></th>
<th>3 (5%)</th>
<th>18 (30%)</th>
<th>19 (32%)</th>
<th>16 (27%)</th>
<th>4 (7%)</th>
</tr>
</thead>
</table>


### Relational processes categorisation table

<table>
<thead>
<tr>
<th>Hearer</th>
<th>Type</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joan</td>
<td></td>
<td>“you’re a child of the devil…”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“And I’m Susie”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“But you don’t have DID”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“it’s like daddy’s hand”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“this is how you should have behaved”</td>
</tr>
<tr>
<td>Shirley</td>
<td></td>
<td>I had this little voice and um inside me saying “I’m afraid…”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“And I’m Susie”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>”But you don’t have DID”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“it’s like daddy’s hand”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“this is how you should have behaved”</td>
</tr>
<tr>
<td>David</td>
<td></td>
<td>“You’re a fraud”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“‘everything that has happened to you has been your own fault’”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“You shouldn’t be here”</td>
</tr>
<tr>
<td>Amy</td>
<td></td>
<td>“well if we’re a chemical imbalance…”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“it’s your fault”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>everybody has spirits</td>
</tr>
<tr>
<td></td>
<td></td>
<td>they (…) say is that the evil is within</td>
</tr>
<tr>
<td></td>
<td></td>
<td>They’re going to (…) cause problems for people I care about</td>
</tr>
<tr>
<td>Hearer</td>
<td>Type</td>
<td>Example</td>
</tr>
<tr>
<td>---------</td>
<td>------------</td>
<td>-------------------------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>Intensive</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Possessive</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Circumstantial</td>
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<tr>
<td></td>
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</tr>
<tr>
<td></td>
<td>Attributive</td>
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<tr>
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<td>Identifying</td>
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<tr>
<td></td>
<td>Attributive</td>
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</tr>
<tr>
<td></td>
<td>Identifying</td>
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</tr>
<tr>
<td>Darby</td>
<td>n = 14</td>
<td>it was top secret</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>11</td>
<td>I had uh voices you know telling me that I was the thirteenth disciple</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>I wasn’t allowed to tell the doctor I had voices</td>
</tr>
<tr>
<td>Victoria</td>
<td>n = 34</td>
<td>“You should be a jeweller”</td>
</tr>
<tr>
<td></td>
<td>27</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>the medication I was given was the government trying to kill my brain cells off</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>“Why do you have him?”</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>“it’s because you know more than everyone else”</td>
</tr>
<tr>
<td>Mark</td>
<td>n = 7</td>
<td>“Is this rational?”</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>“(…) or is this the result of me being ill?”</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>“Here I am again”</td>
</tr>
<tr>
<td>Total</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>131 (57%)</td>
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<td>55 (24%)</td>
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<tr>
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<td>29 (13%)</td>
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<tr>
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<td>2 (1%)</td>
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### Agency table

<table>
<thead>
<tr>
<th>Hearer</th>
<th>Interview turn line</th>
<th>Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Joan</strong></td>
<td>2.20, 62-64</td>
<td>so I wasn’t-I wasn’t (She raises her hands to mime quotation marks) ‘allowed’ to speak</td>
</tr>
<tr>
<td></td>
<td>2.248, 713-714</td>
<td>And there has been times Darby I’ve not been allowed to speak to anyone about anything</td>
</tr>
<tr>
<td><strong>David</strong></td>
<td>2.45, 119-120</td>
<td>“you’ll make the house fall over”</td>
</tr>
<tr>
<td><strong>Amy</strong></td>
<td>1.13, 96-97</td>
<td>to make that happen</td>
</tr>
<tr>
<td></td>
<td>1.21, 168</td>
<td>they would allow it to be so</td>
</tr>
<tr>
<td></td>
<td>1.51, 403-404</td>
<td>and say that’s what I want to have happen</td>
</tr>
<tr>
<td></td>
<td>1.57, 493-494</td>
<td>“haha we’re getting you to tell him</td>
</tr>
<tr>
<td></td>
<td>2.10, 33-34</td>
<td>“…make you sick you know they’re trying to make you crazy”</td>
</tr>
<tr>
<td></td>
<td>2.25, 140</td>
<td>“oh yeah we let you have a good day today”</td>
</tr>
<tr>
<td></td>
<td>2.31, 173-174</td>
<td>“ah we only let you do good on this talk”</td>
</tr>
<tr>
<td></td>
<td>2.31, 175-176</td>
<td>“we’re going to make you make a fool of yourself”</td>
</tr>
<tr>
<td></td>
<td>2.31, 176</td>
<td>“and that’s going to make it really even harder for you”</td>
</tr>
<tr>
<td>Hearer</td>
<td>Interview turn line</td>
<td>Agency</td>
</tr>
<tr>
<td>--------</td>
<td>---------------------</td>
<td>--------</td>
</tr>
<tr>
<td></td>
<td>Low</td>
<td>Median</td>
</tr>
<tr>
<td></td>
<td>let</td>
<td>allow</td>
</tr>
<tr>
<td>Amy cont.</td>
<td>2.31, 176-177</td>
<td>“because we let you do good on this one”</td>
</tr>
<tr>
<td></td>
<td>2.61, 323</td>
<td>“oh you made them fall over”</td>
</tr>
<tr>
<td></td>
<td>2.61, 323-324</td>
<td>”we made them fall over”</td>
</tr>
<tr>
<td></td>
<td>2.104, 518-519</td>
<td>“oh let’s make her tell the joke then”</td>
</tr>
<tr>
<td></td>
<td>3.29, 154-155</td>
<td>what they’re saying is (...) they can make things happen</td>
</tr>
<tr>
<td></td>
<td>3.31, 162</td>
<td>and they’re going to make fires burn Harcourt</td>
</tr>
<tr>
<td></td>
<td>3.35, 194</td>
<td>and (I) made the car have an accident</td>
</tr>
<tr>
<td></td>
<td>3.39, 211-212</td>
<td>but what they’re-say is um I made that kid leave the toy on the floor</td>
</tr>
<tr>
<td></td>
<td>3.42, 223</td>
<td>then they’re going to make her get sick</td>
</tr>
<tr>
<td></td>
<td>3.104, 514-515</td>
<td>they were saying (...) that they were going to make you get hurt</td>
</tr>
<tr>
<td></td>
<td>4.18, 55-56</td>
<td>they were going to make my mum get really sick</td>
</tr>
<tr>
<td></td>
<td>4.18, 59</td>
<td>“to let the evil out”</td>
</tr>
<tr>
<td></td>
<td>4.18, 60-61</td>
<td>“and let all the blood out”</td>
</tr>
<tr>
<td></td>
<td>4.18, 65</td>
<td>it’s okay to let the evil out</td>
</tr>
<tr>
<td>Hearer</td>
<td>Interview turn line</td>
<td>Agency</td>
</tr>
<tr>
<td>------------</td>
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<td>--------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Low</td>
</tr>
<tr>
<td></td>
<td></td>
<td>let</td>
</tr>
<tr>
<td>Amy</td>
<td>4.18, 75-77</td>
<td>the voices are saying (…) um I didn’t let the evil out</td>
</tr>
<tr>
<td></td>
<td>4.18, 80</td>
<td>if it’s positive they say they’re only allowing that to happen</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Darby</td>
<td>2.50, 138</td>
<td>I-I wasn’t allowed to tell anybody</td>
</tr>
<tr>
<td></td>
<td>2.250, 726</td>
<td>I wasn’t allowed to talk</td>
</tr>
<tr>
<td></td>
<td>2.250, 726-727</td>
<td>I wasn’t allowed to tell the doctor I had voices</td>
</tr>
<tr>
<td></td>
<td>2.252, 730-731</td>
<td>u-usually when I have a manic episode I’m not allowed to um tell the doctors that</td>
</tr>
<tr>
<td>Victoria</td>
<td>1.93, 436</td>
<td>“and get it (the jewellery) made”</td>
</tr>
<tr>
<td></td>
<td>2.37, 273-274</td>
<td>“let go of it”</td>
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APPENDIX 8 Glossary of appraisal terms

Attitude is a three-fold category which focuses on how feelings and views are signalled through words. Martin and White (2005) and Martin and Rose (2007) organise the attitude taxonomy according to three major sub-types of evaluation, that is Affect, Appreciation and Judgement. These respectively relate to acts of appraisal framed in reference to emotional responses, a sense of aesthetics and conformity to social norms. Each of these types of Attitude is mapped and classified according to their perceived positive or negative polarity. For example, Affect comprises words that we most directly associate with personal states such as happiness and sadness, or love and hate. Appreciation includes our responses to experiences and phenomena in terms of our opinion of their qualities and value, and how they accord with our sensibilities. Judgement concerns the norms of social behaviour, and revolves around whether such behaviour meets with approval or disapproval, or is considered acceptable or unacceptable. These categories are further analysed into sub-classes but are not mutually exclusive. Although their core lexicon can be clearly identified, these groups may be less clear-cut at the edges. However, Appraisal does allow the mapping of the most nuanced features of how language is used to evaluate experience.

Affect

As the name suggests, Affect concerns the language used to appraise moods and emotions. This category is organised as four areas relating to various experiences and degrees of willingness, pleasure, wellbeing and contentment. The two mental processes of desideration and emotion from the transitivity analysis clearly have their counterparts in ‘inclination’ and ‘happiness’ respectively. Martin and White (2005) and Martin and Rose (2007) identify two additional types of feeling that they associate with our early experiences as children. In particular, they propose that ‘security’ and ‘satisfaction’ are initially mediated through the parental roles taken on by caregivers.
Security relates to those “emotions concerned with ecosocial well-being” (Martin & White, 2005, p. 49) and is symbolic of feminine shelter from harm whereas satisfaction comprises “emotions concerned with telos (the pursuit of goals) … (and) deals with our feelings of achievement and frustration in relation to the activities in which we are engaged” (Martin & White, 2005, pp. 49–50) and is suggestive of the masculine world of attainment. Martin and White (2005) go on to extend this network into more specific sub-types of Affect.

Although Appreciation and Judgement especially might appear to be distinctly different domains to Affect, Martin and White (2005, p. 45) represent Judgement and Appreciation overlapping with Affect in that each has its base in emotional response. Attitude is essentially anchored in the subjective domain of Affect which has come to be objectified and enshrined in social tenets (Judgement) and intrinsic qualities (Appreciation).

Judgement and Appreciation as institutionalised forms of Affect (based on Martin & White, 2005, p.45).

In Martin and White’s (2005) view therefore, evaluative language is inherently indicative of the emotional core that informs sensory and even authoritative pronouncements that aim to distance the speaker from the apparent formless world of feeling.
Appreciation

Appreciation is mapped as three types of meaning that position us in a critical perspective to an object in which concepts of form and relationship are invoked. **Reaction** is associated with how a person is affected by what they perceive. The evaluative language used here is often comparable to Affect but is generally construed to appear to be less about a person’s feelings than a projected attribute of the object in question. **Composition** is more specifically an appraisal of an object’s constituent parts and their connection to each other. It typically comprises ideas around relationship and coherence, whether they are realised in a material or an abstract form. Lastly, **Valuation** concerns a person’s assessment of an object’s intrinsic merit or importance. This may also entail interpreting an object in terms of its overall meaning or authenticity.

**Judgement**

Whereas Affect relates to the inner world, Judgement concerns collective norms pertaining to the ‘fitness’ of an individual or group to be a member of society. This category is divided into two sub-types with additional subcategories dealing with how an individual or group meets societal conventions.
Social esteem refers to how an entity’s personal worth or capabilities is recognised in the public domain. This category of Judgement is further organised into three sub-types that concern whether a person conforms or deviates from models of normality, capacity or tenacity. In brief, normality ranges across evaluations of how well a person fits in with their peers, such as whether they are appraised as being different or conventional. Capacity refers to a person’s skills or talents, and ideals or defects relating to health and intelligence. Tenacity is the trait that construes the virtues of bravery and fortitude, and their opposites.

Social sanction includes judgements concerning how a person’s character and actions compare to established standards of behaviour. Two particular values are identified for social approval or approbation, namely ‘veracity’ (truth) and ‘propriety’ (ethics). The first, veracity, concerns the extent to which the principle of honesty is adhered to, while propriety typically relates to the observation of codes of conduct. Martin and Rose (2007) contrast these two types of Judgement in terms of social esteem construing “personal judgements” of what is “admired” or “criticised” (p. 32) whereas social sanction represents “moral judgements” of what is “praised” or “condemned” (p. 32). From this perspective, social esteem is more descriptive as an attitude as opposed to the more directive stance of social sanction. Martin and White (2005) liken the negative terms in each type to the Roman Catholic doctrine concerning “venial (and) mortal sins” (p. 53) respectively, that is minor faults as opposed to serious transgressions. Alternatively, negative judgements of social esteem can be compared to the type of personal problems that are in the domain of psychotherapy while negative judgements of social sanction suggest issues associated with the law (Martin & Rose, 2007; Martin & White, 2005).
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