Dimitra Lattas

Abstract: “Paradigms of Hearing Voices in the Narrative of Henry’s Demons, A Father and Son’s Journey Out of Madness”

This thesis explores the testimony of someone who hears voices, and analyses how it is framed discursively within a co-authored life-writing format. There is a long history of reports of voices appearing within a person’s mind and without an apparent speaker. Each culture and time has had a somewhat different interpretation of this phenomenon. For the most part it has been considered an abnormal experience; something to be held either in awe or in dread, as mysticism, shamanism, demonic possession or, more recently, as mental illness. In Western modernity, there is debate on how to explain and respond to these experiences. Most contemporary understandings have been confined to scientific and medical interpretations of voice hearing, in which it is treated as auditory hallucinations, symptomatic of psychoses, often diagnosed as schizophrenia and thus in need of treatment under the careful watch of psychiatry. More recently, however, the routines of medical diagnosis and treatment have been disputed by the Recovery Movement, the Mad Studies Movement (LeFrançois, Menzies & Réaume, 2013) and the Hearing Voices Movement (McCarthy-Jones, 2012; Romme & Escher, 1989). The Hearing Voices Movement founder Dr Marius Romme likens the cultural status of the voice hearing community to that of the pre-1960s homosexual community, whose normal human experiences were classed as deviant, and whose social oppression was justified through the discourse of mental illness.

Here, Henry’s narrative is considered in the light of such claims of normality and abnormality. A critical light is shone on the assumptions underpinning recovery philosophies, and the discourse of mental illness more broadly. Henry is the son in the “Father and Son’s Journey” in this text, and his struggle for agency as a voice hearer and author within the seemingly positive discourses of recovery in that co-authored text appears paradoxical. His troubling experience, referred to as his “Demons” in the title, is one of hearing voices, and his struggle for agency has to do with the status and meaning of that experience. This thesis explores the possibility of a new narrative, one that emerges in a comparison of hearing voices with more familiar and socially accepted cognitive processes, including those of dreaming and thinking. My multidisciplinary approach recognises that hearing voices is not universal, and not without its dangers, but it encourages a shift towards a consideration of the phenomenon as a variation on some very human states of mind. It hopes to increase the chances of voice hearing reports being accepted and embraced as rich sources of meaning, both for literature and for any health professionals who might be invested more in the talking (and listening) cure than in the pharmaceutical cure, which aims at eliminating the voices altogether.
Paradigms of Hearing Voices in the Narrative of Henry’s Demons, A Father and Son’s Journey Out of Madness

Hearing Voices as a Human Experience

Faculty: Arts and Social Science
Department: English
The University of Sydney
SID:430221381

Dimitra Lattas
Master of Social Work
Bachelor of Arts with Distinction

A thesis submitted to fulfil requirements for the degree of Master of Arts (Research)

I certify that the intellectual content of this thesis is the product of my own work and that all the assistance received in preparing this thesis and sources have been acknowledged.

Dimitra Lattas
Acknowledgments

It is with sincere gratitude that I thank my supervisor, Professor John Frow, for his ongoing mentorship and guidance throughout this research study. Your patience, trust and wealth of wisdom have been truly integral to this project. To my mother, Judy Lattas, you are my inspiration. I truly thank you for lending me your creativity, enthusiasm and genius. I am grateful for the momentous support, academically and emotionally, you have given to me. I praise the Cockburn family for their bravery. Your publication is truly a generous and admirable act. Lastly, to all my friends and family, I have appreciated your continuous patience and support over the last years.
Table of Contents:

1. Introduction
   1.1. Introduction to Henry’s Demons
   1.2. Background Context: The Phenomenon of Hearing Voices
   1.3. Exegetical Framework

2. Chapter One:
   What is Recovery?

3. Chapter Two:
   “Making Schizophrenia...Less of a Mystery” through Recovery Narratives?

4. Chapter Three:
   Daemons, Voices, Dreams and Thinking: the Plurality of Self

5. Conclusion
Dimitra Lattas

Introduction

“I heard a voice in my head that spoke to me in rhyme. It told me to run away, and sometimes it
told me to remove my clothes and go into the forest, and when I did so, the forest would come alive
and speak to me.” (Henry, p. 217)

Introduction to Henry’s Demons

The narrative of Henry’s Demons: A Father and Son’s Journey Out of Madness is the
Cockburn family story about their eldest son’s experience of hearing voices and becoming
incarcerated in psychiatric institutions. This thesis uses the second edition, (Cockburn & Cockburn,
2012). It is a multi-authored book, with Patrick (Henry’s father) writing eleven chapters, Henry
(the voice hearer) writing five chapters and Jan (Henry’s mother) one chapter co-authored with
Patrick. This structure gives the reader a unique multidimensional perspective on the events and
people involved.

The text begins in 2002 with Henry’s diagnosis and involuntary sectioning. The trigger for
this first incarceration is an incident where Henry is seen to engage with his voices and act upon
some very illogical thoughts. He had become convinced to swim in a lake during the English winter
time – actions that are both impractical and perilous, and for the authorities who became involved,
actions that indicated a threat of self-harm. The subsequent story of intervention, treatment and
response spans a seven year period. For the majority of this time, Henry is confined to a psychiatric
hospital, which he openly dislikes and for which he does not see the need. In clinical terms, Henry
is resistant to treatment. He rejects his diagnosis and its set remedies. This extends to his actively
evading his prescribed medication and regularly escaping from the hospital. A fundamental conflict
between Henry and his parents and carers can be traced throughout the book and it takes a central
place in the story of what unfolds. Indeed, the text does not leave the reader resolved one way or
another, with Henry’s release from incarceration. Instead, it concludes at a point where Patrick and
Henry’s practitioners believe Henry to be starting to recover, but Henry himself is still questioning
their assumptions of illness and healing, and the outcome is unclear.

Henry’s diagnosis of schizophrenia is a particular point of contention within the text. I note
that the term appears in the titling of the first edition of Henry’s Demons but not the second, where
the subtitle changes from Living with Schizophrenia, a Father and Son’s Story to A Father and
Son’s Journey Out of Madness. The two main authors, Henry and Patrick, do not agree on the
applicability of the term to Henry in his various states of mind. Under the diagnosis of

---

1 Hereafter cited in the text.
Dimitra Lattas

schizophrenia, the voices that Henry hears are seen as auditory hallucinations, symptomatic of psychosis. For Patrick and Henry’s practitioners, they are a sign of mental illness. I note that in the shift from “Living with Schizophrenia” to “Journey Out of Madness”, the perception of mental illness still stands. It is this medical framework of symptoms, identified illness and treatment that is problematic for Henry; he claims it misses the character of his experience and undermines its reality.

Prior to writing *Henry’s Demons*, Patrick Cockburn had a successful career as a journalist and writer. During the text, he announces his leave from this career, and a hope that it would allow him better to support Henry’s recovery. Patrick’s narration comes from the perspective of fatherly love and concern for his son, but his skills as an investigative news reporter are put to good use in researching the history and current state of psychiatry, and mental health policy and legislation. He sees this writing project that he undertakes with Henry as an opportunity to increase social awareness, not only for Henry as an individual but also for other diagnosed persons and their families. While he gives a family insider perspective on Henry, he uses parts of his narrative to educate the reader about the condition of schizophrenia, and to question the routines of those tasked with dealing with it. Thus it is a complex book, and it deserves to be read with care. It has been well received and has started to attract some academic attention, which I will explore after some introductory comments on voice hearing in general.

*Background Context - The Phenomenon of Hearing Voices*

History offers a number of accounts of voices that appear without a speaker. Moses heard God, Socrates was guided by a daemon, and Dickens not only wrote of key characters who heard voices, but characterised himself as dictating their speech directly from what he heard in his mind as the clamour of their voices (Garratt, 2014; McCarthy-Jones, 2012). Phenomenologically, the experience of hearing voices has existed alongside humanity, across cultures and time periods (Berrios, 1996). The Ancient Greeks believed the voices in their heads to be a form of contact with their gods/demigods/daemons; for Ancient Romans it was contact with deceased spirits (*lemures*, *lares*, *manes*), and for Europeans in the Middle Ages it was understood as divine and/or supernatural intervention in an otherwise mundane world. The dominant interpretation in the contemporary era is that these voices are auditory and verbal hallucinations, the perceptual sensory experience of aural stimulation in the absence of corresponding external stimuli (Gregory, 1987). This definition is a product of western schemas of scientific medicine that determine the cause as originating within the individual’s mind. However dominant, this construction is not simple and has not been static; modernity’s psychosocial and biomedical
Dimitra Lattas

Rationales have undergone their own cycles of internal questioning, reconstruction and replacement. The internally heard voices of others have been understood as the projections of the subject’s unconscious thoughts as a result of psychic processes such as ego splitting or repression, or as the result of various defects in biological functioning or genetic inheritance. Whilst the biomedical perspectives have come to reign supreme in the contemporary world, more recently there is a growing discontent with this approach. This has led the way for alternative perspectives to emerge, ones that conceive of voice hearing not as a malfunction, but as a variation on the human psychological norm. For example voices might be imagined as a protective mental reaction to trauma, and in that sense, a normal response to abnormal situations (Clements, 2015; Romme & Escher, 1989; Suri, 2010). This etiological overview will be expanded upon in the following section of my introduction. A chronological outline of the phenomenon aims to highlight how one’s time and place, culturally speaking, determine not only the interpretation of voice hearing but the experience itself. As such, voice hearing events are bound to their cultural context and the paradigms of knowledge that are at home here.

Phenomenology is a method of study originating in European philosophy, in which it was recognised that subjective, first-person descriptions held the key to understanding experience, and potentially understanding human consciousness itself, when the truth of the object or event is sought in its appearances instead of in some pre-given essence. In relation to voice hearing events, a phenomenological approach was explored and promoted by a researcher prominent in the Hearing Voices Movement, Simon McCarthy-Jones (2012; 2013). His work focuses on archival records of voices, specifically using them as a method for understanding the contemporary experience of hearing voices. In a recent paper, he outlined the benefits of such an approach to this field of study, and encouraged other scholars to explore its methodology (McCarthy-Jones et al., 2013). This thesis draws upon the phenomenological framework to reiterate that voice hearing is not a fixed experience. Hence my contention that currently dominant interpretations, specifically that such voices are auditory/verbal hallucinations, are a product of the respective paradigms and discourses within which they circulate; they are not in any sense offering a final truth. Both the object to be grasped and the assumptions of their grip upon it can be lost to history, as new paradigms and discourses emerge.

It is not easy to trace voice hearing from its the earliest records, because doing so would depend on the criteria one used to identify it. A theorist central to the controversy that such an enterprise would trigger is the neuropsychologist Julian Jaynes, who published *A Bicameral Mind* (1979). Jaynes develops a hypothesis that consciousness is not an inherent and inevitable aspect of the evolutionary process. Rather, he says, human introspection, recognition and comprehension of self were formed and learnt through the development of metaphorical language: where we acquire enough of a lexicon of metaphor to build a representation within the
Dimitra Lattas

mind of the external world, and of the self-identifier “me” for the analogue “I” to operate in relation to (Jaynes, 1979). He argues that the dawn of consciousness can be traced to the end of the second millennium B.C., in Ancient Mesopotamia and the Greek societies. For Jaynes, prior civilisations were ‘non-conscious’; people spoke, learnt, wrote and problem-solved but were unable to conceive of themselves or their minds self-reflexively. He claimed that what they possessed before consciousness proper was a bicameral mind: a two chambered system, where the right hemisphere was the speaking or directing god-brain and the left hemisphere was the hearing and following man-brain. The speaking chamber was activated during taxing situations, and it was heard as an external voice. Thus for Jaynes voice hearing was not a disorder or illness, but a normal cognitive reaction to situations of stress. It was a characteristic and essential part of the experience of being human at that time.

It must be recognised that Jaynes’s theory is radical and not consistently accepted by peers. For example, McCarthy-Jones (2012), scrutinised the evidential basis of Jaynes’s theory and found that it had insufficient proof to support its claims. Indeed, McCarthy-Jones is not alone in his criticisms. This thesis, however, does not discount Jaynes. In the nearly 40 years since A Bicameral Mind’s publication, no one has found another rationale for Jaynes’s findings, specifically for the lack of references in language to self-reflection, mental decision-making and consciousness, as we know it, prior to the 2nd millennium B.C. (Cavanna, Trimble, Cinti, & Monaco, 2007).

After the 2nd millennium B.C., it is clear that the Ancient and Classical Greek populations had full human consciousness, and that some of them also heard voices (McCarthy-Jones, 2012). McCarthy-Jones cites Dodds (1951) in establishing that for those Ancient Greeks, such voices were predominantly interpreted as deity interventions. These incidents were understood through the spirituality of the day, in which a pantheon of gods engaged in a noisy, quarrelsome drama. However, this began to change during the Classical period, which marked the beginning of a more investigative and questioning approach to the origin and meaning of voice hearing. One of the most notable records discussed by McCarthy-Jones is from the natural philosopher and proto-neuroscientist Alcmaeon, who describes his fellow ancient scholars as conducting physical examinations of human skulls and brains in an attempt to find different neural pathways for those who heard voices (McCarthy-Jones, 2012, p. 20). One could say that it is a hypothesis that continues in the study of neuropsychiatry.

Former paradigms have shaped and will continue to shape the current and future conceptions of voices. In the West, it is understood that there have been two major paradigms of knowledge, not just for hearing voices but for understanding the world more generally. These were the medieval religious cosmologies and the modern Age of Enlightenment. In the
Dimitra Lattas

subsequent paragraphs, the phenomenon of hearing voices is tracked through these periods to explore how current conceptions have come into being.

Religion governed most aspects of life in pre-Reformation Europe, and there is no clear distinction between its religious conceptions and a wider supernatural world that includes superstition and magic. Early Catholic religious rituals, for example, were intertwined with magical pagan components. Keith Thomas stated, “The line between magic and religion is one which it is impossible to draw in many primitive societies; it is equally difficult to recognise in medieval England” (1971, p. 50). Thomas maintains that early forms of Christianity promised believers immortality through supernatural salvation, in exchange for compliance with social order and morality; the church could be considered a reservoir of “supernatural power” to be distributed amongst its loyal congregants (p. 32). The power of the divinity lay in granting everyday, mortal wellbeing and eternal after-life safety in exchange for compliance and belief; accordingly, the church associated sickness and bad luck with demonic intervention or sinfulness.

The most famous voice hearing accounts are those reported in Christianity’s Old and New Testament. Here, prophets would hear a ‘voice’ that was apprehended as the counsel and command of God. This voice acted as an important guide not only for the individual, but for society too. In religious discourses, such divine channels of communication are seen as timeless, but of course they only speak to their own contexts of meaning. As long as the Christian cosmology holds, the Word of God will continue to be received and held up as a sign; indeed in the contemporary period, some voice hearing is still commonly interpreted, by those experiencing the event at least, as coming from God.

Medieval devotional institutions picked up on subsequent episodes of reported voices and visions to provide validity for the prophets’ extraordinary experiences and to promote meditative listening as a way of reaching deeper spiritual growth (McCarthy-Jones, 2012; Saunders, 2016). There continued to be reports of divinity-hearing throughout this period. Here we saw the rise of saintly mysticism, and specifically female saintly mysticism. Corine Saunders’ work (2015, 2016) specialises on this area, focusing on Medieval mysticism as an experience of hearing voices. In her analysis, she highlights the dominant model of interpretation of this era, and compares it with those of the twenty-first century, finding that, unlike contemporary schemas, it took into consideration the humanistic or subject-enhancing side of hearing voices. Because of the intense interest in the experience and the value given to it, these records offer a rich source of informative detail, including careful descriptions of the emotional and sensory raptures that are seen and felt to occur during an incident of hearing voices. Saunders concludes that “The medieval thought world is compelling in its openness to supernatural experience and in its notion of an inner eye and ear that can produce images and voices within the landscapes of the mind”
Dimitra Lattas
(2015, p. 2137). For Saunders, the documents of these periods offer an important understanding of the phenomenon, which has been lost in contemporary interpretations of voice hearing.

In the Middle Ages, religious interpretations dictated the meaning of voices, both for the hearers and for witnesses; such incidents were recognised in the shared world primarily through the magical and supernatural imagination. The voices were attributed not only to divine spirits, but to others commonly recognised from witchcraft and demonism. Demonic spirits act as a counterpart to positive supernatural figure(s) in most cosmologies, as part of a negative pantheon, and Christianity is no exception (except in its monotheism: one god, one devil). If one can be possessed by or channel God, it is equally possible to be possessed by or to channel the Devil. Indeed, people who appeared to be possessed by a god were hailed as mystics and prophets, whilst those who appeared to be possessed by a demon were feared and could be killed.

The history of witchcraft is complex and cannot be reduced to the cosmology of medieval demonology. The Middle Ages featured the now-infamous witch-hunts; many thousands of people, predominantly women, were accused and punished, and their crimes appear to be associated as much with the dynamics of gender, class and the traditional healing crafts that stood in the way of professional medicine, as they did with the spirit world. It should also be noted in this context that witchcraft had two sides, associated with the practices of the white and black witch (Szasz, 1974). The white witch was a positive figure, popularly understood as someone who was skilled in natural remedies and who was a support figure for the poor. Thomas Szasz (1971) demonstrated that the knowledge of ‘healing’ supported a class divide that was not always convenient for the elites of the time. While the poorest people were neglected by the authorities, not being attended to by ‘divinely-appointed’ healers associated with the church, Szasz argues that the subsequent growth in the white witch’s popularity became more and more of a challenge to the clerics’ authority and power. In order to keep the power of medicine solely in the hands of God and the church, they constructed a narrative of witches as associates of the Devil, and spreaders of disease and misfortune (Szasz, 1974; Thomas, 1971). In feminist analysis, the fifteenth century persecution of witches is seen primarily as a combative measure against the rise of powerful female figures, such as those featuring among the aforementioned medieval mystics (McCarthy-Jones et al., 2013). This saw all witchcraft as an interest and practice to be condemned, and vilified most expressly as communication with the devil. The ‘madman’ and the ‘witch’ came to be aligned; both were spoken to by the devil and menacing spirits. Fear tactics were employed to encourage people to turn against witchcraft, and turn those accused of practising it into objects of hatred and dread along with any other unfortunates who were suspected of or who reported hearing voices. This historical association of obscure or
extraordinary behaviour and mental states with negative influences has significantly shaped modern conceptualisations of people who hear voices.

During the transition from the Middle Ages to the Renaissance in the 15th and 16th centuries, it became increasingly problematic in western society to maintain an investment in magic and supernaturalism. During this time of change, religious discourses detached themselves more clearly from traditional magic and supernaturalism. Theological standards came to be recast and defended on the grounds of ‘reason,’ conceptualised in opposition to the superstition and pagan mythologies that preceded it. Western intellectuals imagined themselves as transitioning on an evolutionary pathway into ‘the light’ of knowledge and technology, and away from the Dark Ages of arbitrary death and illness. The previous magic and fate-ruled way of life was cast as ‘Dark’ in terms of ignorance and gloom, a time when people hid in fear of being mastered by impetuous overlords, the mysteries of magic and the whims of fortune. They lived their lives oblivious to ‘proper’ spiritual and natural laws (and later in modernity, to science, technology and hygiene), exposed to panic, persecution and pestilence. Western civilisation spread by absorbing and transforming older magical practices through supposedly non-magical new philosophies, such as holy wells becoming medicinal springs (Thomas, 1971, p. 70). In such a re-founding of the world and of perception, those older negative connotations of people who heard voices, as demon-possessed and akin to the madmen who threatened common order and good fortune, were cannibalised into new discourses that grasped the phenomenon ‘scientifically’.

Michel Foucault’s (2001) foundational genealogy in *Madness and Civilisation* is concerned with these historical shifts in perception affecting our modern conceptions of madness:

> Up to the second half of the fifteenth century, or even a little beyond, the theme of death reigns alone. The end of man, the end of time, bear the face of pestilence and war. What overhangs human existence is this conclusion and this order from which nothing escapes. The presence that threatens even within this world is a fleshless one. Then in the last years of the century this enormous uneasiness turns on itself; the mockery of madness replaces death and its solemnity. (2001, p. 15)

Foucault tells us that with the changing landscape of Europe in the Middle Ages, early mortality became progressively less fearsome for ordinary people. Relative political peace and favourable alliances coupled with hygiene and medical advances were dramatically increasing average life expectancy. The dread of sudden death, and of the supernatural that might have a hand in it, was ultimately replaced by a different object of fear: ‘madness’. Those societies that were rid of the leper found a new scapegoat in the madman to fill the role of the one who gets to stand for verminous disease, disorder and immorality (Foucault, 2001; Szasz, 1972). Societies oversaw a new physical and social exclusion of those considered mad; derided as well as detested, the mad could
be locked away and visited for entertainment. Foucault (2001) was particularly interested in a widespread perceptual shift over the 17th century by which madness came to be classified as “low-other” through its symbolic opposition to reason; this ‘unreason’ then coming to be renounced as an unwanted element of the human condition. This spectacle of madness as a risk to humanity, a risk to the self, and as ousted and dismissed meaning has been picked up by several other important theorists, including Laing (1975, 1995), Sass (2004), Romme and Escher (1989) and others.

The major philosophical shift traced here, away from faith and towards an idealisation of reason, affects our modern conceptions of voice hearing. The social anthropologist J. G. Frazer had written that belief in magic was at the lowest stage of development on a human evolutionary scale, the primitive, followed by belief in religion; the highest stage was belief in science (Ackerman, 1978). Frazer’s evolutionary sequencing is no longer in favour, but its idea is essential for understanding modern hierarchies of knowledge. Indeed, this understanding can be seen to continue to dictate contemporary conceptions of the phenomenon of voice hearing, as interpretations that are not scientific, or atypical in terms of the leading bio-medical scientific accounts of psychosis and schizophrenia, are positioned as lesser.

It could be noted here that due to this shift in paradigms of knowledge, where mysticism persists today it holds none of the authority and power it did previously. It is predominantly understood through the alternative paradigm of New Age spirituality. This alternative cultural paradigm offers a shifting set of cosmologies, characterised by a mix of western and eastern philosophies and underpinned by criticisms of the mainstream values of western modernity. It can be perceived by critics as ‘supermarket’ spirituality, where ideas, values and practices are removed from their cultural contexts and made available on a consumer capitalist model for individuals to ‘pick and choose’ the elements that suit their beliefs, ambitions and lifestyle. New Ageist personae are constructed as ‘progressive’, elevated above that of the majority through their ability to uphold ethical values in the demise of mainstream religions by being attuned to nature and the spirit world. Mysticism within this space has been explored by various writers including Rosalind Coward (1989) and John Horgan (2003); Horgan’s encounters with the various methods of achieving a higher consciousness, including psychedelic drug ingestion and spiritual ceremonies, concludes with a warning about its detrimental effects, while Coward (1989) explores its discursive implications. Courtney Bender’s (2010) work found that contemporary claims of having a spiritual experience not only invite and anticipate scepticism, but tend to allow for it ahead of time by focussing on the claimant’s ‘not knowing’ what might happen prior to the experience of hearing such a call. This is used as a justification for the reality of their spiritual experiences; that they were interrupted unexpectedly by a higher power, rather than by their own sub-conscious thoughts (Bender, 2010). The point is that when an interpretation of events like hearing voices does not
correlate or cooperate with the present dominant paradigm, it struggles for legitimacy. We will return to this point later in our introduction to the exegesis of the text in question.

I have established that dominant interpretations of voices are bound to the current paradigm, which is one that came to hold reason in awe. Reason was characterised as liberating humanity from previous frameworks of understanding bound to the vested interests of legitimising religious or political masters; now, logic became its own legitimisation (Foucault, 1984; Gutting, 2005). Reason was imagined as capable of solving all social problems with its logic and technology (Latour, 2010; Lyotard, 1979). Scientific discourses were elevated and made official by the elites of the day, and as Thomas pointed out, “It did not matter that the majority of the population of eighteenth-century England had possibly never heard of Boyle or Newton and certainly could not have explained the nature of their discoveries. At all times most men accept their basic assumptions on the authority of others” (1971, pp. 646-647). Widespread popularity grew from vast improvements to the quality of life brought by technological and scientific invention (Thomas, 1971). The development of principles of health and hygiene rapidly controlled the spread of many diseases. Spectacular medical and pharmaceutical developments continued into the twenty first century. In accordance with this flourishing of scientific medicine, the study of the mind (psychology and psychiatry) followed the same approach that was successful for the study of the body. This meant that voice hearing became conceived within a model of sickness and healing (Conrad, 2005). In the vision of psychiatry, it was recognised as the manifestation of an ailment (symptom), and ailments within the mind were understood as parallel to those within the physical body.

This rational, scientific framing of physical and mental health is widely known as the medical model. Its emergence has had huge ramifications on the conception of voice hearing. The medical model refers to the discourse of mind studies which favours physiological, bio-medical and psychopathological reasoning to explain and respond to disease or ‘abnormal’ behaviour. It acts as an umbrella term covering a series of different medical areas of research and practice, including but not limited to: biomedical science, gene science, cognitive and neuroscience, and psychopathology (Sass, 2004). These disciplines focus on brain (mal-) functionality, bio-genetic causes, symptoms consistent with recognised diagnoses, and pharmaceutical interventions. In relation to voice hearing, all the models hold the foundational assumption that internally heard ‘external’ voices are auditory/verbal hallucination, thus individualising the phenomenon, according it a negative connotation as malfunction or lack, and attaching to it a need for rectification and an ultimate aim of eradication.

Nevertheless what is loosely tied together as the medical model is internally diverse and at odds with itself, from the projection of unconscious thoughts (psychoanalysis), to the work of various defective biological/genetic formations, and the symptoms and symptomologies of schizophrenia (Suri, 2010). Schizophrenia as a term was coined by Bleuler; he built it as a diagnosis
Dimitra Lattas
from Emil Kraepelin’s dementia praecox work and Schneider’s work (Boyle, 1990; Sass, 1994). Both Louis Sass (2004) and Darian Leader (2011) contend that as a conception, it remains largely unchanged from Bleuler and Kraepelin’s original formulation. Within the intellectual field that has learned from and continues to advance the contributions of psychoanalysis, this is no doubt true. It does not mean that there has been a lack of critical questioning and rethinking in the wake of that original formulation. R. D. Laing’s (1975) *The Divided Self* claimed that schizophrenia was misunderstood, and that ‘psychotic’ experiences may be a positive and creative expression of a self that could never be unitary. Thomas Szasz (1971) offers a powerful cultural analysis to extend psychoanalytic debates on schizophrenia, arguing that it should be considered not an illness but rather a constructed concept. These arguments and others like them sit within a context of wider dissatisfaction with the medical model, as it is currently played out in the institutions and industries of psychiatry. That medical model is a long way from any psychoanalytic account of a divided self, culturally constructed and shifting over time and place. Mainstream psychiatry is more and more invested in its biomedical version of knowledge, and it struggles to fix the diagnosis of schizophrenia, its symptomatology and treatment protocols, within the confines of that idea. The diagnostic criteria for schizophrenia, for example, have been continually revised with republications of the *Diagnostic and Statistical Manual of Mental Health* (DSM), and its pharmaceutical regimes have continually failed to provide a cure. Mary Boyle, in *Schizophrenia: a Scientific Delusion?* (1990), suggests that such a project of trying to fit those mental states diagnosed as schizophrenia into a world of pathologies and their technological-chemical treatments is itself deluded. She offers an in-depth analysis of Kraepelin and Bleuler’s original studies, as well as a selection of the major accounts and practices that have followed this work, to claim that the idea of schizophrenia as a mental health condition is unscientifically founded, and should be removed as a diagnosis.

Cultural criticism of the West’s pathologisation of the mad and their ‘abnormal’ behaviours in general is considerable and well established. To recap, the premise of madness as mental illness takes certain asocial behaviours as signs of a fundamentally physiological disorder, derived from a disease model of health. This model is built on the presumption that there is a demonstrable organic origin or cause behind observed symptoms, open to scientific investigation and remediation. This way of thinking had enormous success in physical health with the discovery of various pathogens and syndromes, vaccinations and cures. In the subsequent rise of psychology, a shift was made from a science of the body to a science of the mind. An expected parallel in the success of scientific medicine has seen a burgeoning industry of psychiatric tests, diagnoses and treatments, including large-scale pharmaceutical companies. This great hope of the psy-sciences is seen in the rise of genetic theories and subsequent ‘discoveries’ of a gene, or gene group, responsible for mental illnesses, including
Dimitra Lattas

schizophrenia, bipolar syndrome and depression. However, a parallel success in treating
disorders of the mind has not been witnessed. Increasingly with respect to psychiatric
practices, the medical model is now largely condemned as instituting a biologically
reductionist framework. It stands accused of disregarding the complexity of human
experience, and committing forms of violence including epistemic violence (Braslow, 2013).

Specifically in regard to voices, contemporary cultural criticism of the mental illness
construct has led to the rise of new consumer-led movements, including the Hearing Voice
Movement. The HVM is the largest advocate for the recognition of voices as a separate
experience to psychosis. Like Boyle and Szasz, the HVM recommends a rethinking of
schizophrenia and a rejection of its narrowly scientific conception, but their main argument
calls for the removal of voice hearing as a defining characteristic of the diagnosis (Romme &
Escher, 1989; Sapey & Bullimore, 2013). This movement emerged from the foundational
work of the Dutch psychiatrist Dr Marius Romme and his partner Sandra Escher (1989).
They observed a group of people who reported hearing voices but who had had no contact
with psychiatric services. Here, a spotlight was shone on experiences of voice hearing that
might be considered non-adverse. As a possibility it disrupted the prevailing notion that all
indications must be negative, the harmful product of psychosis and certifiable illness. In
further studies led by Romme, it was found that of those research subjects who did engage
with psychiatric services, in a majority of cases their voice hearing incidents did not meet the
DSM criteria for a psychotic experience (Romme et al., 1992). Other writers have since
acknowledged that many people never stop hearing voices, and yet cope with life tolerably
well outside of institutional care (Longden, Corstens, Escher, & Romme, 2012; Sapey &
Bullimore, 2013). Since then, more researchers have substantiated and added to these
conclusions, and the movement continues to grow.

The HVM interpretation of voice hearing is a critical one, yet it can be seen to adopt
frameworks that are dominant within mental health discourses more generally. Specifically,
this includes trauma-informed theory and recovery philosophies. These two theories
cooperate and combine to form a platform that I explore in Chapters One and Two of this
thesis. Trauma-informed theory interprets voices as a normal reaction to abnormal situations.
Here the phenomenon is apprehended as a kind of safety switch; it indicates “a “protective”
function: a manifestation of a vital defensive manoeuvre whereby transforming internal
conflict into voices is psychologically advantageous” (Corstens, Longden, & May, 2012, p.
95). In this account, voices are a normal (in the sense of functional rather than commonly
experienced) protective mental reaction to situations of high adversity or stress (Sapey &
Bullimore, 2013). Recovery discourse picks up on that idea of a psychic mechanism of
trauma-protection and, being underpinned by a mission of consumer-led advocacy, social
Dimitra Lattas

justice and empowerment, wraps it in a holistic philosophy of social support and self help. Broadly, the recovery movement focuses on changing the perception and treatment of those who have a diagnosis of mental illness. For HVM proponents who share that mission, it is in particular the effects of the schizophrenic label that are focussed on, on behalf of those who are pathologised for hearing voices.

What the HVM advocates interested in trauma and recovery theory pick up on, in the contemporary sphere, is that hearing voices has been linked not only to psychosis, but to severe depression, sexual and other forms of abuse, some brain injuries, substance intoxication or withdrawal, sleep deprivation, bereavement, spiritualist or religious intensities and other kinds of high pressure points (Lakeman, 2001). My contention, however, is that even with such a broad catchment of triggers, the phenomenon cannot be limited to such experiences of stress and trauma. Internally heard voices are wholly unique to the individual. They do share the characteristic of sounding external to the person experiencing them (Romme & Escher, 1989). Their manifestation as external is fortified through the hearer’s felt inability to control them like conventional thoughts, and the voices appear to possess the ability to interrupt and disrupt cognitive processes. From the Hearing Voice Movement, the neutral term Voice Hearer has emerged as the label preferred by the consumer and HVM advocates (over terms like ‘schizophrenic’) for a person who experiences auditory sensations that are not shared by others, and where the communications have no determinable source. This preference is an attempt to avoid inviting negative judgment about the origin, meaning or consequence of reported incidents. HVM advocates encourage a positive understanding of voice hearing by opening up the possibility of a community identity outside of the determinations of biomedical and mental health discourses. They accept that these experiences can exist outside of a psychosis, mental illness or hallucination. This language will be employed through the subsequent thesis.

The other major advocate for change in the mental health sphere is the Mad Studies Movement, which has recently emerged in an effort to redefine and reinvent the understanding of mental health more generally (LeFrançois, Menzies, & Reaume, 2013). Adherents position themselves against the discourse of recovery, with claims that it is not enough to change treatment approaches and advocate for increased client agency; rather, it is the underpinning illness construct that needs to be removed. The Mad Studies theorist Jennifer Poole (2011) comments that the discourse of recovery is laden with positive rhetoric and messages, but ultimately continues to perpetrate the same oppressive constructions as the medical model. The Mad Studies Movement does not specifically turn its attention to voice hearing, but its ideas on madness today and how to address it discursively are important to this thesis. In particular, it is in Chapters One and Two that I build on its critical insights in my reflections on the discourse of recovery as it features in Henry’s Demons.
Dimitra Lattas

In this section, some context has been given for how the phenomenon of voice hearing has been interpreted across time, in the West, and how it continues to stretch our critical resources. *Henry’s Demons* sits within a set of shifting discourses, and potentially a shifting paradigm, where Enlightenment reason, science and the medical model are still dominant, but where there is a growing popular and intellectual challenge to this dominance. In the next section I introduce readers to the ways in which the text of *Henry’s Demons* has been read by others and how it is positioned within these shifts in my analysis; offering, perhaps, a glimpse of new directions.

*Exegetical Foundations*

Voice hearer and advocate Ron Coleman notes in *Recovery: An Alien Concept* (2011) that voice hearers engaging with psychiatric services commonly feel disregarded and misunderstood. Henry is no exception. For Coleman, recovery is the answer to this problem. However, this thesis uses the narrative of *Henry’s Demons* to look critically at this argument. Henry’s positioning within the text as a voice hearer and co-author illuminates the problematic social dynamics that impact upon subjects within recovery philosophies. The theoretical underpinnings of recovery are bound to the idea of mental illness and all that idea entails for people on the ground. But as the above section has demonstrated, mental illness is only one interpretation of the phenomenon of hearing voices.

*Henry’s Demons* is a relatively new text, and as such it has not garnered significant academic attention. It has currently only been the focus of two papers. One study was completed by the linguists Demjen and Semino (2015), who conducted a typology of voice hearing in *Henry’s Demons*. They found that in the majority of incidents narrated by Henry, the various communications he describes do not have the prototypical characteristics of voices heard during a psychosis. Hence the authors suggest that while Henry is in every sense a voice hearer, on their metrics his experiences are not symptomatic of the kinds of psychoses grouped under current mental health classifications, including that of schizophrenia. Their study highlights the diversity of communications within voice hearing, and I build upon this observation in my own reading of the text throughout this thesis. More often than not, voices are thought of as simple events, exclusively vocal and negative in their impact upon the hearer. However as Demjen and Semino demonstrate, this is not true. Henry often has positive encounters with his voices, and he hears a wide variety of utterances and intimations of meaning. These include voices that sound akin to those of people, deceased or living, known or unknown; and the communications of non-human things, animate or inanimate, for example trees and brambles. This difference highlights the underrepresented category of non-dialogical communications that are heard within the mind as external to it. Experiences of
Dimitra Lattas

voice hearing without words or sounds are instead experienced as a feeling, or a certain kind of knowing, within Henry.

The second study of Henry’s Demons was written by Stella Bolaki (2014), who explored the ethical dilemmas posed by its writing as a co-authored text, along with the aesthetics of its “‘unexceptional’” (Prendergast, 2008, as cited in Bolaki, 2014, p. 97) spectacle: that of someone seen as mentally ill – someone diagnosed with schizophrenia, no less - calmly claiming his spot in the agora or shared realm of the public-political to maintain that he is not, and has never been, ill. Her study was interested in the text to the extent that it manages to bring the subject of schizophrenia into the contemporary scene of multiple and fluid dimensions of difference in relation to disability and mental health discourse; a scene of contested points of view that remain ambivalent and unresolved. It considers the text within a context of the problematic history of narratives in this field, with their overly positive or negative representations, and it considers what is contributed to this narrative field in the genre of life writing. She argues that Henry’s Demons “demonstrates the important role memoirs play in addressing the possibilities and challenges central to an era of postpsychiatry as well as in changing social attitudes toward disability” (p. 97). Here, Bolaki has highlighted the shifting discourses of mental health I described in the first section of this introduction, and how a changed relationship to medicalisation plays out in this text. Whilst it is questionable that we live in a time of “postpsychiatry,” especially given Henry’s twenty first century account of being involuntarily incarcerated in secure mental health facilities, being required to take brain-dulling chemical treatments and so on, I read the term as being deployed in the same way as are terms like postmodernity and postcolonialism: Bolaki means that we live in a time where psychiatry has widely come under suspicion, rather than is now only past history. However, the disability model employed by Bolaki requires her to bring the story into her own research parameters of addressing a population of ‘disabled’ subjects; that is, to adopt the position that Henry, despite his protests to the contrary, has the illness schizophrenia. In her last sentence she writes that “Henry continues to enjoy his rhetorical position as a narrator and his place in the public sphere, while being schizophrenic” (p. 97). This is a position that I seek to problematise throughout the thesis and to think through critically at different points in each chapter.

My thesis is written within the discipline of English Literature in part to distance itself from clinical interpretations of hearing voices. Literary Studies is not one of the psy-science disciplines, and it is not commonly associated with the study of the mind. One could say it should be, given that its critical resources include psychoanalysis (Orlando, 1984); and that practising psychologists like Louis Sass (2004) have contributed their own canon of creative works. More recently, there have been contributions coming out of Mad Studies, and the University of Durham has even announced a multidisciplinary Hearing the Voice project. This project is unique in the research on the phenomenon because it specifically draws on disciplines and forms of knowledge outside of those
traditionally seen as central to the topic, that is, science and medicine. Two remarkable literary theorists in this project are Patricia Waugh (2015) and Corine Saunders (2010, 2015). Waugh focuses on the modern novelist, and Saunders on medieval voice hearing. Their work has the capacity to open up conversations on the ground about how to appreciate and respond to the testimony of hearing voices.

Specifically, I use narrative theory in this thesis as a framework for understanding Henry’s experiences and his writing position in this text. Narrative theory helps to unpack the dynamics involved in human identity formations and reformations; Adriana Cavarero’s (2000) take on it builds on the observation that while we experience the self as unique and undefinable, there is no singular, true self. Rather, identity is repeatedly negotiated in the interweaving of individual uniqueness (‘who am I’) and social identity (‘what am I’), both of which shift over time. Autobiographical narration, as it is presented in this text, is not simply an art of remembering or retrieving for others, for it involves a significant restructuring of the memories themselves. Moreover, it gives us back to ourselves through that art of remembering for others. In the words of Cavarero,

The desire for this narration, therefore, implies that each of us is exposed to, and narratable by, another. And it implies that each of us entrusts his or her ‘unity’ and identity to another’s tale. (2000, p. xvii)

This means that while identity is unable to be grasped in any direct and unmediated form, and communicated intact as an essence, it is able to be narrated. We can, at least, live ourselves in the process of creating and circulating stories about who we are. This, however, leaves us exposed to the interpretations and narrations of others. It cannot be avoided; we depend on those stories, on our presentations of self as they are received, reinterpreted and reflected back from other people, in order to have a sense of self at all. These narratives should be considered as collective, as complex constructions composed from a myriad of subjectivities. What Cavarero refers to as this narratable self is continually being consulted by others directly and in the dynamics of their social presentations and identity constructions.

The application of this theoretical framework to the text of Henry’s Demons begins discussion about how Henry’s self-presentations and identity constructions are fundamentally linked to his desire to escape his diagnosis of schizophrenia. Cavarero’s dismissal of essentialism in identity theory supports the idea of concurrent cultural paradigms of understanding being in circulation and enabling identity claims. Narratives of identity are the disclosure of one’s unique perceptions of the self, and this self is influenced from birth by the shifting interactive dynamics of the political meanings which make up our world and reality. Political here, following Hannah Arendt (in The Human Condition (1958)) means the public articulations of ideas and self-presentations as they make their appearances in the common world. Both the Well Henry and the
Dimitra Lattas

Unwell Henry are manifested as political appearances of the self in this sense, and it is not just Henry who has a stake in determining which of them gets to be recognised by the people around him, and how it is to be interpreted. Indeed, an identity outside of the narrative opposition of Well and Unwell is the hardest of all for Henry to perform, and for others to witness and give back to him, in this common world.

In *Henry’s Demons*, Henry is defined by Patrick and others through a recovery continuum framework. He is seen as travelling from ill health and dysfunction to a state of being *well enough*; that is, to being safely on the road to good health and full function. Wellness, through recovery, is understood as an individual achievement that can be mapped on a spectrum of psychosocial markers. Behaviours that are associated with a psychiatric condition may still but present, but success is based on the individual’s ability to manage and function in everyday life. It is also based on the individual’s ability to embrace the project on its given terms. As a recovery narrative, *Henry’s Demons* features normative assumptions of beginnings and ends; staying on track or falling off; reaching specific way stations; and arriving at a certain destination that involves acceptance of what has been (unwellness), as well as what should come (wellness). Each assumption is influenced by, and feeds into, a social construction of illness and healing.

What constitutes being ill and being well is governed by discursive normalisations that set out standards. As the text describes Henry, through the eyes of Patrick at least, so we find described what it means within the health profession today to be recovered. From here we can question whether the discourse of recovery has, or has not, met its task of revolutionising the mental health sector.

In this thesis, there is a focus on Henry’s experience as an author within the problematic discourse of recovery, as well his experience as a subject. The recovery movement has highlighted the benefits of the lived experience of voice hearers being heard, on a macro- and micro-level, through the creative arts. Principal among these is writing; its first-person reflective accounts are considered not only therapeutic for the individual, but uniquely able to educate existing and future practitioners, families and the wider society. However, when considered through the new Mad Studies Movement, recovery narratives can be seen as potentially harmful. Underpinning them are certain schemas of self-help and self-acceptance, where a person must accept and positively adopt the label of being mentally ill. This is at odds, of course, with Henry’s claims of never having been ill. What is observed is that within this discursive framing of his story, the writing of his testimony in good faith, and its ability be heard in good faith, is undermined. I trace this compromising of Henry’s testimony in my second chapter on the co-authoring of this text and the dynamics of privileging and power that can be seen in the writing positions of Henry and Patrick.
Dimitra Lattas

Henry’s struggle to be self-defining is witnessed at crucial times in the narrative. His attempts to claim an identity come from his own understanding of his experience of hearing voices and having visions; an understanding that is continually at odds with that of the health professionals, and so must be defended. In these protesting efforts to reclaim his sense of self and maintain some agency and dignity, whilst being detained and infantilised in high level institutional and chemical security, the reader is privy to his journey as one that explores, adopts and adapts a variety of available alternative social identities. Two major identities that Henry adopts are grouped in my thesis as that of the “Spiritually Awakened,” (p. 31) and that of being subject to what he calls his “Polka Dots” and “Daemons” (p. 221). In relation to the latter, it is noted throughout my analysis that Henry has limited success in establishing and maintaining his self-identifications as positive ones in comparison to the imposed negative identity that dominates his world, that of being mentally ill.

Henry first attempts to align himself with a marginalised counterculture through his claims to being spiritually awakened. Here he invests in New Ageist discourses and aspirations, seeking a naturalist lifestyle, practising eastern philosophies with meditation and yoga, adopting a form of veganism, and pursuing the enhancement of his art with the expansion of his consciousness. As I have understood it, New Ageism is not a structured set of beliefs; adherents adopt a fusion of western and eastern philosophies to fit and accommodate their personal understanding of the discourse. Henry’s selections can be considered as indications of his self-styled identity and his desire to have this identity recognised by others, socially and institutionally. It is Henry himself who offers the self-characterisation of one who is “spiritually awakened” against the practitioner-ascribed one of being psychotic (p. 31; 42); the juxtaposition is one of different labelling terms occupying different social orbits and offering different subject positions. His struggle for recognition and authority against proponents of the medical establishment is reflective of the current dynamics of power within the contemporary west. It is these dynamics of power that I trace in Chapters One and Two.

Patrick struggles to understand Henry’s own perceptions of his experience: “Far from going mad or being mentally ill, he was entering a brave, new, and magical world” (p. 15). Mythical worlds into which humans have been lured or spirited by various means, and from which they have to journey out are a common trope throughout history, and a common plot of contemporary popular texts. Tolkien stated in On Fairy-Stories: “Enchantment produces a Secondary World into which both designer and spectator can enter, to the satisfaction of their senses while they are inside” (J. R. R. Tolkien, 1997, p. 143). Baur (1995) wrote of her interactions with patients in a psychiatric facility, demonstrating that their individualised worlds of visions and voices presented an appealing mix of enchantment and suffering. These worlds are frightening but at the same time alluring and
Dimitra Lattas

interesting. The text suggests that this is true of Henry’s relationship with his secondary world; it excites him and holds him enraptured while it torments him and threatens him harm.

Enchantment is the key word that continually appears in descriptions of Henry and his world. The word is popular in fantasy discourse, meaning to charm, bewitch or entrance someone. Patrick’s description of Henry draws markedly on the language of magic, in these quotations from the text (my emphasis): “Ever since he was a child, Henry was intensely alive …He had elfinlike good looks…sparkling grey green eyes, an impish smile…There was a certain quirkiness in his nature” (p. 15); “Henry was an enchanting child…a friendly cherub” (p. 48); “he was popular with his teachers. They liked his impish humour’ (p. 58). The magical descriptors connect the reader with older cultural paradigms of fairytale and folklore, being littered with references to creatures equally divine or devilish (angelic beings: the cherub or mischievous sprites: imps and elves) of beguiling charm and twingly (“sparkling”) brightness (“intensely alive”).

Secret magic (the underground, dark forest of imps and elves) and an ability to enter a secondary world characterises a spirit creature’s ability to enchant and lure humans to the Faery realm. The Faery realm corresponds to Henry’s world as an alternative dimension which humans find captivating, and from which they struggle to escape. The Faery realm, or its regional equivalents, is one where humans can become suspended and lost forever, kept by the fay or spirit beings for their own diversion. Early in the text, Patrick explicitly likens his son to the fantastical character Peter Pan: Henry “might be something of a Peter Pan, a boy whose magical charm made it difficult for him to grow up” (p. 5). Stories have existed for centuries about eternal youth. Puer Aeternus in Latin mythology was a child-god who loathed any restriction; Jung (2015, pp. 392-394) in some of his analysis picked up on his divine embodiment of youthful disorder, caprice and boundless creativity as an archetypal figure. The Peter Pan tale presents the ideal, Romantic-era child of innocence, free to dream, invent, have fun and be absolved of adult responsibilities. The idea of Peter’s eternal youthfulness is derived from the magical power of the child’s free imagination; it must be noted that the Romantic period was one where the distinction between child and adult was established and rolled out in the form of their inhabiting separate realms (for example home or school-work), dressing in different clothes, and occupying symbolically opposed realms of power, dependence-independence (Aries, 1962). Patrick conflates the psychosis-induced imagination of Henry’s world with the everyday child’s imagination, in reporting of Henry that, “he would say something that showed that he did not distinguish between what was real and the world of his imagination” (p. 207).

The worlds of imagination and magical thinking are hailed in children and endorsed as appropriate to their own ‘outsider’ status in relation to adults in modernity. In adults, however, being outside the norm in relation to other adults is not at all desirable. Subbotsky (2010) argues that society imposes sanctions around magical thinking, forcing it into the domain of the child.
Dimitra Lattas

Therefore, it can be inferred that during the transition from child to adult there must be a loss of magic. Henry’s relative lack of maturity (“a boy whose magical charm made it difficult for him to grow up” (Patrick, p. 5) has allowed him a continued connection to magic. Adults cannot have imaginary friends, or worlds akin to Neverland; they must maintain a facade of complete disbelief in magic, even as they may continue to enjoy it in children’s books or fantasy films.

Patrick wonders if Henry will one day “escape his psychosis” (p. 108) by coming to regard his fantastical secondary world schemas “in the context of generally accepted spiritual or religious life” (p. 108). This is the option taken up by a second voice hearer in the text, Mark Lawrence. Mark has a diagnosis of schizophrenia, but is seen as successful in his journey to recovery. For him, this involved adopting aspects of Buddhism and Christianity, and reframing the wondrous content of his hallucinations in ways that picked up on those belief systems. Mark, too, saw himself as spiritually awakened, and his reported words mirror those of Henry’s, in their protest and framing; Henry: “I didn't think of it as an illness but as an awakening, a spiritual awakening” (p. 31), and Mark “my visions were a spiritual awakening and not symptomatic of any illness” (p. 106). Patrick introduces Mark as a possibility of hope for Henry. Mark shares many of Henry’s experiences: the visions and voices, the smoking of marijuana, their self-styling as artists and their sporadic adoption of new age practices. For Patrick, the escape into fantasy is rejected in favour of a more legitimate escape, into the more palatable parallel world of recognised religious cosmologies. Patrick suggests such a move might come to satisfy Harry and enable him to find relief from the terrors associated with the extraordinary ordeals of his fantastical life. While a connection is made between Henry’s journey of mental health and that of an epic protagonist battling through the magical and supernatural world around him, Patrick’s desire is for Henry to return to the shared, ‘real’ world of the non-psychotic. Ultimately, the escape that Patrick wants Henry to make is not into conventional religion, but back to everyday reality. His aim is to help Henry find a way out of the clutches of his “demons.”

Jan and Patrick remain sorely aware that the alternative cultural paradigm of understanding that Henry draws upon at times does not adequately reflect what they perceive as reality. Indeed, his spiritually awakened identity is fraught with inconsistencies, meagreness and a lack of commitment. However, the same cannot be said for his second adopted identity of being held in the grip of what he calls his daemons. Daemonism here must be separated from the demonism as of Christian cosmologies, and it must be separated from what is colloquially referred to in the title of Henry’s Demons. Daemons are figurative creatures that perch on one’s shoulder, voicing in positive or negative terms their interpretations, in the form of advice or feedback, on the identity-feeding regard of other people. I suggest in Chapter Three that this figure can be taken as a mythological representation of the divided self. Here, this thesis draws heavily on Arendt and her reading of the Ancient Greek daemons (1958, 1982, 2003). Arendt
Dimitra Lattas examines daemonism in relation to her philosophical theme of plurality, as a reflection both on plural subjectivity, and on the political as the place of humanity in its irreducible plurality. This perspective is elaborated and adapted in Chapter Three as an alternative framework of understanding the phenomenon of voice hearing, and of Henry’s voices in particular. My contention here is that Henry’s own self-reports can be considered as a meaningful account not only of his own experience, but also of the experience of being human itself.

This thesis is framed by a desire to contribute to the recognition of voice hearing as an essentially human phenomenon, and in this sense ‘normal’. Indeed, while it considers the experience of just one voice hearer (Henry), the analysis has wider implications that can positively affect the lives of many other people who reject the label of mental illness that is given them when they admit that they hear voices.
Chapter One

What is ‘Recovery’?

“As he (Henry) started to recover - and this is by no means complete…” (Patrick, p. xiii)

Recovery rhetoric can be seen across the majority of western government campaigns, policies, and research and practice manuals in the field of mental health. It has a growing influence, if not dominion, over current discourses in that arena and over the allied health professionals (social workers, psychologists and so on) among whom it circulates. Its self-definition promotes the idea of a mental health continuum, where recovery is the end-point of a client’s journey across a function-dysfunction spectrum. In this chapter, Henry’s Demons is explored through the question of what it means to be recovered; what actions, thoughts and behaviours are highlighted, or disregarded, as evidence of Henry’s sanity or insanity, as wellbeing. Additionally, the role of behavioural change is considered: what modifications of Henry’s ways of being in the world or reporting on experience might earn him a label of having sufficiently recovered? My observations of the proffered signs of progress in this text suggest an undercurrent of social moralism. Henry’s journey to recovery involves a process of his being retaught the outward signs of civility, for instance; he is removed from society until his behaviours comply with key social standards, such as those of dress and hygiene. This is a critique that I share with the new Mad Studies movement, which maintains that recovery operates under the false pretence of progressive social justice, whereas in actuality it has been discreetly co-opted by the principles of neoliberalism and the ruling medical model of mental health (Poole, 2011; Réaume, LeFrancois, & Menzies 2013). However, the alliance with Mad Studies in this chapter does not extend to sharing their preference for a disability model approach.

Nor do I simply denounce recovery discourse. Here it is perceived as a necessary but limited component of the complex reimagining of mental health that I believe is called for. While the recovery movement appears to have been largely unsuccessful in its quest to revolutionise the prevailing concept of mental illness, it has had a positive impact on a field of practice that is still governed by a system that relies on questionable psychiatric, institutional and pharmaceutical responses to presentations of madness. The benefit of its revision will remain limited until recovery discourses recognise and address the fundamentally oppressive core to the illness construct that it shares with the medical model.

The West’s conception of illness is regulated by disciplinary standards, professional guidelines and practice manuals, and the observations of specific behaviours set out by diagnostic criteria in official publications. However, the space of regulated research and practice is an ever-changing field, evidenced through continual revision and amendment of, for example, the
professional manual of the American Psychiatric Association (DSM). The emergence of recovery philosophies is part of a wider paradigm shift through which people in the field are able to distance themselves from the medical model. Patrick’s account of psychiatry, and of mental health issues more generally, in this text is an interesting and at times insightful representation of the current dynamics involved in this would-be paradigm shift.

As I will go on to detail, there are elements in Henry’s Demons that are heavily influenced by the terms of medicalisation, most importantly, Henry’s ‘need’ for medication (p. 96; 99; 108; 188) and the language of sickness and health (p. 97). But these are paired with rejections of those terms entirely: here promoting a non-linear journey of recovery, instead of finding the right treatment or cure (p. 105; 215), and critiques of the stigma associated with mental health diagnoses (p. 95), of the negative effects of institutionalisation (p. 42; 91; 92; 128), and of the damming history of asylums (p. 188). Neither Patrick, nor the current paradigm dynamics in which ‘recovery’ has a stake, can be simplified into claims that they are dominated by the language of medicalisation. This space is a melting pot of various new schools of thought, which claim either to be free of all historical determination or to be best practice, even to be the answer to the meaning of voice hearing events. Thus, as concepts, ‘illness’, ‘recovery’ and the subjectivities that they create are complex.

From the second line of the preface of Henry’s Demons, the reader is propelled into the recovery discourse. Henry becomes framed within this context, in Patrick’s narrative: “As he started to recover - and this is by no means complete…” (p. xiii). The statement positions recovery as a fulfilment concept, a tangible journey with a beginning and end that can be tracked, measured and monitored. Moreover, parameters have been set around the narrative; the reader’s expectations for Henry are that he is not yet where he should be, that he is hanging back or still coming off track. He is cast as falling short of the full measure of wellness; he is incompletely recovered. This early labelling of the text’s protagonist, as yet to reach a key point of being that would bring him back into full social membership, has implications. Like Braslow (2013), the Mad Studies theorist Maria Liegghio (2013) has demonstrated that the term “mentally ill” commits a kind of epistemic violence where the subject’s whole subjective identity is negatively regarded or disregarded through a process of unknowing their claims to making and communicating meaning. Their experiences and sense of self are called into question, their self-reporting is rendered meaningless and their knowledge dismissed as a falsehood. For Henry, his reality and narration must contend against this epistemic violence.

In this text, both Henry and Patrick use the word “ill” as their term for those at the dysfunctional end of the continuum of recovery (p. 2; 28; 70; 77; 101; 134; 163; 186; 211). They agree that someone who is “ill” would require recovery. However, they disagree on who should be included in that pool of sufferers: that is, they disagree on its relevance to Henry. It is the
Dimitra Lattas

cornerstone of this text; it is the point that is proposed and maintained by Patrick, and repudiated by Henry. The application of Foucault’s power-knowledge lens suggests that looking at language will help to shed light on the norms and the workings of power. Here the focus is on language use within the discourses that try to determine Henry’s psychical state as one of schizophrenia. Indeed, the word ill becomes significant as a pivot and pinnacle point of the discursive work of power in this text. Despite the introduction of new jargon (‘recovery’ and its vernacular), the everyday language relied upon throughout *Henry’s Demons* has its origins in the medical model and its discourse of disease.

The language of mental illness and its specifics (‘schizophrenia’) continue to permeate the traditional understandings of the kind of experiences reported by Henry. Henry only uses these words, “illness” and “ill”, to ward off the psychotic identity that others seek to impose on him: “I didn’t think of it as an illness” (p. 31), “I didn’t think I was ill” (p. 42) and (addressing his father on the suggestion that anti-psychotics were equivalent to the polio vaccine) “But you were really ill, and I am not” (p. 25). The ill identity is saturated in negative connotations; when one is sick one is *not oneself*. One is weakened, confused or betrayed by their body or mind, and medical experts are called to step in and wrest control from a disordering disease. Agency is lost as patients are rendered docile, examined and treated as objects. It is an identity that works to position Henry’s new world and self-knowledge as compromised and unreal. In his self-presentations Henry must therefore be careful with language; his words are fundamentally linked to this public construction of identity. For him, the battle largely concerns his desire to escape his diagnosis of schizophrenia. He never uses the word ‘recovery’, because of its proxy acceptance of the label of mental illness.

In unpacking the notion of recovery, one cannot avoid unpacking the descriptor of a person as being ‘ill’: what is it that Patrick and the practitioners believe Henry needs to recover from? The clinical assessment of Henry defines him through the diagnosis of a psychotic disorder that was originally conceived as *dementia praecox* by Emil Kraepelin, and later, in 1911, by Eugen Bleuler as schizophrenia (Boyle, 1990). This condition is an alluring mystery as well as object of horror in popular culture, and it also fascinates and continues to defy capture in scientific study. The field is full of contentious and unsubstantiated research, according to McNally (2016, pp. 4-7) and others. There are hundreds of subtypes of research contingents, each of which holds its own definite views on symptoms, indicators and risk factors. Thomas Szasz (1988) boldly argued that schizophrenia was essentially a meaningless term. The lack of consensus over symptoms and definition has resulted, curiously, in its implementation as a blanket diagnosis that can be thrown over everything that does not fit into other categories. It explains everything and nothing at the same time. In the introduction I cited Mary Boyle’s work, calling into question the scientific validity of Kraepelin and Bueler’s original studies, and many others that follow. Indeed, the diagnosis itself offers little
Dimitra Lattas

insight into our analysis of *Henry’s Demons*. Instead, the focus of this analysis must be on the textual means by which the ‘truth’ of madness and recovery is presented.

Patrick’s writing style features what appears to be a dispassionate, neutral and methodical evidencing of claims. Whenever a label such as Henry’s being mentally ill or moving to recovery is used by Patrick as narrator, he follows it with catalogue of observations that are designed to substantiate and be taken by readers as true. This evidence, and the language used in its presentation, is crucial to how Patrick establishes the ‘fact’ of Henry’s condition and its good and bad trajectories.

For approximately ninety percent of the text, Henry’s diagnosis of schizophrenia is not questioned by Patrick as principal narrator. However, in the first 19 pages, readers are given the opportunity to consider ways of thinking that do not automatically accept this ruling perspective. Two positions are given: an initial doubt, and a ‘nevertheless’ belief in its probable truth. These will be juxtaposed in my analysis to explore how authorial stance is able to profile and to judge behaviour.

Patrick’s initial disbelief is proffered through the following reflection on the professional apprehension of his son: “I suspected that eccentricity on Henry’s part had been misinterpreted” (p. 3). He is offering his knowledge of his son’s character and alternative bohemian lifestyle as a warning against any hasty labelling or uncritical acceptance of him as being of mentally ill. The perception of eccentricity implies a quirkiness in someone’s personality that modifies and softens the accusation of a certifiable condition. Quirkiness has a long-standing historical association with madness and is often presented as its less serious and more charming cousin. This statement is followed by a series of recollections about Henry as a child, all of which add to and support Patrick’s suspicion of misinterpretation:

[Henry was] intensely alive and interested in everything and everyone around him… [his teachers thought he was] original, likeable, and articulate, but often adding, with various degrees of frustration, that he could be spectacularly ill organised, was forgetful of all rules and regulations, and did only what he wanted to do himself. (p. 3)

The picture draws in many of the characteristic tropes of an eccentric but beloved madman. There is a perception of intelligence, curiosity, creativity, unusualness, disorder and charm. Once established, the eccentric stands in no need of recovery, existing as an endearing creature. Beyond ‘just functioning’, an eccentric is someone who is valued and taken as improving society by adding colour and a pleasing uniqueness. This depiction of Henry tones down the threat of his behaviours and renders them positive and interesting.

The trait of disorderliness can be spotlighted as appearing in both the positive sign of eccentricity, and as a negative sign of Henry’s increasingly apparent ill health (p. 21). As a child,
Dimitra Lattas

Henry’s disorganisation might irritate his parents and teachers on occasions, but it is framed as a consequence of welcome creativity and unconventionality. After Henry’s diagnosis it comes to hold a more sinister connotation: “He was averse to cleanliness or orderliness of any kind” (p. 21). The behaviour has crossed from the charming and acceptable into the alarming and unacceptable. The language becomes increasingly absolute, with suggestions of unreasonable excess: “any kind” (p. 21). This is not to disregard any possibility of a real escalation in Henry’s level of disorganisation. Rather, it is what the behaviour is positioned as signifying. The notion of disorder has become very popular within the psycho-disciplines; it was originally used to replace or supplement and modify the notion of illness in the initial shifts away from the medical model with its disease presumption in favour of a more societal trauma-indicating etiology. Today the vast majority of psychological descriptors include the word disorder: mental disorder, psychotic disorder, delusional disorder, personality disorder and so on. In the text, the general term is used interchangeably with diagnosed schizophrenia: “Henry’s mental disorder” (p. 165). Under the DSM-IV definition, schizophrenia is one of the diagnoses that come under the umbrella of psychotic disorder: a cluster associated with psychic disconnections from the reality shared by the majority. Disordered behaviour features as a stand-alone symptom within the diagnostic criteria indicating psychosis. So too does disordered thinking, as both hallucinations and deluded acts are considered thought disorders. Thus, people are diagnostically classified through this apprehension of disordered or disrupted functioning. For Henry, his unkempt appearance and the erratic environments he frequents indicate an inability to keep himself and his surroundings in conformity with social norms set by the civilising standards of reason. They are positioned as the physical manifestations of his internal disorder. And this disorder moulds his entire subjective identity, so that he himself becomes a disordered being. As Henry’s subjective identity is being re-formed, his behaviours accordingly take on different meanings; his disorganisation is transformed from a harmless quality associated with the necessary chaos of creativity into a symbol of dangerous madness, requiring intervention.

Observing symptoms is one of the dominant methods of assessing mental health. Perception (sight with interpretation) is one of the primary mechanisms that defines and dictates the terms of illness and recovery. In the focusing lens of this form of looking (as looking for), Henry’s identity is either ill or recovered, depending upon where in the scale running from one to the other he may be positioned. Patrick maintains his initial distrust of institutional determinations of his son’s state of mind until he physically ‘sees’ Henry, in accordance with this way of looking. This is not uncommon. Walters (1995) demonstrates that the act of seeing for oneself is an essential part of the belief formation process for the families, in his research case, of critically ill patients. The visual confirmation acts to draw them into what they have been told about their loved one. Indeed, after Henry and Patrick’s first face-to-face interaction after the diagnosis, Patrick ceases to question its legitimacy. Consider these statements, offered by Patrick as first-person narrator:
Dimitra Lattas

I could not bring myself to believe that Henry’s distinct and lively personality had been completely submerged by a mental disorder (p. 17)

During this first meeting, I was so overjoyed to see him alive that I did not try to work out how ill he was other than asking him if he had wanted to kill himself. (p. 19)

The protesting negations “could not believe” and “did not try to work out how ill he was” work to construct a new opinion: that Henry is indeed ill. The implication is that Patrick had ‘seen for himself.’ Their encounter has reframed what had been incomprehensible and unpalatable to Patrick into a now unshakable conviction, disclosed and indeed formed by an implied dropping of that protest. So one might ask, how did Henry’s physical manifestation trigger this process; what did he do, or not do, to enable this sense in Patrick of the unhappy truth of the matter? Patrick notes that his emotional state, becoming “overjoyed”, initially clouded his ability properly to assess Henry and grasp “how ill he was”. The phrasing indicates that neither his first sight of Henry, nor anything Henry himself did at that point, played a part in forming the belief. It was simply dis-closed, and this suggests that Patrick’s reported disbelief on page 17 was more rhetorical than a very deeply held scepticism.

Perhaps the technique is one of a family member seeking a rite of passage in approaching his loved one in an unfamiliar and confronting setting. Henry may not be attached to the same tubes and beeping machines as those patients on life-support in Walters’ study, but he is dressed and posed as a patient in a secure, high care mental hospital. The impact of this new context should not be underestimated. David Rosenhan’s famous Thud Experiment claims to have proven this impact of perception as sight with interpretation. Rosenhan sent twelve ‘sane’ or non-symptomatic people to mental health hospitals, each complaining of hearing the same voice: each person was given a diagnosis of schizophrenia. All bar one of the participants were medicated and released within a fortnight under the mantle of schizophrenia in remission. Rosenhan (1973) claimed that his study demonstrated that highly loaded environments like hospitals altered perception, and made practitioners more likely to interpret behaviours as symptoms. Rosenhan received significant criticisms for the study, so he conducted a second one, where he told one hospital that he would again send pseudo-patients, but sent none. In this time period, over 80 patients were suspected of being sent by Rosenhan. Rosenhan admitted that he had deliberately undermined the authority of mental health practitioners, by delegitimising this essential tool of psychiatric diagnosis, observation. His argument is that there must be recognition that sight is never objective.

In the text, it can be inferred that Patrick’s perception was influenced by the persuasion of Henry’s positioning in a crisis situation, where an apparent suicide attempt had been intercepted. The idea that Henry was seriously ill would be difficult to accept initially, and to admit to Henry and to readers proceeding on the expectation that both sides of the story will be offered. It opens the door to the unanswerable question of whether Henry could have done anything in those moments to
Dimitra Lattas

prove his sanity. It could be argued, following Rosenhan, that the widespread belief in a mental health paradigm, plus the loaded environmental context, had the power to infuse Patrick’s observation with interpretation, and increase his likelihood of observing symptoms of a psychiatric condition. This adds complexities to the conception of health, because recovery involves more than a return to function. Those caught up in the system unwillingly, like Henry, must work against a host of environmental factors that reinforce a perception of them as ill in the first place.

Sectioning, by its definition, is the classification of a person as ill and not in control of his or her actions. The person’s perceived mental health disorder is seen to compromise their ability to keep themselves or society safe. There are two main instances of such incidents in the text, after which Henry is incarcerated involuntarily and removed from society: his swim across the estuary and his naked escapade in a neighbour’s garden. On these two occasions Henry’s behaviour is seen as requiring legal constraint by governing authorities.

His first internment begins his relationship with psychiatric services, and thus the label he is made to assume of being in need of recovery. His swim was dangerously reckless, and appears without rational thought (unreason). This is the starting point of what Henry must recover from: irrationality (he must recognise and return to the confines of reason), absence of a will to live (he must want to stay alive), and disregard of danger (he must be able to keep himself safe). For authorities and onlookers, Henry’s behaviour is unreasonable and only exists as a symptom of madness; either it was a possible suicide attempt, or it is delusional. In contemporary society, the phenomenon of suicide has come to fall almost entirely under the domain of mental illness and its redress. It features prominently in mental health campaigns as the outcome to be feared and prevented. Yet instances of suicide have been recorded in the literature and historical artefacts of Ancient Greece, long before the construction of madness as mental illness. As an act, it is unique to human beings, and can indicate emotions other than distress: grief, protest, sacrifice and punishment. Stories of animal suicide are anthropomorphised, as there is no evidence that they have the cognitive abilities and symbolic structures for such decision-making. Currently, it is positioned as a sad and negative state of human consciousness.

Throughout European history, suicidality is both an epic theme and a social taboo. In England, it was criminalised under common law as an act against God and the Crown. It was decriminalised under the Suicide Act 1961, but its association with mental illness meant that it retains its feared and forbidden nature. For Henry, there was no suicidal intent behind his action. He speaks briefly of a motivation of wanting to return to his previous home in Canterbury. This is an impractical decision fraught with problems, but one that should not be disregarded as being untrue or lacking meaning. His breach of these codes of reasonable behaviour authorises his diagnosis, silences his ability to explain his actions, and validates his involuntary detention. His perceived act of deviancy is controlled through the discourse of mental illness.
Dimitra Lattas

On the second occasion of sectioning, Henry is standing naked in his neighbours’ yard. In the book, Henry’s rejection of clothing is a frequent trope used to indicate sickness or a lapse in reason (p. 19; 23; 81). The inability to manage one’s own nudity has a longstanding association with madness, which can be traced back to the Bible: “clothed and in their right minds” (Barcan, 2004, p. 181). Going nude became inherently linked with perversion or mental incapacity. The police officers in Henry’s case only perceive two viable explanations for Henry’s behaviour: it is symptomatic either of mental illness, or of sexual deviancy. Both are considered breaches of social norms, and controlled through legislation. They explain this to his mother, Jan:

Now, that is an indictable offence, and we could charge him with indecent exposure, only we think he might have a mental health problem. (p. 81)

General public nudity does not have stand-alone, specific legislation in England, where the book is set. The naked body is contained under various other legislations (Barcan, 2004). Indecent exposure now comes under the Sex Offences Act (2003), which prohibits sexually orientated public displays of nudity. Despite the behaviour’s intent being, on Henry’s testimony, non-sexual, his naked form is equated with sex in determining the offense. Indeed, none of his naked escapades include erotic or sexualised thoughts or language. Nevertheless, he faces a powerful cultural taboo drawn from historical social moralism and religious philosophies about nudity, sex and sin. Henry’s nudity is not just taken as sexual, it is taken as sexually deviant, and “wrong” on account of that deviancy. The police act on that wrongness and choose to constrain Henry using the Mental Health Act (1983), indicating a threat to the safety of Henry or society. Throughout this, Henry is not asked why he did it. His actions are treated with the same moralistic control seen throughout the European history of madness under the auspices of psychiatry. His breaches of social norms are considered problematic and in need of intervention and rectification.

Henry’s quest to be released from the clutches of psychiatry by proving his sanity is more complex than demonstrating a desire to live and an ability to stay fully dressed. Once he is admitted into hospital, more ‘abnormal’ behaviours are identified. After Patrick and Henry’s initial face-to-face interaction, Patrick spends the next several pages explaining the diagnosis of schizophrenia and presenting the evidence of Henry’s ill health (pp. 20-23). There are two main ways in which observed/interpreted behaviours are presented to the reader: non-clinical, meaning they are explained through Patrick’s perceptions (p. 21), and clinical, where Henry’s behaviours are explained through a discourse of symptoms (p. 23). All behaviours that are used as evidence of mental illness are essentially the opposite of recovered wellness. They reflexively define recovery through their absence or relinquishment. Each set of observations delineates what it is that Henry must recover from. First, the non-clinical observations:

He was averse to cleanliness or orderliness of any kind…he evidently disliked wearing shoes, socks or underpants and even had to be prompted to flush the lavatory after he used
it. He was wary of anything mechanical or electronic…many things about him were the same as ever, but every so often there were fleeting references to visions and voices. (pp. 19-20)

For Patrick, what constitutes illness is unsuitable dressing, disregard for hygiene and technology, and visions and voices in Henry’s head. Now consider the same behaviours sifted through clinical observation:

The overdrive signs, which the psychiatrists call “positive” symptoms…voices that came from trees and bushes; hallucinations which Henry believed were visions; and delusions, frequently paranoid … thinking was sometimes disordered, and he would change topics at random…The underdrive drive, which psychiatrists describe as “negative” symptoms…apathy, when he would stare into the middle distance; inability to react to other people even when they were glad to see him; and distaste for washing, keeping clean, or being fully dressed. (p. 23)

Here the behaviours have been re-identified through symptomatology. His visions and voices are represented as visual and auditory hallucinations, and the clothing/hygiene/technology aversions have been categorised as apathy. This positive and negative symptom model is inherently anti-recovery; it engages a biologically reductionist perspective which views all presentations through a defect or deficiency framework (Sass, 2004, p. 337). It focuses on the brain as the origin of ailment, whereby physical or neurological malfunction causes an excess of energy or an absence of functioning. This degenerative perspective is rooted in the original conceptions of dementia praecox. Indeed, both Louis Sass (2004) and Darian Leader (2011) have said that our ‘modern’ conceptions of schizophrenia have not developed far beyond its nineteenth-century birth. It is a problematic revelation because the term dementia praecox roughly translates to prematurely demented, thus establishing an inherent notion of physiological and psychological inadequacy as the crux of our perception of schizophrenia.

Henry’s “dislike” (p. 19) for clothing and hygiene is mentioned in both lists, and, as previously mentioned, it features throughout the text in its principal narration as a signal of sickness. Clothing is an expression of identity; it is used to demonstrate social status, gender and culture. It is used not just to differentiate the civilised human from the animals, but to distinguish human beings in terms of social hierarchies and class systems (Barcan, 2004). The naked person is at the lowest end of this social spectrum. The image of the naked madman was a staple in art from 1650-1850, with their nudity presented as derogatory images of the subject’s primitive character, poverty and inhumanity (Andrews, 2007a, 2007b). As one strips away clothing, one is removing one’s distinction as civilised and therefore human. However, smaller deviations such as just the removal of underwear or shoes, comes with its own set of social meanings. In the text, one minor character tells Henry that his choice to be shoeless is a mockery of poverty, as he is middle class
Dimitra Lattas

and can afford shoes (p. 40). The statement instructs our protagonist that being shoeless necessarily indicates economic disadvantage: the only people without shoes are those who cannot afford them. Henry is then pretending, and offending another class, by posing as something other than what he is, by birthright.

The clinical interpretation of these behaviours is that they are characteristic of symptomatic apathy. Apathy is defined as a prolonged indifference, and/or loss of interest. This would suggest that Henry’s disregard for clothing and hygiene would be caused by a lack of affect, or loss of motivation. One might expect to find him forgetting his clothes and showers, or finding them a tiresome task, which all works to position Henry as passive. He is at the mercy of his sluggish body and deteriorating mind. However, Henry’s narration contradicts this perspective. With respect to being shoeless, he states: “I did not wear shoes much because I wanted to harden the soles of my feet, like Mowgli in The Jungle Book” (p. 38). In this moment, Henry is performing conscious decision-making. His decision to walk shoeless is driven by a motive and a goal. This goal is ultimately unachievable, as human feet, while their soles can be hardened relative to the norm of a largely indoor life, are evolutionarily weaker than those of wild animals, and cannot match the legendary quality to which Henry aspires. Thus, his decision might be seen as reflecting disordered thinking to some extent, but it is not mad, or meaningless. Louis Sass (2004) believes that there is a distinct likeness between the experience of psychosis (a term used by Sass), and symbolism in modern art and literature. Let us consider the symbolism of Henry’s aspiration. He desires to embody Kipling’s fictional character Mowgli, who was abandoned and raised in the jungle by various animals. Mowgli is an anomaly, a character who fits neither into the human nor the jungle world. Thus, Henry is acting out these distinctions between animals and human and likening himself to the uncivilised or feral child. Mowgli is commonly cited as a symbolic figure representing the loss of childhood and the challenges of growing into an adult (Narayananan, 2017). His journey of learning survival and living skills (socialisation, speech and hunting) is a retracing of the transitional milestones from childhood to adulthood. This is an issue Henry is painfully conscious of: “the worst thing about smoking weed when you are a kid is that you never really grow up” (p. 37). Henry’s self-perception is that his transition from child to adult was hindered by the use of drugs. In this statement, there is reference to an anxiety about being underdeveloped as a human. He occupies the body and social status of an adult, but feels mentally held back. Here, the hardening of his feet and the formation of calluses has metaphorical value for the developmental changes and independent survival skills required for adulthood. If he becomes like Mowgli, he too will learn how to achieve adulthood. Or perhaps, his connection to Mowgli is another element of the return to nature theme that is present in a majority of his visions and voices. In either case, the crucial point is that behaviours have meanings that are deeply felt and important to the actor, even as they are taken as psychotic. The idea that they have no significance or interest outside of being a
symptom imposes unmeaning onto Henry, which contradicts his version of the story and misses what he values in the experience.

Delusional thinking can be reframed under the psychoanalyst Darian Leader’s question *What is Madness?* (2011), where he critiques current psychological discourses for their fixation on reading only the surface level of behaviours. He contends that this preoccupation is hindering investigations into deeper, more complex and interesting meanings behind these experiences. For Leader, apparent irrationality enables these meanings to be routinely disregarded, and the measure of importance and gravity in people’s experience is dictated by their faithfulness to reason. Originally psychoanalysts have claimed no purchase on experiences like psychosis, but Leader argues otherwise. For him, the answer to the recovery comes in the “therapeutic communication,” or in uncovering and exploring the reasons (conscious and unconscious) behind experiences (2011, p. 294). In the text, Patrick and Jan attempt to get Henry engaged in professional talk-therapy. However, they are informed that he is ‘too ill’ for this to be effective:

Dr Plummer gently but trenchantly made the point to us that Henry simply was not well enough to benefit from therapy because he was too distracted and tormented by his hallucinations. (p. 160)

Here, Henry’s future is being shaped by someone who holds the opinion that talk-therapy can only be performed once symptoms are controlled (chemically). This is a perception that builds upon years of the medicalisation of psychology and its more recent domination by the pharmaceutical industry.

Patrick himself is wary of non-medicine focused interventions, and blames Laingian models of practice for the downfall of the alternative approach (p. 100; 187). But as Szasz (1971, 1974, 1988), Leader (2011) and many others have demonstrated, these non-medicalised approaches have failed to garner authority in the fields of psychology and institutionalised psychiatry due, in large part, to narratives constructed by the major pharmaceutical companies. Their self-serving representations have achieved a rewriting of history. The refusal to believe that Henry could meaningfully participate in and benefit from talk therapy in itself insults his capacities, undermines his personal authority and robs him of agency in relation to his experience. It positions him as unable to contribute to a conversation or engage fruitfully in the dynamics of interaction. It refuses to acknowledge in him the fundamental capacity to create meaning, which, as Leader (2011) states, strips him of his humanity. Henry is being equated with some unselfconscious primitive being who exists without significant thought or purpose. The approach ultimately dismisses Henry, and anyone considered mentally ill. In terms of recovery, it classifies agency over experience as hinged upon a certain level of control over or reduction of symptoms.

If symptoms must be dealt with medically before therapy can begin, then that therapy will be greatly impoverished by the removal of key reservoirs of meaning from its field of exploration.
Dimitra Lattas

Henry’s visions and voices are highlighted in both lists of symptoms and are the defining feature of his testimony in this text. Their appropriation as a sign of madness is a contentious move in contemporary critical discourses in this arena. In recent years there has been increasing support for the Hearing Voices Movement which calls for the separation of these experiences from diagnoses of schizophrenia, and of mental illness in general and contends that voice hearing is a normal human experience that is not reducible to psychosis. Indeed, Demjen and Semino (2015) adopt this framework in relation to their interpretation of Henry’s Demons. As I explained in the introduction to this thesis, they classify Henry’s voices according to various linguistic markers and suggest that as a voice hearer, Henry’s experience lends itself to a phenomenological analysis. For Patrick and for the health practitioners in charge of Henry’s case, these experiences are only hallucinations: a sign of schizophrenia and not much more. The DSM IV-TR (2000), which is the diagnostic tool that haunts Henry’s Demons as a master story teller of schizophrenia, dictates that the client must exhibit two levels of symptom: the positive sign, or other-worldly hallucination (delusions, disorganised thoughts) and the negative sign, or lack of investment in this world (apathy), over a one month period. However, it also contains a clause, specifying that one symptom could trigger a diagnosis if the psychic investment in other worlds is considered a “bizarre delusion” or “Schneiderian first-rank auditory hallucinations” (American Psychiatric Association, 2000). While no detailed official assessment of Henry is provided in the text, his reporting of visions and voices would meet the conditions of Schneiderian first-rank hallucinations.

One of the quintessential doctrines of the recovery movement from its first emergence was its questioning of the science of symptomatology, leading to a changed assessment of its values, significance and role in recovery. Wellness, it maintained, was achievable irrespective of the ongoing presence of symptoms. This became the key to a revolutionised conception of mental health. It was hailed as a huge win for the voice-hearing community, who have long argued that people hear voices throughout their lives. Indeed, in this text Henry’s recovery is not governed by the absence of voices, but by a change in his relationship towards them. Henry “would or would not be cured” (p. 215), but the signs of his recovery are that he “recognises the existence of his illness” and has “defeated” his voices (p. 215).

There has been a change from the traditional ‘cure and remove’ mindset. Recovery is not dominated entirely by a disease model approach, and voices are partly accepted, but Henry must at least show a desire to conform to the dominant shared reality and get ‘on top’ of his voices. Conformity itself is not mandatory, but a yearning to conform is a positive sign. The model asks him to develop a relationship that is built upon combat. His sanity becomes defined through his relationship to visions and voices. The mastery that Patrick and Henry’s practitioners want Henry to have becomes a method for determining his wellness. Thus, those who assume authority over Henry might not demand upfront that his voices stop, but they still have an inherently negative perception.
of his world. Voices continue to be presented as unfavourable, and anything positive in Henry’s responses to them is referred to the ultimate need for him to reject their power over him.

Henry’s recovery is thus positioned through a framework of mental control. His wellbeing is determined through the perception of his willingness to exert his will over his actions and thoughts, rather than to cede to this world and listen to what it might tell him. It is a schema that has saturated the understanding of mental illness for several decades. It superimposes an idea of ‘normality’ through a framing dichotomy of control/loss of control, mastery/submission, order/disorder, right/wrong, normal/abnormal, well/ill. Those who are outside of this norm are treated as dangerous because they are uncontrolled by others and uninhibited in themselves. This is particularly true for voice hearers, who must contend with the popular fear that some voices utter violent requests. This is a fear that is justified in those cases, but one that has been sensationalised through the media and that is not balanced with awareness that not all or even most of these voices are violent. For Henry, his voices request a variety of things, and none have a particularly violent tone. Predominantly the messages are about escaping hospital or returning to nature. Nevertheless, Henry’s open, non-combative relationship with his voices is framed as a lack of control. Listening to them is condemned.

In the text, one measure of the control that is understood to indicate recovery is seen to come in the resurgence of his ‘old’ personality. Consider this comment:

Just as we would be beginning to despair, Henry would surprise us with a flash of humour or an intelligent remark. (p. 157)

For Jan and Patrick, comical or witty expressions become a symptom of wellness, because humour requires a shared context of meaning and being in control of the timeliness of comments, as does intelligence. The image of Henry as an eccentric (child or adult) is painted in terms of personality traits that endear, including those of humour and wit. They become signs of his lucidity, and control over his illness. This has an emotional element for these parents, who like most in families of a diagnosed person, are plagued with a fear that they will ‘lose’ their child to mental illness. This is a loss of one who has been formerly invested in establishing a belonging with others and a securing of identity that is relative to and recognised by others in that family group. In this family it is the smart and funny Henry. Through the eyes of Patrick and Jan, Henry’s recovery is reflected through the prism of this childhood identity formation.

Henry’s creativity is a dominant trope throughout the text. Patrick and Jan often attempt to use art or creative outlets to re-engage Henry in reality and/or to promote his recovery. Patrick states that he wants “to get Henry interested in art again” because “I thought it might help to put bad memories behind him” (p. 75). This plan is not without its benefits; increasingly, creative outlets are being recognised for their restorative benefits. Art has been recognised as a therapeutic tool since the 1970s; contemporary psychotherapies have been using expressive media such as art,
music and writing to uncover and work with the emotions associated with psychological issues or trauma. The aspiration to “put bad memories behind” may be achievable through art therapy. Indeed, Jan and Patrick choose their mental health facilities based on the range of creative psychotherapy options available for Henry. However, their quest to engage Henry in art is largely unsuccessful:

Henry did some excellent sketches of the Trevi Fountain and sculpture in churches, but he did not recover his old joie de vivre or mischievous sense of humour. (p. 75)

Here the word “recover” is used as a method of returning to origins rather than reaching a destination. It is about retrieving Henry’s old personality. This use of the word recovery aligns with its etymology, which can be traced to 13th century French: rekeverer (to regain consciousness), and recover (return, or regain health): this despite recovery scholars claiming that it is not about return to a life prior to the onset of problems (Slade, Oades, & Jarden, 2017). In this instance, Patrick intends to foster recovery through a context of love and knowledge of his child. The words “joie de vivre” and “mischievous” signify a desire for happiness that is fundamental to humanity and seen in children in particular. Patrick hopes that the activity that brought him and his son joy as he was growing up will connect the two of them in recovery.

Recovery is imagined here through a return to a state of calm and presumed wellbeing. It is invoked by Patrick through such first-person narrative statements as: “I sat beside his bed for an hour until he recovered” (p. 214). I have highlighted in this chapter how Patrick’s words in the book’s preface, “As he started to recover - and this is by no means complete…” (p. xiii), signify that the father has glimpsed the son beginning to show signs that he is on the way back to wellness. In the book’s concluding chapter, Patrick ticks off a number of reasons why he believes this. First, Henry had begun to admit, grudgingly, that his medication had helped to prevent his agonies from reoccurring; second, he is rather better dressed than last year; third, he is now using a mobile and laptop; and finally, while he still feels a strong impulse to run away, he successfully resists it (pp. 212-213). Here, wellness or signs of recovery include acceptance of pharmaceutical interventions, adherence to dress standards and codes, the appropriate use of technology, and control over his voices. Henry appears to have changed in a number of the areas that were previously identified as symptoms of sickness. He has begun conforming to social conventions and to the ideal of the subject as rational and self-mastering. This suggests that social morality is at the crux of recovery. Szasz (1974), Foucault (2001) and many others have argued that mental illness is a cultural construct that is used to enforce and regulate social morality. It seeks to frame troubling behaviours as deviant and negative, and to promote a new subjectivity in the person through re-training about how to function within civilised society. Henry’s required adherence to these standards is founded on the same reconstructive principles.
In recovery philosophies, individuals are largely responsible for their active participation in the journey towards wellness. This individualistic approach continues to focus on the person as the issue, rather than critically evaluating their context and requiring it to change, for example, or requiring perceptions of the person to change. Henry’s health is determined by a series of performances that are thought to demonstrate the required behavioural conformities that he must accomplish. This chapter therefore lends support to the argument that recovery has inherited some of its predecessors’ questionable principles. This is a point that has been made by theorists in Mad Studies, as I have pointed out; the movement maintains that recovery is little more than a rhetorical shift in the biomedical paradigm, a progressive façade that masks its advance on territory that it has newly appropriated from its harshest critics.

Scholars and practitioners who support the recovery movement are not ignorant of its problems, at least the issues of application and implementation. In response they have split recovery into two concepts: clinical, or medical; recovery “from”, and personal, or social, and consumer-focused; recovery “in” (Slade & Wallace, 2017, p. 25). Clinical recovery is said to be the one that dominates current mental health practices, and is more closely associated with traditional psychology approaches. It involves the clinician’s observation of a person’s place in relation to symptom mapping: in the subsiding of signs of disorder, for example, or in improved psychological or cognitive functioning (Slade et al., 2014; Slade et al., 2017). Personal recovery, on the other hand, is presented as the ‘true’ recovery, the self-embracing embodiment of the principles that underpin the movement. It centrally values the individual’s attainment of agency, meaning and purpose in life.

The reclaiming of agency, meaning and purpose are idealised in the recovery movement as empowerment. Indeed, several systems have been created to measure this, but both Jennifer Poole (2011) and Ron Coleman (2000) are critical of them, noting that the majority of their indicators and goals, such as a return to the workforce, have imposed mainstream ideas of what agency, meaning and purpose should look like. In Henry’s Demons there are two main avenues to recovery: reconnecting Henry to his previous passion for art, and encouraging him to give testimony via the co-writing of this text. Let us consider each in relation to personal recovery.

Henry’s relationship to art is tumultuous. Unlike popular culture characterisations, Henry’s art does not get better with madness; he more often than not feels dissociated from it: “I did not really want to go back to art college in Brighton because I was less and less interested in art” (p. 87). Yet despite this lack of interest, Patrick says “The plan was for Henry to start his art courses again in Brighton. This was what he himself said he wanted to do” (p. 77). Here, there is a contradiction between the perceptions of the two narrators; it begs the question of what motive Henry might have to return to art school, or at least to reassure his father that this is what he wants as well. Henry admits wanting to be a political cartoonist to impress his father (p. 35), and this is a
very normal response; children have and will continue to make career and life choices in order to impress their parents. Henry’s suggested return to art school could have a similar impetus. The pertinent question for us is why Patrick and Jan want Henry to become involved with art again. There are the previously mentioned therapeutic benefits. There is also a yield of social protection: art functions as an escape from the negative perceptions and connotations of madness. The mad artist is more readily accepted than the straightforward madman. A mad artist is an inspired artist, able to break through conventional constraints and to occupy, or rather balance precariously upon, the cutting edge of thinking and seeing. The madness of creative genius is positively valued; if Henry relinquishes this possible identity for himself, then he is in danger of becoming fixed in the lonely and aversive category of being ‘just’ mad. His parents, consciously or unconsciously, latch onto the artistic character that they remember in order to preserve that positive character in his personality.

The social identity of an artist is affected by historical theories about the relationship of art to madness; indeed, Henry’s diagnosis interacts with and affects his identity as an artist. Henry says to his mother “that being an art student seems likely to leave you in a mental hospital - several other people he knows there are ex-art students, or else musicians” (p. 134). There has been a historical link between art/creativity and madness, which is substantiated by influential theorists such as Freud and Laing. Freud concluded that art is representative of psychological truths about heightened sensibilities (Rothenberg, 1990, p. 80). The second edition of Henry’s Demons includes a copy of one of Henry’s paintings, which Patrick goes on to describe: “Henry’s artistic imagination was finding it easy to visualise a world full of dark forces and menacing demons” (p. 67). Patrick is employing Freud’s technique of studying the works of art for their insight into the artist’s unconscious; in this case Patrick suggests that he finds proof of Henry’s psychological condition, in his creative work. His assessment is of an over-active imagination that creates art and chaos in the mind. Is this assessment a ‘truth’ about Henry, to be accepted at face value by readers, or is it more significant as a sign of Patrick’s desire to find an explanation for what is disturbing in Henry’s state of mind? The language employed in the description of the painting includes “beast-headed god”, “gigantic clock”, “dragged”, “naked and bleeding” and “pursued by a devouring wolf” (p. 67); the description conjures a set of frightening images. The reader’s imagination may be drawn in by this descriptive language, which has supernatural connotations. Consider the use of the term “gigantic” rather than large, big or any other synonymous word: the etymology of gigantic is from the Latin giganteus, which was originally defined as pertaining to giants. Giants are fearsome mythological creatures. The adjective is an example of how easily the language of description gravitates towards these supernaturalist and menacing connotations. This is not to discount Patrick’s knowledge of his son, in this instance. Rather it is to note that Henry’s artistic pieces, with or without the label of madness attaching to them, can have different interpretations. In the text, Henry’s art functions as a
Dimitra Lattas

pivot upon which is balanced the truth of his experiences of voice hearing, because it bears within it the tension of two distinct, yet intertwined labels: the madman and the artist. In practice, his art is treated differently after his diagnosis. It is examined for psychological evidence.

Personal recovery, as an allied health worker concept, incorporates a process of building a client’s confidence and personal authority. For Henry, it is incarceration that has led to the loss of self-confidence and agency. He experiences significant detrimental impacts from his sectioning, including thoughts of suicide (p. 21; 95), the despair of isolation (p. 181), and feeling forgotten by society (p. 42). Here what Henry needs recovery from is institutionalisation. Patrick and Henry wrote a newspaper article in 2017 in which he mentions Henry’s struggle with adjusting to life outside of the hospital, and how these experiences of extreme social isolation debilitate people (H. Cockburn & Cockburn, 2017b). The measure of Henry’s wellness, as clinical recovery, was more relevant for Patrick and the practitioners than for Henry. He maintains that he was never ill, and thus that there was no need for a recovery. But Henry is deeply affected and demoralised by the sectioning and its systematic dismissal of his dignity, integrity and knowledge, to the extent that he asks Patrick: “Do you think I am a failure, Dad?” (p. 211). One cannot deny the detrimental effects of this journey. Whether or not Henry was ever ill, he did experience several years of institutionalisation, and suffered significant damage in this experience alone. The process of reclaiming a positive sense of self is responding to this need, irrespective of his needs at the onset of hearing voices.

Perhaps the voice hearer cited earlier, Ron Coleman, is correct in his claims that scholars are tying themselves in knots by over-complicating a very simple and common-sense idea. But Henry’s story is an example of why recovery is not simple. If recovery is to build on its person-centred foundations, then it must let Henry’s self-perception be considered with respect and take a prominent place in determining how that recovery is expressed and pursued. The imposition of parameters of illness and healing on heightened and unusual mental states has the same reductive disregard for the richness of human experience as previous schemas. This chapter argues that while the discourse of recovery works to improve lives by offering alternatives to the current system of responding to mental health, it had not yet addressed the fundamental problems that make the disease model of mental illness oppressive.

In conclusion, this chapter set out to define and analyse the work of recovery discourses within Henry’s Demons. It finds that the understanding of recovery is dependent on the narrative frame of reference in this co-authored text. The recovery that dominates the narrative is dictated by conventional psychiatric schemas that position Henry as the problem (his refusal to disavow what are considered his schizophrenia-induced delusions), and his recovery-rectification as the solution. Here, mental wellness is loosely grasped and measured by one’s conformity to social norms, something which has been argued many times before in the critical literature on madness. Thus, my
contention in this chapter is that recovery has not revolutionised the conception of mental health. This does not mean, however, that it has not had a positive influence on the sector. However, as long as the grasp of agency, meaning and purpose is limited to what does and does not fit mainstream social indices of productivity, self-control and a civilised way of life, the wonder and complexity of the human imagination will be lost on us all. Forced psychiatric incarceration has major psychological impacts, and recovery from the shock and deep insult of those events should be seen in its own light. In Chapter Two, our exploration into recovery focuses on Henry as an author within this discourse, specifically in relation to shared aims of empowerment, acceptance and personal authority with respect to expressing his lived experience.
Chapter Two

“Making Schizophrenia...Less of a Mystery” through Recovery Narratives?

“Injher the time that Henry and I could serve a broader public purpose by making schizophrenia and mental illness in general less of a mystery which people were embarrassed to discuss” – Patrick (p. xiii).

In the opening paragraph of the preface, Patrick informs us that Henry’s Demons covers the time period from when his son was diagnosed to when he “started to recover”, and has the underlying goals of both giving Henry an “asset”, a publication in his name, and giving schizophrenia some clarity: making it “less of a mystery” (p. xiii). Thus, as I have found in the previous chapter, the text offers itself as a recovery narrative, and this subsequent chapter analyses the goals that it espouses within the context of this implied genre, specifically in terms of the dynamics of co-authorship. Recovery narratives are concerned with both individual empowerment and forms of social transformation that enable that empowerment, for example de-stigmatisation. They consider this framework critically, as indicating something about the times in which we live rather than as accepted or unquestioned goals that do or do not get fulfilled by the text.

Contemporary mental health discourses uniformly employ a rhetoric about reducing stigma, meaning the negative stereotypes that are attached to a socially marginalised population (here, those diagnosed with schizophrenia). There are many studies that recognise and discuss the detrimental effects of stigma on mental health clients, citing poorer outcomes in all domains of life, including social relations, health and employment (Connell, Brazier, O’Cathain, Lloyd-Jones, & Paisley, 2012; Rogers & Pilgrim, 2014). Theories that seek to combat stigma generally take a multi-systemic approach, with macro-level community programs of education, and micro-level individual programs of reclaiming agency and achieving positive self-perception (‘empowerment’). In recovery philosophies, writing and publishing a personal recovery narrative satisfies criteria on both these micro-and-macro levels: the individual’s confidence is expected to grow through self-expression, while the community gains insight and understanding through insiders breaking the silence on what it is like to live with conditions like schizophrenia.

While these are clearly positive goals, under a critical lens they can be seen to have possible harmful side effects. They are underpinned by conditional self-acceptance schemas, where the individual must accept and positively adopt the label of being mentally ill. This is something that is inherently at odds with Henry’s own philosophy: he is not ill, he maintains throughout this text.
Dimitra Lattas

Here in Chapter Two, I consider how the genre of recovery narratives acts to fulfil the narrative of the discourse of mental illness. Indeed, I propose that Patrick’s goal, to empower Henry (p. xi) in his demystifying of schizophrenia (p. xi), is a paradox. Neither Patrick, nor the recovery philosophies to which he is allied, give power to Henry in the sense of giving him a voice, or enabling him to gather the strength to express himself in his own right, because within the bounds of their discourse they are unable to hear Henry. This raises philosophical questions of how empowerment is imagined, and how it is achieved. It is a conundrum that Derrida (1978), and following him John Frow (1986), have pointed out. Derrida (1978) argues that Foucault in A History of Madness cannot give a voice to unreason; he can, and does, highlight that there are gaps in the expression of human experience and thus a silence, but its space cannot be filled in a discourse that can be heard and understood, and yet remain outside of the orbit of reason. Henry’s Demons occupies a similar place of dilemma; Patrick wants to hear Henry, and attempts to, but ultimately, he accepts that there is an ultimate silencing and disempowerment in Henry’s situation that cannot be avoided or rectified.

Life writing is regarded as the ultimate act of reflective self-awareness, yet it simultaneously opens the individual up to public and personal scrutiny. Autobiographies are a sub-branch of nonfictional life writing. As a genre autobiography turns the private public; it features first-person accounts of personal experience. Henry’s Demons presents itself as autobiographical in that Henry offers his chapters as a direct and unmediated account of what has happened in his life during those years. However, the text’s content sets it apart, being the testimony of a person labelled as mentally ill; it can be classified into the sub-genre of Lived Experience. Henry’s experience of being diagnosed and sectioned means he has first-hand experience as an inmate of psychiatric institutionalisation. The well known social constructionist Dorothy Smith (1978, 1990) has argued that the key to understanding power structures within society is to look at how lived experience works; the narrated interactions between institutions and the people housed within them help to identify the ruling relations of this scene. This chapter adopts a similar perspective. It considers the different experiences of Henry and Patrick with the psychiatric system, and their respective contributions to the new phenomenon of self-authored ‘recovery’ narratives, as offering insight into the power dynamics at work in the wider discourse of mental health.

A rudimentary comprehension of genre is the symbolic organisation of literary traits into systematic, compartmentalised forms of writing. Genre ascriptions generate reader expectations and preconceptions, such as that autobiographies recount real events, or that recovery narratives involve a journey from a loss of self in mental illness to a restoration of self in control of the mind. Patrick uses the word recovery in his opening lines of the preface (p. xii), as cited earlier, setting up the reader’s expectation of a narrative that will follow Henry on a trajectory from psychosis to self-control. Recovery narratives are promoted as beneficial for society and the individual; they are said
Dimitra Lattas

to shine a light on the human experience of social marginalisation. They are widely embraced as the key method of communicating and appreciating the experience of mental health at the receiving end, for both practitioners and society. For the individual, one’s engagement in this practice of self-reflection is perceived as profoundly enabling (Cohen, 2008; Slade et al., 2017). Throughout this chapter these genre expectations are compared with those of the text.

Writing either for publication or as a therapeutic process involves individual clients in the mental health sector in seeing their experience in a new light, often identifying it as a form of oppression and re-formulating a new social identity out of this reflection. As lived experience it is designed to give the reader an insight into the life and transformed perspectives of another. But the process of reworking of perception onto the page involves a certain reworking of experience, in its form of address to the world, and in the discovery of the self as public private identity (Cardell, 2014; Miller, 2002). It is not simply an art of remembering or retrieving for others, as the process involves a significant restructuring of the memories themselves to create and convey the narrator’s identity. These narratives of identity are the disclosure of one’s unique perceptions of the self, and this self is influenced from birth by the shifting interactive dynamics of the political (Arendt, 1958) meanings which make up our world and reality. I will explain this further in Chapter Three of this thesis.

Once a story is written or spoken, the individual loses control over the meaning it can take; the words become exposed to the interpretations and narrative uses of others. Our conception of self depends on these shared stories: our identity is made up of the presentations of self as they are received, reinterpreted and reflected back from other people. This is crucial when thinking critically about the context of Henry’s Demons. Recovery narratives are saturated in positive rhetoric that hails an increase in the writer’s perception of social and self-worth (Slade, 2009). It should be noted that this rhetoric comes from a larger therapeutic model of practice, that of narratological approaches to mental health, which developed out of post-modernist interventions in the mental health literature of the 1990s and is now common practice within the sector. It focuses on language as the major determinant of one’s socially constructed reality, and the self as a manifestation of compounding dominant narratives. Practitioners help to “co-construct” a new and more positive reality/self (Cohen, 2008; Paquin, 2006). Dorothy Smith (1978; 1990) invoked this same process of co-creation several years earlier, and she also noted that during a therapeutic engagement, one’s spoken experiences are reinterpreted through a professional discourse and extrapolated back. Smith was critical of this, claiming that the ability to dictate the terms of what counts as truth in relation to another’s reality imposes a silence, and it is here that clients lose agency over their experience and how it might be figured into a life story. Thus, whilst the invitation of health professionals for their clients to contribute to life story writing endeavours to break negative silencing barriers, it can actually formalise the process of epistemic violence in the process (Liegghio, 2013). This chapter
questions the ability of the genre of recovery narratives, in their current form, to empower people
diagnosed with mental health conditions.

As Henry and Patrick engage in the life writing genre, they necessarily get drawn into its
complex and inflexible relationship with ‘truth’ (as opposed to ‘fiction’). Indeed, in contemporary
conversations, truth is at the centre of discussions about autobiographies. Truth is an expectation of
the genre, which is conceptualised as a factual accounting for events that are understood to have
occurred in reality. Written accounts in the nonfictional life writing mode are rigorously patrolled
life writers fail to tell the truth, then they do more than violate a literary convention governing
nonfiction as a genre; they disobey a moral imperative” (2004, p. 3). Critics and readers alike
expect each author to comply with their literary and moral duty.

Thus, the narrative of Henry’s Demons has a logic that runs concurrently with but is at odds
with this imperative; that logic is one of multiple and divergent truths, when the expectation
demands only one. Each of the authors, Henry, Patrick and Jan, is tethered to the conventions and
socio-ethical principles that dominate the life writing format (Eakin, 2004). Their truths deviate
with their perceptions of Henry’s mental states during the period in question:

I ran my idea for the book past him, and he liked it, though when we spoke of his
hallucinations, he objected to the word, since to him they remain genuine events. (p. xiv)

They disagree on the terminology and the ways of thinking that explain Henry’s experiences.

Henry’s truth and perceptions are informed by his rejection of the medicalised understanding of
him, and of his experience of psychotic hallucinations: “I didn’t think I was ill” (p. 42); whilst
Patrick is convinced by it, and his truth reflects his conviction. This plurality of truth clashes with
the monologic of classical symbolic dichotomies of truth and falsehood (Lauritzen, 2004, p. 21).

That monologic is problematic in light of Michel Foucault’s (1967) work on discourse
analysis, for he demonstrated that people who are considered mad are routinely dismissed through
classifications of their knowledge as epistemologically wrong: error-knowledge. The label of
madness classifies someone as being incapable in the quest for truth. This is a controversial
contention because Henry’s position as the primary author of an autobiographical text forces his
agreement with the requirements of such epistemic ‘truth’.

People have always been curious about the ‘madness’ in their midst. Hudson-Jones notes
that “autobiographical accounts of mental illness have for centuries provided a fascinating window
on the world of madness for those fortunate enough never to have sojourned there themselves”
(1997, p. 359). Narrators seen as mentally ill, or mad, hold an unusual position within society: their
knowledge is feared but also desired as something astonishing and captivating. Readers want to
Dimitra Lattas

experience the taboo of madness without the risks. Consider Patrick’s comments on the rare opportunity for communicating experience that his son holds for readers:

I do not believe that somebody who does not have schizophrenia, or has recovered from it, can fully understand and describe what it is like for somebody who still has it. (p. xiii)

On the surface this statement gives authority to Henry. But it comes with strings attached: Henry must give up his protests and accept the claim that he is ill; he must write from the position of somebody who does “have schizophrenia, or has recovered from it” (p. xiv). Thus, what gives Henry his unique importance, also discredits him from the start, because of Patrick’s refusal to hear his insistence that he does not have schizophrenia.

Recovery philosophies attribute a certain power to self-acceptance (accepting oneself as mentally ill) and this is the power referred to as ‘empowerment’ within their narratives of positivity. At the end of Chapter One of Ron Coleman’s *Recovery: An Alien Concept* (2011) he says, “I am Ron Coleman, and I am psychotic”. It is a script that has been popularised by and derives from the routines of self-help groups originally set up by Alcoholics Anonymous (AA). The self-labelling statements that establish one’s belonging with each group aligns the speaker with a trajectory that features what Coleman identifies as the four components of recovery: self-confidence, self-esteem, self-awareness, and self-acceptance (2011, p. 20). The ideal of self-acceptance is an intriguing aspect of recovery. As said it has roots in the addiction schemas of AA and devolved organisations such as Narcotics Anonymous, where the onus is on the individual to confess, that is, to self-address publicly and ‘own’ their problematic substance use. Indeed, a similar philosophy is at the core of the new Mad Studies Movement, which promotes as a starting move the idea that people embrace being called Mad. There is an undertone of faith that embracing these labels will lead to better outcomes for those subjects who come under the category of Mad. Indeed, it is something that Patrick wants for Henry and that he envisages will be a positive outcome of his self-reporting autobiographically:

I also thought that writing about his disorder might make it easier for Henry to admit that he had an illness and open the door for him to take his medication. (p. 211)

He believed that this writing process would involve a metamorphosis of Henry in his ways of being, and convert him to the belief that he is ill and in need of recovery. This reformation of identity that is key to reflective and therapeutic writings is invested in here, in the text’s preface, as enabling Henry’s embrace of the label of mentally illness. Moreover, the word “admit” in itself casts Henry as withholding the truth and needing to confess; this truth that he is ill: *my name is Henry Cockburn, and I am a schizophrenic.*

The connection between readers and these differing truths cannot be positioned as open, for it is impacted by the social determinations of those subjectivities that form identity. The imposed
Dimitra Lattas
diagnosis establishes and insists upon Henry’s belonging to a community of outsiders. His knowledge, his memories and his truths are seen not only as different but as other in relation to the mainstream. In Vulnerable Subjects: Ethics and Life Writing, Thomas Couser addresses the question of how differential power relations govern the voices in co-authored life writing texts:

The inherent disparity between the partners’ contributions may be complicated by an imbalance of power between them. Often, collaborations involve partners whose relation is hierarchized by some difference in race, culture, gender, class, age or (in the case of narratives of illness or disability) somatic, intellectual, or emotional condition that renders them vulnerable to exploitation. (2004, p. 37)

Henry would be classified under Couser’s definition as vulnerable. Whether or not Henry is mentally ill, his diagnosis categorises him as such. For Couser (2004), the mainstream voice, that of relatively privileged partners in co-authored texts (Patrick), is poised to be a vehicle either to positively empower or to negatively oppress the other, Henry. The advertised aim of the text is to give voice to Henry so that he, as a member of the little understood and little heard-from group known as ‘schizophrenics,’ can reclaim his experience. But the interplay between the narrators comes to highlight the discursive dynamics that continue to affect diagnosed people in their struggle for recognition and in their relations with others.

The genre conventions for a traditional autobiography have a primary author as the main subject. It is this person who is expected to offer and reflect upon his or her life history. While the book is clearly co-authored, it is Patrick who is the lead author. On the front cover of this edition of Henry’s Demons, Patrick's name appears before Henry’s. Then it is confirmed immediately upon opening the text. Patrick controls the preface and acknowledgement sections. He takes up the majority of the written space. The text comprises seventeen chapters; these are split into ten solely authored by Patrick, five solely authored by Henry, and two co-authored by Patrick, one with Jan, and one with Henry. Patrick’s story takes more than double the time to tell that Henry’s does. But Patrick is not the main subject. His inner reflections focus outwards upon Henry, whose story of diagnosis they are to tell. The reader is engaging with Patrick’s life history, which is ostensibly turned to Henry and his life history. Patrick’s contemplations offer additional information that contribute to the reader’s framing of his son’s identity.

Patrick’s sections of the narrative centre around his goal of demystifying schizophrenia; they provide information to the reader. This includes biographical portraits of Henry and other characters, the historical and pedagogic knowledge of psychiatry and mental illness, and the local and family contexts of the story. The offering of ‘information’ (as impartial fact) signifies a context for readers to process Henry’s behaviours and experiences in ways that he prefers and privileges within the text. This effect of framing is highly significant because it indicates the moments when
Dimitra Lattas

the reader is being guided by Patrick’s voice to a truth about Henry. Let us consider the statement: “Henry showed a dogged and touching determination to prove that he was not ill and his experience of voices and visions was real” (p. 163). Henry’s visions and voices do not have a physical manifestation that others can witness and affirm. Therefore, they cannot be classified as ‘real,’ on Arendt’s (1958) account of reality, for example; however, they are no less palpable for Henry than the ‘readerly’ voices that anyone might hear in any piece of writing. Yet the structure of the statement is such that it sets up a sense of futility in Henry's self-imposed requirement to prove their reality, and in his conviction “that he was not ill”. The quest to prove the ‘reality’ of the voices is cast as “dogged and touching”; dogged in the face of its unlikely success, and touching in its earnest sense of duty.

The counter logic to that of gaining legitimacy by proving the reality of what Henry sees and hears would be that of accepting a sick identity, and abandoning the quest altogether. It would mean a relinquishing of the voices, not just as real for others, but as real for Henry himself. If he is sick, then his voices are only delusional; they are part of the symptomatology of schizophrenia. The dictionary meaning of delusion is an idiosyncratic experience that is found to be contradicted by reality, or not based in reality at all. This definition in itself authorises the cancellation of any claim that the experience is real. For voice hearers, this is problematic. Often after diagnosis, they find that their felt realities become labelled as delusional, and as such are summarily dismissed.

Patrick’s statement can be interpreted as intended to endear Henry’s actions to the reader. The father narrates the son’s behaviours alongside and within his acquired knowledge of psychiatry, as well as alongside and within his insider or parental insight into his behaviours. The “dogged and touching” phrase used to describe Henry’s actions is an example of this layered contextualisation. The terms are not negative, or cold; Henry’s determination to prove his case is worthy of sympathy and tenderness, not scientific scrutiny. But they do not inspire confidence in Henry’s claims. Rather, they are more likely to subvert Henry’s efforts to convince, in the eyes of the reader. Patrick’s choice of the word “touching,” over others that might help to legitimate Henry’s quest to be believed, indicates his ultimate uncertainty over his son’s claims, however much his love for Henry softens his construction.

Not all forms of knowledge are equally valued in our society, and this impacts upon one’s ability to claim ‘truth’ and direct or sway a reader. Patrick adheres to the dominant discourse and his perception conforms to the shared reality of the mainstream; his class and educational status, his presumed personal sanity and his position as Henry’s father all compound to give him a higher power of determining truth and ‘reality’ over events. Consider the phrasing of this question, where Patrick reflects on his initial idea of the book, as drawing on his professional skills as a journalist, and on Henry’s knowing what it feels like to hear voices, and to be locked up for it: “Why not combine these strengths and write about his schizophrenia from his and my point of view?” (p.

Page 49 of 91
Dimitra Lattas

211). It conjoins the two “strengths” to generate a kind of harmony, that of a higher purpose within which the differences are contained and seen to work together productively. However, this is followed by the earlier mentioned statement:

I also thought that writing about his disorder might make it easier for Henry to admit that he had an illness and open the door for him to take his medication. (p. 211)

Patrick desires not only to change societal apprehension of schizophrenia, but Henry’s too. This ultimately undermines Henry’s position, for it categorises him as wrong, and in need of re-education.

Henry’s social disempowerment carries over into the narratological dynamics of his project of writing a book with his father. His authority over the meaning of experience and thus his behaviour is subverted by these perceptions of his reality as hallucinatory and false. One example is the incident of Henry’s climbing on top of a viaduct. The reality for observers of the event may be that this was a potential suicide attempt, but for Henry it was climbing the structure to “get a better view of Brighton” (p. 9). Here, Henry’s account of what he was doing, and his assessment of the truth value, is framed by Patrick:

Henry, as we were to find out over the coming years, could often sound convincing when explaining his most bizarre behaviour. (p. 9)

This statement is laden both with disappointment, on the part of Patrick as a father, and with conviction, on the part of Patrick as principal narrator, speaking with the presumed wisdom of hindsight. Henry’s ability to “sound convincing” carries an implication of both cunning and inadequacy. Either the explanation is an attempt by Henry as son or patient (and co-author of this book) to win over his audience, or it betrays a lack of capacity; either way it is unsatisfactory for Patrick as the lead co-author. The phrase discloses a need to arrive at some harmonised, singular truth in the narrative, and it points the reader to a history of false trails and frustration in its pursuit. Patrick continues:

Henry’s explanation of the viaduct incident might have been true, but Jan was worried enough to go to see him for lunch in Brighton the next weekend. (p. 9)

Patrick avoids any direct description of Henry’s explanation as ‘untrue’. The word “might” is impartial, even gracious. However, with the two phrases of this statement being connected by the conjunction “but,” it elevates Jan and her misgivings over Henry’s account and implies that this account should be held in doubt. Henry’s explanations are his truths, yet there is direction to readers that they are not to be perceived as such. Patrick casts an ambiguity over the felt truth that Henry offers for his behaviour. It is an error-knowledge that is positioned under the classification of self-delusion.
This process of framing Henry’s knowledge ultimately creates the sense that his perception is a falsehood. We return to the following phrase already cited, in which Patrick acknowledges the divergent conceptual frameworks and rationales of the authors:

I ran my idea for the book past him, and he liked it, though when we spoke of his hallucinations, he objected to the word, since to him they remain genuine events. (p. xiv)

Patrick is faithful in reporting Henry’s objection but it is presented as saturated in subjectivity: “since to him”. The statement acknowledges the pivotal place of Henry’s voices in the narrative only to reduce their ontological status to a component of Henry’s personal reality. This is very different from acceptance within shared or mutually recognised realities. It is a quasi-acceptance suggested by the linguistic structure of Patrick’s representations and as such it is oppressive. Patrick presents his own perspective in a concrete form as the unquestioned, implied common reality of the parental/lead author-secured “we”: “we spoke of his hallucinations”. Patrick has woven the psychiatric and philosophical judgement of “hallucinations” into his account of Henry’s objection, whilst ostensibly giving that objection a place within the prefacing of their co-authorship. It is a dismissal of Henry’s opinion before or at the same time as it is allowed to appear. Henry’s rejection is registered but it is not enough to alter the disputed master term and the framework of thought to which it belongs. The phrasing is indicative of how language can be exclusionary and oppressive of people considered to have mental health issues, even as it constructs itself as opening up a space for their self-representations. These ventures into inclusivity might be considered tokenistic rather than truly accepting.

Here, we return to the work of the sociologist Michel Foucault (1998), who discussed authorship from the perspective of one’s inability to be self-expressive. This view derived from the premise that texts are formed by both human experiences and authorship. Yet stories and human experience, unrecorded, always exist, whilst authors only exist within a text. A Foucauldian argument would suggest that authors are not self-expressive, rather they are vehicles for the legitimated articulations of human experience and knowledge of the time (Foucault, 1998; Gutting, 2005). This argument abandons any conception of the author as a source of absolute truth. The morphology of an author’s words is indicative of its discursive origins, and of knowledge beyond subjectivity and intersubjectivity. Thus, any narrative analysis of the authorship of Henry’s Demons is not reflective of the Cockburns as such, as individual members of that family. The distinctiveness of their uses of language is informative of the various discursive structures admissible in the contemporary world, and arranged in accordance with the paradigms of power and knowledge which affect authorial authority and conviction in the narrative. Here, this perspective is used to consider how Patrick and Jan embody the dominant discourse in their understandings about Henry’s protests.
Discourses constantly work to gain or keep their power by rationalising and subverting the utterances of those considered other. Within this text, Jan and Patrick can be seen as aligned to discourses of biomedical/recovery mastery, and in their understanding of Henry’s protest we can track the discourse’s processes of discrediting him, as the other in this text. They give two key reasons for ultimately rejecting Henry’s point of view: “lack of insight” (into his psychiatric condition), and a painful awareness of the social humiliation and stigma that is likely to be heaped upon their son, should he not ‘recover’ (p. 98; 163). Both reasons will be examined. In the tribunal hearing Henry is sectioned or involuntarily incarcerated for a “lack of insight” (pp. 163-165). This clinical term refers to someone who does not display willing awareness of how their symptoms are negatively affecting them (American Psychiatric Association, 2013). Thus, the discourse of mental illness curbs any resistance to its governance by removing one’s agency over knowledge. These people’s resistances are classified as symptomatic, and as such their claims are seen to have no meaning outside of that indication of mental illness. This discursive damaging is then used to restrict people’s freedom until they find a way to comply with the discourse of psychiatry whilst making their representations.

Patrick suggests that one of the biggest factors in Henry’s continued sectioning is the dynamics of debate about whether his voices are real (p. 104). Here, consider Patrick’s presentation of a scientific rationale for why people hear voices:

Brain imaging shows how people with schizophrenia really do hear voices, but they are a misdirection of the “inner speech” we all create and listen to. Such speech is made up of verbalised but unexpressed thoughts, imaginary conversations and arguments, bits of dialogue which are never spoken. In the case of somebody suffering schizophrenia, this inner speech is received through the part of the brain handling reception of external speech, so it appears to come from a separate entity. No wonder that to Henry, the commands and comments in the trees and bushes, as well as the voices of friends both dead and alive, sounded so real. (p. 104)

Patrick is referencing a contemporary neurological theory about hearing voices. This theory, and Patrick’s use of it, are built upon the premise of understanding, and through this understanding, acceptance and advocacy. On the surface it gives a credible explanation of why Henry would make such claims. But there are two fundamental flaws with this approach, and it is these that the Hearing Voices Movement itself reproduces in its adoption of the premise of mental illness. First, it is built upon the bio-mechanical account of psychiatric medicine that voices are a “misdirection”, or malfunction, of neurological pathways. This is problematic – oppressive rather than supportive - in that it still perceives voices as symptomatic of a lack of order and function; as a negative by-product of psychological or physiological error. Second, it ultimately seeks to prove how auditory hallucinations fool us; why they sound real, or feel real. This is very different from accepting that
Dimitra Lattas

they emerge as a different reality, and that in that other reality they are real to the people who experience them.

Henry rejects the entirety of the ‘hallucination’ construct. He rejects the word based on its definition: perceptual sensory experiences in the absence of corresponding external stimuli (Gregory, 1987). The word’s etymology is rooted in Latin: alucinari or hallucinari: to wander in the mind, to be distressed (Clarke, 2010). This meaning is defined through a containment in the mind, occupying the space of ‘false perceptions’ and unreality (Clarke, 2010). A theory that proves that auditory hallucinations appear to be real, because they can be (mis)heard internally, does not support Henry’s claims that his voices are real. For Henry, it is a lack of support that ultimately undermines his experience and his integrity.

In calling upon this theory the rejections of Henry by his nearest and dearest have been recycled through a professional discourse, in this case neurology. It is presented as a fact and therefore as truth. But in being presented so, it nominally accepts Henry’s testimony only to absorb it into another system of thought that spits it out as now explained away; that is, it acts to cannibalise his resistances. This can be considered through a social constructionist lens, a method of scrutiny learned from Dorothy Smith (1978) who explored how knowledge comes to be translated and absorbed through a master discourse; here, through the professional discourse of psychiatry. People’s experiences and ways of knowing are reformulated through a governing sense of the real that renders their world of meaning as false, or as an un-reality that will only make sense (or become real) when their epistemological schemas are replaced by those of the more powerful speaker who can account for them. For Henry, his behaviours, thoughts, emotions and resistances are drawn into its conceptual orbit and limited set of designations. Moreover, his resistances are seen as symptomatic and in need of treatment: psychoeducation.

The concept of psychoeducation was formulated in the same era as that of schizophrenia, in 1911, by John Donley in the article *Psychotherapy and Re-education*. He used the term to mean a re-teaching of those diagnosed with a mental deficiency to think in normative terms or ways of knowing the world so that they drop their odd ones. Its premise was that explaining symptoms and a diagnosis would help the person, or their families, to understand why they think and act a certain way. Interestingly, it is not only Henry who is receiving psychoeducation, it is the reader. During the process of re-framing Henry’s self-reporting in other terms for the reader – terms that emerge from his research into the history and science of schizophrenia – Patrick is explaining each incident, behaviour or thought of his son in reference to some symptom that corresponds to this testimony (p. 23). It is a strategy designed to ward off the worst of society’s judgements of the mentally ill, and so to improve the life of his son, but it also works to reinforce the master discourse of science, and to cement Henry’s social identity as one of being ill.
Dimitra Lattas

The second rationale used to explain Henry’s resistance to diagnosis and treatment is awareness of this social stigma. Patrick cites well documented research that acknowledges the extent to which diagnosed populations face marginalisation and poorer life outcomes in all domains, including socioeconomic status, family stability and health outcomes (Beavan, 2011; Clements, 2015; Watkins, 2008). But the role of stigma in _Henry’s Demons_ is complex. In his initial statement of aims in proposing the book, Patrick does not outwardly call it a goal of de-stigmatising schizophrenia. But he uses the same principles: the reduction of social ‘embarrassment’ through public education. This is seen in his and Jan’s rationalisations of Henry’s resistances. These are, firstly, a comment from Patrick on his son’s refusal to take the anti-psychotic medicine he has been prescribed (olanzapine): “He won’t do it because he feels he is defending his whole identity and integrity” (p. 25). Later, there is this statement on Henry: “I suspected he did not want to confess to being mentally ill - who does - because to do so was humiliating and discredited his whole world view of himself and the world” (Patrick, p. 211). Finally, consider this Shakespeare quotation from Jan in her diary, awash with anxiety as she remembers Henry’s almost casual disregard of other people’s opinions of how he appears and what he does, when he goes missing after declining another anti-psychotic drug, Clorazil: “Fear not slander, censure rash” (Jan, p. 148). None of the above statements deploy the word stigma in relation to Henry’s social reputation, but they all refer to the damage that the responses of other people might do to Henry’s sense of self and self-worth if his behaviours are not kept in check by medication. Henry is clearly keen to maintain and defend his “whole identity and integrity”, but he is not willing to do so by submitting to psychiatry and its anti-psychotic treatments. The father of public reputation analysis, Erving Goffman, wrote that stigma was the social categorisation of a population as “discredited” persons (1963, p. 3). Indeed, the etymology of the word stigma can be traced to the 1600s where it meant a “mark of disgrace”, with a religious connection in its reference to the marks of crucifixion on Christ’s hands. In the contemporary world, stigma is widely accepted as a fact of life that can never be eliminated and a behaviour that will continue to influence human social worlds significantly into the future. Here, Patrick does seem to align with Goffman’s critical awareness of stigma, and its inevitably injurious impact on Henry’s social identity and wellbeing.

In the series of statements given above, Patrick and Jan are contextualising Henry’s behaviours for the reader in a way that communicates the part they are willing to play in ensuring that Henry takes his medication. They understand that diagnoses are labels which come with destructive reputational connotations, such as the diagnosed person being dangerous, unstable, hopeless, deluded, incapable of self-determination, and more. They present this information as understandable reactions from people who are faced with madness: with odd, confronting and perhaps threatening forms of behaviour. They do this while painting a picture of parental concern and compassion. However, Henry’s self-narration might serve as a contrast here. He never mentions
Dimitra Lattas

social prejudice or humiliation as factors that drive his refusal to accept and adopt the diagnosis of psychiatrists; his rhetoric is simply: I do not consider myself ill. The disparity between the parents’ observations and Henry’s own is striking. A key term in the first of Patrick’s formulations quoted above is *confess*: “he did not want to confess to being mentally ill”. A confession is an admission of guilt; it would signify that being sick is a truth that Henry is refusing to admit. Here the status, for Patrick, of the medical understanding of Henry’s states of mind as psychotic is clear. Their encouragement of the reader, and Henry, to accept this need to “confess” gives more information about the mentality and positioning of the discourse Patrick and Jan subscribe to.

These rationales of the parents here reprocess Henry’s resistance through a professional and established body of knowledge to ensure that it supports the dominant narrative of the situation. In this case, it is that Henry is indeed ill; that he is psychotic. Each hinges on a lynchpin of *information* and how it might be directed or manoeuvred discursively. Both destigmatisation and psychoeducation are central to the philosophy that public education – and the subject’s private mindset adjustments, to make them fit with that public education - is the key to improving the equality of persons in society. The marginalised or oppressed community is made better through increased awareness and exposing the public to ‘factual information’. These two concepts are favoured within recovery schemas, presented as necessary to obtaining quicker and better ‘recoveries’ (Gaebel et al., 2008). Instead, I suggest, they work to strengthen the discourse of mental health, and the medical paradigm of explaining and responding to phenomena like hearing voices. They do not improve the unequal power structures that create marginalisation discursively, rather they reinforce it under the cover of advocacy terms like empowerment.

The disempowerment of Henry is not the personal failing of Patrick or Jan; rather, it is an inherent problem with recovery philosophies. The term empowerment can be found in almost all textbooks about society and working with people. This has led to a widespread but uncritical use of this term. McLaughlin (2016) argued that the contemporary understanding and definition of empowerment has vastly changed from its original conception: to reorganise power structures. She contends that constant superficial use of the term leads to its loss of meaning, and its adoption as “feel good rhetoric” (2016, p. 65). She suggests that true empowerment can only be achieved through a critical lens. In this text, the avowed textual empowering carries with it a concomitant textual disempowering of Henry.

The recovery narrative is a relatively new sub-genre, differing in purpose from general autobiographies or stories about madness by typically following a formula where the individual is on a journey to overcome their experience of what is considered mental illness. This is indicative of contemporary society’s growing interest not just in madness, but in the way clients’ involvement in psychiatry leads to experiences of micro- and macro-level forms of discrimination. These reflective works are regarded as able to improve reader awareness of structural inequalities and
Dimitra Lattas

marginalisation (Cohen, 2008; Hudson-Jones, 1997). Those who have been diagnosed and detained within psychiatric services are being encouraged to write and publish their stories. As I have said before, in recovery philosophies this is regarded as therapeutic for the individual, and necessary to break the social stigmas and cultures of silence and to normalise the phenomenon of altered mental states (Slade, 2009). However, the preceding paragraphs have demonstrated that these proposed benefits have not come to fruition.

The text appears open to the possibilities of new paradigms of thinking and speaking about experiences considered delusional. What we see as the story unfolds, however, is a reassertion of mastery, that of Patrick and Jan over Henry, and that of the contemporary hegemony of the discourses of a medical model, albeit in a more benign form. The cultural authority behind the parents’ narrative strategies is compounded by the textual devices that present them as natural, reasonable, and ethical (strong in their conviction, and concerned with others - with Henry primarily, but also with his younger brother, and the family as a whole) and in other ways elevated above the authorial voice of Henry.

Thus, the question arises about inherent problems with the recovery narrative as a genre (or sub-genre of life writing). In Marxism and Literary History, John Frow reflects upon the conversation between Derrida and Foucault on madness; Derrida (1978) had written Incognito and the History of Madness as a critical response to Foucault’s History of Madness. In this reflection, one foundational point that Frow makes is that Derrida seeks to establish that despite Foucault’s attempts give a voice to unreason, he does not, and cannot, do so (Frow, 1986). The enterprise of recovery narrative offers this same paradox to critical analysis. It understands and highlights that there is social disempowerment of those in Henry’s position. It attempts to create a space for people like Henry to voice their experiences. But it cannot avoid the discourse of mental illness, let alone relinquish it in favour of some alternative that remains outside of its orbit. Thus, it cannot hear the very speakers for whom it claims to advocate.

In conclusion, this chapter has outlined some of the underlying issues in the new sphere of recovery narratives, in a close reading of the authorial constraints imposed upon Henry. The publication of Henry’s Demons sought to give a voice to and improve the life of one of the many in society who are diagnosed with conditions such as schizophrenia. What I have found is that the sub-genre’s well-meant intentions and philosophies ultimately do little but disavow and hide the continuation of the negative associations and limited life choices that are imposed upon those who become the object of discourses of mental illness. Now let us move away from recovery, and consider an alternative framework, one which is derived from Henry’s own self-reported understanding of hearing voices.
Chapter Three
Daemons, Voices and the Plurality of Self

“I get the impression that if Socrates himself wrote my appeal against being sectioned, it would still be turned down by the doctor” (Henry, p. 241)

It is well accepted that the words used to describe ourselves and our experiences are integral to our identity and worldview, but what about the words carried by an external voice? External voices are those that come at us from others and from elsewhere. Theorists such as Hannah Arendt, with whose work I engage extensively later in this chapter, argue that the regard and thus the voices of others are also integral to our identity and worldview. Indeed, they argue that we cannot get an identity or a worldview in the first place without these being reflected back to us in our engagements with others in the public world. But what of those voices which are heard internally as well as externally? In the case of voice hearers, their voices have traditionally been dismissed as nonsense. To what extent, I ask in this chapter, can this hearing be defended and valued as experience, and embraced as offering truths about one’s identity and worldview?

In Chapters One and Two I argued that recovery philosophies are underpinned by a perception of clients needing to reclaim some mental control, that is, to be supported in re-establishing authority over their own thoughts and mind. Recovery is measured through management, while mental illness is characterised through its opposite, a loss of control (control ceded to the diagnosing institution, or to their own mental disorder). But humans are not in a permanent state of mental control. As a society, there are accepted times and places when it is routine (if not quite appropriate) to have experienced a lost or decreased mental control, including during recreational alcohol consumption or substance use; as a result of strong emotion; and during sleep, which is the most common, normal and accepted time and place. Sleeping is a necessary state of rest, where the body lowers its defensive mechanisms and releases muscular tension, and the mind ‘lets go.’ During sleep there is a shift within the brain, and a changed relationship with our thoughts follows. Conscious thoughts subside and dreams come into their own.

As individuals relinquish mental control, their thoughts and minds wander freely. Here what dominates is unreason; which Michel Foucault defines in Madness and Civilisation: A History of Madness (2001, p. 102) as that which sits in contrast to the sensibility of social norms. Dreaming is a sanctioned time when the sleeper hears and sees things that others do not, and their thoughts are allowed not to make sense. As an experience, dreaming has a number of similarities to what Henry reports of his visions and voices. This is noted by both Patrick and Henry, who use the word “dream” as a reference for Henry’s experiences. However, despite dreaming and hearing voices having some common features, they are treated as polar opposites within society and the study of...
Henry’s words ...he was highly excited by the dream-world of his psychosis. (p. 119)

These statements disclose a struggle in Patrick to conceive of Henry’s experience as taking place within either the real or the imaginary. He sees these experiences as imagined, but unlike dreams they are not confined to the time and place where the mind’s control is sanctioned to be absent, which is when the body is at rest, and it is safe to cede control to the ego’s id-driven other(s). In his words they are “dreams made flesh”. Thus, these two states of mind are seen to be similar, but Henry’s “world of dreams” appears wrong in its lack of a proper time and place.

The notion of “dreams made flesh” signifies a conception that for Patrick, Henry’s experiences amount to the manifestation of dreams within the real, a transcendental crossing of dreams out of a kind of private, night-time realm of sleep to the public realm of mixing with other people in the light of day. Here, reason’s other transgresses into the land of wakefulness, and thus of reason; and as Foucault has established, this is the point at which unreason (a lack, loss or refusal of reason) has historically become feared and understood as madness. Unreason can be accepted if it stays in the realm of sleep, but not in the public hours of the day where it is the role of consciousness to keep it at bay and maintain the ego’s front of being wholly in command.

The major distinction between Henry’s experiences and common experiences of dreaming is that his occurs in a waking state: when he is fully conscious and going about the world in the company of others. This scenario of being at odds with our expectations of proper conduct under the jurisdiction of consciousness supports a conception of madness as a lack of mental control, as discussed in Chapters One and Two on recovery discourse. Being awake is defined through our
thoughts being subject to the management of ego, which is understood to hold court over the mind and its activity. In spite of modernity and the symbolic order that it defends, the impulses and free range of unreason may be recognised as the submerged and disavowed truth of the human mind. It is what lies underneath the niceties of civilised consciousness and what cannot be fully suppressed and abjured. Hearing voices and having dreams may be exposed as the primary disposition of thought, or thought in its raw form: unregulated and always ready to break into our days unbidden.

Henry’s use of the word *dream* is different from Patrick’s. He does not use it as a synonym for his experience of visions and voices. Consider this statement:

Under my Peruvian rug, I would have waking dreams. Once I had a dream that my dad had phoned me up. In the dream he said that God had told him not to go to dangerous places anymore. (p. 128)

The descriptor “waking dreams” indicates a distinction between this experience and that of hearing voices. Unlike voice hearing, Henry is specifying that this event is not happening in the everyday space of a shared public world, as it comes to him under a rug. It is happening within him in an orchestrated private realm, in an altered state of consciousness and not in the company of others. It is dark, he is resting alone with his thoughts and letting them come to him as they will, but he is not asleep. Here, the differences between the kinds of experience reported by Henry in this book must be highlighted. Henry does not make the same claims here as he does with the other voices that he hears, and that he refers to in terms of daemonism; he is not insisting that the voice of Patrick is real. For Henry, dreams and “waking dreams” are different, and so are the voices that come to him in his various states of mind.

Hence dreaming cannot be seen as synonymous with hearing voices. Certainly, dreaming happens wholly within a person’s mind and therefore beyond the witness of other people who could contribute to the building and confirming of its reality from their different and multiple points of view. The same can be said about hearing voices. However, voice hearing is not an experience that everyone has, as a matter of routine, during a very distinctive and widely shared animal state which is that of being asleep. For the person experiencing the phenomenon of voice hearing, it manifests not only as quite different to dreaming, but as quite different from thinking (which we will come to). Yet, a complete separation of these two experiences proves problematic. Indeed, in *The Interpretation of Dreams* the psychoanalyst and father of dream analysis Sigmund Freud called for an absolute distinction between “waking thoughts” and “dream-work” (2015, pp. 680-681). As Stella Sandford (2017) highlights, in Chapter Six, *Dream Work*, Freud’s proclaimed distinction becomes problematic; he generates a paradox. Freud ponders the relationship between dreams and reality, and creates the very epistemic commonality he is disputing. Sandford notes that this is the foundations for the later dream theorist Wilfred Bion (1992), whose “dream-work-alpha” theory openly called for the recognition of the oneiric or dreamlike nature of thought.
Dimitra Lattas

Since thinking, dreaming and Henry’s experiences share so many qualities, the approaches to understanding each of these, such as dream analysis, can contribute to a framework for understanding his experiences outside of narrow psychiatric guidelines of identification and treatment. Dream analysis is a prominent feature of psychoanalysis, but it is not widely used in mainstream psychiatry. For psychoanalysts, dreams are the manifestations of the subconscious, and they offer insight into everybody’s psychological makeup, not just those who might be categorised as mentally ill. This contention comes from the foundational work of Freud, who proposed that the self was tripartite in its structure: the psyche being composed of ego, super-ego and id. In dreams, the id, which is our psyche in its most primitive and uninhibited part, is relinquished by its assigned controller, the ego; thus, dreams are able to manifest our unacknowledged or repressed subconscious desires and fears. These surface through the channels of unreason rather than reason, in distorted or figurative ways that might be interpreted through analysis. Here, this approach to understanding meaning can be considered as applying to Henry’s narrative of his states of mind.

Dream analysis stipulates that there are symbolic meanings to be found within the obscure references of unreason. Accordingly, let us examine Henry’s experiences during one of his waking dreams, where he attends to the intimations and suggestions of unreason:

That night she [Claren] told me how Australian aborigines put stones in their mouths so they produce saliva and have to drink less under the hot sun. The next day my father and I went to the beach. I thought that Claren’s story related to me but in a different way. I recalled that birds have no teeth and swallow stones to digest, so I thought that if I swallowed a stone, I would turn into a bird and be able to fly away from the Priory and all my troubles. (p. 41)

The passage above is told with Henry’s own interpretation of the scene. Considered as a dream-time manifestation of unreason, it offers for analysis a long-standing cultural association between birds, flight, and liberty. Birds have held a fascination for humans across continents, cultures and times. Their ability to move through an element that is beyond the limits of normal travel, for humans, are a common symbol of freedom as unrestrained action and miraculous escape.

There is an element of magic in this scene, in that the stones possess an ability to transmogrify Henry from one animal state (human) to another (bird). In the terms of our analysis, Henry is engaging with unreason. He is disconnecting from conventional knowledge, and instead entertaining a new kind of idea in which the story in its standard context of meaning is being supplemented by one that concerns him in particular, and that is elastic enough to switch its terms around as imagination requires: the story “related to me but in a different way”. It is a process that Louis Sass called Apophany (2004, p. 52); here, Henry’s world is changing, and everything is becoming uniquely meaningful, a sign; it is being individually targeted and morphing in step with the experiencer’s inner world. Claren’s story is no longer idle chit-chat; it has a purpose. Her story
Dimitra Lattas

is seen as symbolic; it is not just offering a metaphor of Henry’s situation, but itself becoming a part of the solution to his problem: his captivity and the means by which it may be fled.

Birds work as the emblem of freedom in this scene, but it is the stones that are key to Henry’s escape from captivity. The act of swallowing these stones can be juxtaposed to that of Henry swallowing his pills. This act, a requirement of his institutional carers and of his family in turn, is a touchy subject in *Henry’s Demons*. Henry is steadfast in his defiance of this edict, consistently refusing to take his oral medication. This is a source of much frustration for the health practitioners and family involved in his condition and its outcomes. His reasoning is as follows:

I was suspicious of the tablets and wanted to know what they were made out of. The doctor said they were synthetic, made out of molecules. This didn’t mean much to me. I wanted to know if they were organic - made out of plants and minerals. I suspected they were made out of human parts. (p. 173)

Unlike the beach pebbles, Henry will not swallow the tablets he is prescribed. The two items have physical similarities, being small, hard, round and abundant in number, but they hold vastly different positions of significance and (malign/benign) purpose in Henry’s mind. The beach pebbles are seen to be natural, meaning pure and beneficent, and to have magical powers, while the pharmaceutical pills are seen to be impure, harmful and morally insidious, carrying the threat of a cannibalism rather than magical practice.

Henry’s testimony could be dismissed as dark fantasy and paranoia. It appears to the observer as if Henry neither understands nor accepts the medical explanation, wielded by the doctors and duly adopted by all those who take on his care. Yet Henry’s suspicion of the pharmaceutical cure aligns with marginal yet growing contemporary trends within popular understandings of health. Rosalind Coward (1989) found that many in western society are becoming increasingly distrustful of mainstream medical discourses and the artificial chemical products with which it has been associated. Indeed, she found that popular trends of a return to nature and traditional healing were booming, and today, thirty years after the publication of her book, they can be observed as still increasing in purchase as New Age discourse. As noted previously, Henry often voices these same ideas, rejecting the medical establishment, its pills and procedures, and finding solace and an alternative approach to healing in the purity of natural substances and objects, such as the beach stones here.

It is important to contrast the dream analysis approach with other recovery-influenced scholars’ perceptions. We return to Stella Bolaki (2014), who offers such a contrast on this same scene. She cites it in her chapter as a good example of glimpsing Henry’s inner world. As mentioned, her paper upholds a disability model, and she is critical of the traditional medical discourses of symptoms and diagnoses in relation to hearing voices. Consider her assessment of this scene:
Rather than being a symptom of his exclusion from the ‘real world’ or a textual puzzle to be deciphered like a dream by the analyst, this story is a ‘fragment’ (Radley, 2009:184-185) of a different world that Henry constructs and into which we are ushered as readers by bearing witness to it. (2014, p. 93)

Bolaki’s phrasing is problematic within the framework of this thesis. Whilst she accords Henry’s world the status of being another world, a different world, rather than some fantasied, false outside to the one real world, it is not one to engage with in the form of deciphering and dialogue. For Bolaki, we encounter a fragment of another world, but we remain onlookers. One might ask, to what extent do we “bear witness” as readers, without the active response of making meaning, or deciphering (“like a dream by the analyst”)? Here it is not the mastery of the analyst that stops Bolaki from taking up the interlocutor role, but the limits of the philosophy to which she is tied. Recovery adherents acknowledge the worlds of voice hearers only to the extent that they can and should be supported to embrace their ‘disability’ (the idea that they are mentally ill) and come to cede their different world of their own accord, in the fullness of time. Clients must accept their plotted position along the road from ill health to wellness and find their way to progress, meaning a return to the fold from which they have strayed. I maintain that the passive, kindly observer form of readership imagined here undermines both the text’s literary value, and the worth of the experience as an opening onto another world of meaning. It continues the same rhetoric of unmeaning that underpins the discourse of mental illness in the age of reason. This chapter attempts to demonstrate that new frameworks of understanding open the possibilities of meaning in positive ways.

Dreaming is an important correlating phenomenon for the study of hearing voices. The two experiences have been linked together in Ancient Greece, where the occasion of hearing a daemon (a term that we will come to focus on throughout the rest of this chapter) is likened to dreaming. In his biography of the classical Greek philosopher Socrates, entitled De Genio Socratis, Plutarch writes:

As in dreams we fancy that we hear voices and the word of spoken language, and yet there is no voice, but only meaning, doing the duty of voice. (1959, p. 451)

Plutarch likens hearing a daemon to apprehending a dream through a shared perception of sound. It is a sound with no discernible origin of speech and speaker. Plutarch explains that the words picked up in a dream are not speech as we know it (“yet there is no voice”), but rather an intimation of something other that is nevertheless meaningful. In Ancient Greece, this could be the expression of the divinity, of morality and guidance from a spirit or higher being. Plato refers to Socrates’ daemon in his Apology of Socrates (West, 1979), and Burkert in his book Greek Religion (1985) explains that for Athenians, this was a being that attaches to newcomers at birth and counsels them through life, specifically on how to appear before others in public, as a citizen should. As Arendt contended, this is also a reflection on the political as a shared space in which one can be seen and
Dimitra Lattas

heard, and in this way recognised as properly human. One’s individual character or personality within this realm (the polis) also comes to light, as it is one’s distinctiveness that is being witnessed by others. Here thoughts, much like dreams, are a reflection upon consciousness, and the experience of being human. It is to this analysis that we now turn.

Therapeutic disciplines place a significant focus on spoken language: words as a representation of thought, and thought as the foundation of the self. But the same cannot be said for external voices heard internally. These are often found to be suspect, represented either as having a deceptive meaning or a lack of meaning. In the discussion that follows, I focus on Henry’s understanding of the voices he hears, as glimpsed in this self-reporting: “I get the daemons or polka dots, which feel like a bad trip, about once a week” (p. 221). In his use of the term “daemons” here and throughout the book, Henry means the whole of his experience of voice hearing, which is not limited to the direct speech that he attributes to others but includes nonverbal communications and his own internal voice. Here, the distinction between thinking and voices is rendered complex. While the phenomena of thinking and voice hearing have some similarities, the extent to which one may comfortably admit to experiencing these and valuing their insights is of course profoundly different.

The idea of a useful comparison of thinking and voice hearing in my analysis of Henry’s Demons in this chapter is built upon Hannah Arendt’s work on thinking and the duality of self. In Arendt’s philosophy, internal plurality is a norm, despite its having been characterised in the West as spirit possession or madness, and therefore as not normal (whether divinely appointed, demonically possessed, or psychologically disordered) and not rightly human. In my discussion, I will attempt to de-transcendentalise and de-individualise Henry’s experience of daemonism. This means that the analysis will speak to the phenomenon as having no essence outside of its appearances in the common world; and it will apply to hearing voices more generally, not just Henry as a stand-alone (and in that sense also transcendental) subject. In particular, my analysis will use of Arendt’s readings on Ancient Greek daemonism, as a framework within which to understand Henry’s own self-characterised experience. Specifically, I will propose that insofar as this framework can be taken as a commentary on the political, following Arendt, the experience of voice hearing will be seen to engage and reflect upon aspects of our common humanity, on an individual and societal level simultaneously, as the experience of being human in concert with other humans in the public sphere.

Thinking is understood to be one’s internal monologic voice, and it is characterised by an ability to go beyond the requirements of immediate need: that is, to dialogue internally on an abstract level, self-reflectively and strategically. This sets human beings apart from animals. For the philosopher Hannah Arendt, thinking is at the origin of spirituality. Its paradoxical nature is that it is able to deceive itself, to imagine withdrawing from the world and transcending that world. It is
Dimitra Lattas

our capacity to think that is responsible for the illusion of existence as pre-given, or given prior to one’s appearances in and engagement with the mundane, shared human world. Her work *Life of the Mind* (1978) is fascinated by the complexities found in this everyday activity. In true Arendtian style, she examines the phenomenon in terms of plurality, and develops the *two-in-one theory* of subjectivity as a direct challenge to the idea of psychological monism that dominates Western theology and metaphysics. This two-in-one theory recognises that when thinking, the ego splits and the self emerges as a duality or is doubled, with an internal dialogue striking up between those separate parts. At any one point one self is speaking, and the other is listening.

Human beings are in a permanent state of thinking. Thus, we are always in a state of duality. Our thoughts are a mixture of internal dialogic noises and non-verbal forms of expression, exchange and knowledge. These all work together to formulate meanings and understandings about the world around us. Consider Henry’s report of his regular and desired mental states in this scene:

I tried not to think of anything, as if I were meditating, and to control the words that came into my head. People stared at me as I walked, and one person jeered at me as a “crackhead.” They had no idea that I had given up even coffee. (p. 39)

This is a glimpse into Henry’s internal thoughts, but he is not reporting it as an incident of voice hearing. He is aware that the sensory input, that which he sees and hears all around him, is being processed mentally into meaning; into a coherent internal conversation or narrative, or even a set of random thoughts, of which he is not the master. He aspires to stop that reception and to clear his head, so that only he decides what words come to him and get harboured within his mind. He is quite serious in this endeavour, and is put out at the looks that he gets from others as he concentrates on the exercise. Henry does not react verbally to the jeer, but internally he does respond, rebutting the onlooker’s accusatory statement as an assumption that is simply wrong. Thinking here is a process that enables Henry to shape and secure the incident so that it fits within and helps to support his worldview. Henry’s thought response to the passer-by works to reprise his sense of self, to re-take it in the everyday external (or mirroring internal) dialogue of one’s public engagement with other people. This is an example of the normal process that each and every conscious human being goes through endlessly. The point here is that this ordinary internal production and negotiation of meaning can be likened to what occurs in the phenomenon of hearing voices. In this scene, there is a dialogue between Henry’s two selves. There is one that creates and speaks the narrative, and another that listens to and processes it.

In the moments before the jeer, Henry is actively engaging with his own thoughts by idly attempting to control them. This is similar to but not the same as meditation and other exercises of mindfulness, which put consciousness into a more passive position in relation to external and internal stimuli. In those endeavours, the mind is encouraged simply to note these currents and remain calm and as disengaged as possible; that is, it promotes awareness of thought, not active
control over their content and direction. Nevertheless, during Henry’s act of focusing on his mind’s busy traffic of internal and external stimuli, there is a clear doubling of the self that is very like what happens in the attempt of a person meditating to stand back from that ongoing ‘rush hour.’ He separates from the maelstrom of his mental activity and attempts to hold himself detached. He becomes an observer of his thoughts, and they exist or go on concurrently of their own accord while he musters the will and the materials needed to direct them with his own preferred content and narrative trajectory. The act of mindfulness, whether one of seeking control of thought or simply one of registering its tumult and resting from it, recognises the possibility of duality within the self. It recognises that the self is unable to stop, discipline or dictate the content of thought, all the while it is projecting a doubled self that disconnects. Thoughts have their own form of autonomy, and like the id, they are not entirely governed by the thinker as ego.

Dualism can be traced back to ancient Greece, to Pythagoras and key later philosophers like Aristotle and Plato with the conception of symbolic opposition. Specifically for subjectivity, it is transcendentalism’s symbolic opposition of mind and body (in religious systems spirit and flesh, or divine soul and mortal body) that governs the ways in which humanity has toyed with this idea of plurality in the West. In this conception, this way of organising difference, plurality is repudiated in a One-Other symbolic structure that in effect empties the position of the other, deploying it only as a foil or negative mirror of the fullness and unitary nature of the one. In dialectical terms, the difference between the thesis and the antithesis is sublated in resolving it into a synthesis, or higher One. While in the intellectual scholarship of the contemporary period this transcendentalism has become a contentious concept, the idea of a divided self as and irreducibly plural self, has had new life breathed into it through Freud’s structuralist analysis of ego and id, and through later poststructuralist analyses of difference. In this new thinking, plural subjectivity is normal and healthy. In the popular imagination, however, and in the routine practices of those in the health professions in charge of the mind and its functioning, a divided self is seen as suspect.

Within current diagnostic criteria, the monist framework continues to dominate; and a divided self can be positively certifiable. Consider Henry’s statement in the light of this popular and professional consensus: “I had an idea at the time that schizophrenia meant a split personality” (p. 31). Henry is referencing an ingrained social fear of dualism though a common misconception, that a split personality indicates schizophrenia, which as a diagnosis means a serious and section-able mental illness. It is an idea filled with misinformation from the point of view of a philosophy of subjectivity, and it does not help that the prefix schizo- translates to “splitting.” Bleuler’s original conception of schizophrenia noted a fragmentation of consciousness that disturbs thinking. Without Bleuler’s adoption of Freud’s key notion of the unconscious, which proceeds in the full knowledge and embrace of the idea of normal subjectivity being internally divided and in conflict, the idea of schizophrenia and otherwise disturbed thinking in the current diagnostic milieu carries with it a
Dimitra Lattas

rejection of the non-unified self. The more widely held perception of a threatening plurality within the subject has been exacerbated by hundreds of negative characters in literature, film and television, including the ‘one’ at the centre of the key narrative of Dr Jekyll and Mr Hyde (Ruddell, 2013).

Our internal voice, our ‘thinking voice’, is characterised by a sense of primary identification and ownership, the ‘I’ (that which Freud has termed the ego, in contrast to the id). Voices other than this ‘I’ (and would-be master of the id), such as those picked up in the phenomenon of voice hearing, may well be perceived as emanating from an ‘external’ force. In the paragraphs that follow, where I consider that status of ‘other’ voices heard internally, this distinction is blurred. The literary scholar, and hearing voice specialist, Patricia Waugh (2015) has written several articles in this field. She suggests that the formal process of writing offers a rich performance of inner speech, where the nuanced interplay of inner and outer selves is elucidated. In particular, she uses Virginia Woolf’s Moments of Being: Autobiographical Writings to argue that a thinker can, and frequently does, replicate another’s mind within his or her own. This technique of simulating the outward presentations of the other within the confines of one’s imagination helps an author consider how characters might see, think and act, and how readers might interpret or respond to their work. Thus, our plurality arises again in the self that voices and the self that listens and responds. And in this moment of duality, wherein lies ownership of the self, and how should it be represented? This is a question that Waugh poses in her discussion of the internal dialogue involved in both thinking and thinking about thinking:

> Whose is the voice “I” hear? Is it “me” or “mine”, something not me, but that I own? If I listen too hard and for too long, I risk losing ownership of, let alone identity with, my voices; I may feel more like a ventriloquist's dummy than a self. Or I may retain ownership but lose agency, hearing “my” voice disconnected from me, expressing alien content that seems not my own. One's sense of self is evidently at times a precarious achievement. (2015, p. 54)

Waugh, who is not a voice hearer, reflects upon the dialogical processes involved in reading and writing to prove that one’s own internal voice occupies an uncertain position during the universal act of thinking. Indeed, that internal monologic voice, hailed as a sign of consciousness and its specifically human character, is not solidly attached to the self. The longer one focuses on this voice, the more it presents itself as a separate agent, disconnected from one’s own thoughts and their foundation in the ‘I’ of the possessive ego. It is an idea that would provide the foundation of any attempt to normalise the phenomenon of hearing voices as part of the human condition. In the exegesis that follows in this chapter, I explore a variety of voices within the text, specifically where it appears that Henry’s internal voice is speaking, but where he is disavowing any ownership of the...
thoughts; where he does not recognise, control or identify with the spoken content. In order to proceed I will consider this as a disembodied internal voice.

Henry reports hearing several external voices in his mind. They range from offering guidance in positive ways, as encouragement and enlightenment, to offering it in negative ways, as criticism and persecution. They come to him in formulations that are those of either direct speech or indirect speech. In the analysis of voices heard internally, the major focus has fallen on patterns of direct speech, say Demjen and Semino (2015). However, in relation to voice-hearing, indirect speech also features, and is an under-acknowledged area of research. Like Demjen and Semino I find it important to consider the varied types of articulations or expressions of meaning that Henry and others report that they can hear. Consider Henry’s experience of voices in this scene:

I felt brambles, trees, and wild animals all urging me on. It was as if they were looking at me and I could feel what they thought. (p. 31)

In this description, the voice hearing is not a verbal exchange, but the thoughts picked up of someone or something other than oneself. This non-dialogic interaction is the main form of encounter the reader has with what are broadly called Henry’s voices. No actual speech is cited; Henry experiences a feeling or ‘knowing’ about what his voices want. In Demjen and Semino’s (2015) linguistic analysis of Henry’s Demons, they found that only 14% of voice hearing incidents in this text are narrated as direct speech, while a much high proportion, 41%, was indirect. Henry communicates with voices through verbal and non-verbal channels. As an experience, voice hearing is complex, and an analysis cannot be confined to the patterns and phrasings of direct speech.

Henry identifies the voices in this episode as coming from external sources (brambles, trees and wild animals), but not as directly heard in the form of words said aloud. Non-spoken communication and implicit ‘knowings’ are not uncommon in general thought processes. This may be witnessed in the literature of modernism, in the attempt of the practitioners of the modernist novel to replicate the mind’s stream of consciousness on a page. It identified that our conventional thoughts do not follow proper grammatical structures, often remaining fragmentary, unfinished, and ambiguous in meaning, if not completely incoherent. Knowing what is being communicated may be registered as a feeling of knowing, a ‘gut sense’ that can come across as something more mystical (a sixth sense), from the fragments and signs of meaning that one has to work with. Indeed, voice hearing, much like thought, exists in this framework of imagination-forged meaning. The manifestation of these signs as voices can be just as difficult to verbalise and explain coherently as the fleeting thoughts of our everyday stream of consciousness.

The voices heard by people considered schizophrenic are commonly understood as sounding as though they are coming from an external source and/or sounding markedly different from the experiencer’s own internal and external voices. The quotation above does not identify how Henry knew that these expressions of meaning were not his own thoughts, nor how he knew their origin.
Dimitra Lattas

This calls into the question the relationship between the voices and the experiencer’s own internally expressed thoughts. Consider another example of Henry’s voice hearing:

The tree talked to me in a sort of Shakespearian rhyme

You must not act the knave

When others rant and rave (p. 121)

The older English phrasing indicates a different style of thinking than that of Henry who thinks and speaks in modern English. The incident is offered to the reader with an interpretation from Henry: it is “Shakespearian”. For him, the stylised English and rhyming couplet form is indicative of the poet William Shakespeare. Henry’s mother Jan is a Shakespeare scholar, so we could surmise that Henry would have been familiar with that style of speaking and writing. For Demjen and Semino, incidents of rhyming voices in this text are more importantly connected to Henry’s fondness for rapping. They hypothesise that these voices are influenced by Henry’s own interests and compositional ways of thinking and responding to the world. Their conclusions, built upon a substantial body of literature marshalled into their analysis and cited here as well, claim that voices most often reflect the experiencer’s thoughts directly, or symbolically (Demjén & Semino, 2015). It is an idea that is supported by psychoanalytic theories which claim that these experiences are meaningful (Leader, 2011; Sass, 2004). Rather than being dismissed as nonsense and signs of madness, the voices (in style and content) may be considered revelatory, providing material that might prove valuable to those who seek to help individuals experiencing the phenomenon (professionally, for example, in the ‘talking cure’) or to further a cultural analysis of voice hearing.

The idea that voice hearing is a meaningful experience is becoming increasingly favoured in mental health literature, but how this meaning is interpreted in theory and in professional practice is still highly contentious. Predominantly, ideas on the meaning of internally heard voices in their style and content are written from a Western psy-science perspective and are individualistic in their conception. They seek the kind of insight into the individual’s state of mind that might fit within a mental health framework. I propose a different approach. In The Human Condition, Arendt likens the Ancient Greek daemon to the “who” in her analysis of the political: it enables how we are seen and heard within society. The “who”, and the daemon, only exist to the extent that the individual does, but it is not discernible to the individual, only to those around him or her. In relation to voice hearing, the opposite situation holds: as the voices sound only within the mind, they are discernible to the hearers, but not to those around them. But let us use Henry’s experience to consider this further.

If we consider the earlier mentioned Shakespearian voice, it told Henry to behave well, especially in the face of others acting ill. The request is laced with connotations of social etiquette, or advice on what is right and wrong when it comes to living properly among others. The voice is a
warning to Henry, advising him of how he appears in the eye of the other, and how this public perception of conduct may carry consequences. Social awareness can be interpreted through a person-focussed approach, as in Louis Sass’s account of exaggerated self-consciousness (Sass, 2004), or it can be seen more broadly as a commentary on the political; here, on Henry’s position in the political, or public realm. The words “ranting” and “raving” are closely associated with madness on the most publicly observable end of the scale. In this way, the voice may be taken as referring to Henry in his context of being under observation in psychiatric care, and his behaviour playing out in comparison with other patients. Henry must be conscious of his actions, and others’ perceptions of him, as they play a big role in his quest for freedom from incarceration. Indeed, the voice is not articulating something Henry does not know. During his initial sectioning another patient tells him: “If you want to get out of here, the best thing you can do is to attend the groups” (p. 33). Henry is aware that he needs to perform in approved ways in order to demonstrate his sanity and obtain freedom. The voice mirrors for him the panoptical gaze of the other; it animates the space between his private world and that of the public. It is expressing the political, which in the Arendtian sense is constitutive of Henry’s human possibilities at the same time as it threatens here to undo him, in the way of a professional judgement that might condemn him to being locked away for ‘the good of the public’.

In another scene Henry hears a voice that utters something negative, indeed quite crushing, for him: “I…could hear the girl in my head saying, ‘What do you want? I don’t love you’”’ (p. 170). The speaker isn’t directly named, but Elisa, Henry’s old housemate, is the only character in the text who is referred to by him as “the girl”. Henry is infatuated with Elisa. He had developed a crush on her before his incarceration, and she frequently appears in his head. Whether or not the voice is actually identified by him as hers, the meaning is the same: Elisa does not love Henry. The voice takes on the standpoint of the other and expresses its rejection of Henry. Again, it threatens to insinuate Henry’s undoing even as it contributes to his dynamic constitution as an actor in a common world who is seen, heard and responded to by others.

Indeed, it is not only those voices of direct speech that might represent the political; consider this scene:

At Brighton during that first term, my painting had become circular, and I was trying to break away from that. A few weeks later, I was in Ireland, where I picked up a copy of a book on Jackson Pollock. It said he was possessed by daemons, and when an artist starts drawing in circles, it is the first sign of madness. I firmly shut the book because I believed that some ghost in the cottage I was reading it in was trying to tell me I was mad. (p. 36)

Here, a broader understanding of hearing voices is necessary. Henry’s experiences are not confined to direct speech, for in this scene, while it is a book that contains the message about artistic style and what it might represent in relation to madness, it is picked up as the voice of an external
Dimitra Lattas

presence, only incidentally associated with the book, that of a resident ghost. Its cautioning that
Henry is exhibiting signs of madness is in the same vein as the Shakespearean voices. It mediates
between Henry in his private, inner world of the mind, and the outer world of other people; that is,
the ghost here is giving voice to the apprehending public, in whose gaze he must always be held.
Textually, and to Henry himself, this voice acts as a forewarning: we are alerted to the consequence
of his nonconformity to social norms. Observed as madness, his presentations to others threaten him
with a loss of integrity, identity and freedom.

The above scene is the reader’s first encounter with the word “daemon.” In the later parts of
the text, Henry adopts this word as figurative of the states of mind that have come to dominate his
world: “I get the daemons or polka dots, which feel like a bad trip, about once a week” (p.221). A
“bad trip” is a common turn of phrase that signals a drug-induced hallucination, a chemically
altered state in which there is a distortion of consciousness characterised by vivid highs and lows.
Here the term “daemons” is used to encompass the whole of Henry’s experience of “tripping”
(without hallucinogens). Beyond just voice hearing, his daemons include his visions, thoughts, and
the oddities of perception, behaviour and reasoning that others find so confronting; and that Henry
himself, as testified in the words cited above, can find unpleasantly disturbing. They all feature in
an experience that is complex and difficult to embrace.

This word daemon is a distinctly different word from ‘demons’, which features prominently
in the text’s title, if only in its contemporary colloquial sense. The two words share an etymological
history, but they follow different paths of deployment and analysis. Demons are the symbols of evil
in the ‘black and white’ moral cosmologies of Christianity. They are fearsome supernatural
creatures or malevolent spirits in folklore and popular culture. The descriptor “bad trip” lends a
negative connotation to Henry’s experience, as self-reported, and thus, one might think that
‘daemon’ would adequately reflect Henry’s experience. But Henry never uses the word demon in
reference to himself or his experiences. He consciously chooses the archaic spelling. The word
daemon, in classical Greek mythology, can be used in reference to either ‘good’ (eudaemon) or
‘evil’ (cacodaemon) go-betweens for gods and mortals. The eudaemon acted as guide and protector
for the individual. In a literary context, the word daemon has been used as a clever substitution for
demon by Shakespeare himself. Scholars have suggested that he did so to uphold the morally
neutral, neo-Platonic meanings of the word in his oeuvre (Gibson & Esra, 2016). Shakespeare uses
the two words demon and daemon separately in Antony and Cleopatra to demonstrate their
distinction, and he uses the word cacodaemon in Richard III. Indeed, Henry’s separate use of this
word daemon, which goes against the spelling of demon in the text’s title, reflects a critical
awareness of the classical understanding of daemonism. In its deliberate deployment in his own
testimony, his preference for it as a more impartial and encompassing word does seem to reflect his
Dimitra Lattas

understanding and defence of his experience. While Henry’s closing statements indicate a positive interaction with a voice, for him daemons are capable of both positive and negative manifestations.

Popular histories of demonology and daemonology are written in a discourse of supernaturalism, but intellectual accounts offer critical cultural, historical and philosophical analysis. I have argued that Hannah Arendt approached daemons as a symbolic figuration of what it means to be human. In one deployment of the concept in *Men In Dark Times*, where her context was to celebrate the existentialist writing of her friend Karl Jaspers by offering her own critical account of notions of subjectivity, Arendt wrote of “personality” that:

It is very hard to grasp and perhaps most closely resembles the Greek *daimon*, the guardian spirit which accompanies every man throughout his life, but is always looking over his shoulder, with the result that it is more easily recognized by everyone a man meets than by himself. This *daimon*—which has nothing demonic about it—this personal element in man, can only appear where a public space exists; that is the deeper significance of the public realm, which extends far beyond what we ordinarily mean by political life. (1970, p. 73)

By the phrase “this personal element in man” Arendt means the subjective dimension of individuals that can only emerge ‘objectively’, that is, in the reality created in the public realm by a plurality of points of view. This unique personality is made possible only when one risks committing oneself to the common world in order to be recognised by other people, in a way that one can never recognise oneself. In its shoulder perch, the daemon is always obscured from the person with whom it travels in life. So too is one’s personality, which she refers to in this piece as one’s *humanitas* or distinctly human character. The daemon here is a symbolic animation or avatar of the person as founded in the conditions created in a common world.

If we consider the earlier ghost’s message picked up by Henry, we find an image of daemonic possession (here, possession of a cottage, rather than a person) that is itself haunted by the spectre of madness. In this context we might draw upon the claims of Michel Foucault in *Madness and Civilisation*, cited earlier, that over the 15th century, a societal fear of death began to be superseded by a societal fear of madness (2001, p. 15). In the Age of Reason, death has been postponed and rationalised, but in its place the unreason of madness has come to loom large and mark the character of our Western world as a distressing unknown. With it comes a burgeoning industry of managing that distress, in the institutions of psychiatry. Henry’s voice reflects this continuing cultural anxiety of madness, and its concomitant subjective anxiety of being discovered as mad, in the personality-defining observations of other people.

Arendt revises what we have inherited of the Ancient Greek daemons, whose characterisations were influenced by traditional supernaturalist paradigms of knowledge. Arendt was firm that the figure should be understood as capturing a distinguishing feature of humanity in its plural conditions. Here daemons are signifiers not of the supernatural but of the nature and value
Dimitra Lattas

of human beings. In the notes to her publication *Responsibility and Judgement*, Arendt explains more of her ideas in this regard:

The voice of conscience is also very old, not only because we find it in the Old Testament, where God speaks to man constantly, but primarily, of course, because of Socrates’ daimon. A daimon is something between a god and a mortal whom every man has as his companion. It is a voice which comes from without and cannot be answered - very different from *conscientia*. And this voice never tells me what to do but only prevents me or warns me away from doing. (2003, p. 280)

*Conscientia* is defined through a recognition of the theatre of the self’s own whispers, in the thought dynamics of moral debate. Voices and the daemon, however, are apprehended only in their external positioning in relation to the person. They may be sources of authority, channelling the constituting gaze of the other in forms that include directives on matters of social etiquette and morality (Leuder & Thomas, 2000). The Arendtian scholar Tver argues that the passage cited above was Arendt’s attempt to de-transcendentalise moralism. Here the daemon is otherworldly, but only exists as a formation in the individual who is present in this world; thus, society need not look outside of itself for the foundation of morality. Let us consider this Arendtian approach for Henry: that his daemons are a reflection of and commentary on our common humanity and capacity for judgement.

In this text, Henry goes on a spiritual journey, and ends up with an evident belief in established forms of religion. The voices that he reports hearing can be seen to parallel the basic tenets of Christian moral instruction, for example:

Never lie, Henry (p. 87) - *You shall not bear false witness against your neighbour* (Leviticus 19:11 New International Version)

Once I was tempted to steal a motorcycle I saw beside the road, but a voice told me not to (p. 32) - *thou shalt not steal* (Exodus 20:15)

I wanted to hang myself from a tree. I heard my friend Phil’s voice saying, “No, Henry don’t do that” (p. 42) - *thou shalt not kill* (Exodus 20:13)/If any man defile the temple of God, him shall God destroy; for the temple of God is holy, which temple ye are (1 Corinthians 3:17)

God, it appears in the Bible, has the ability to select particular individuals as conduits of ‘direct’ communication. He reveals to them his cosmological visions and commands, and they relay these to the wider world. The idea of divine pronouncement channelled through specially appointed humans has been used throughout our history for establishing and securing the principles of virtue and vice. This divine, singular (monotheistic) framing of social morality relies on a transcendental or extra-human, external, fixed point of origin, which is incompatible with Arendt’s approach. While there is textual evidence that conventional Christianity appeals to Henry more and more as the narrative
Dimitra Lattas

progresses, there is never a point at which he reports God speaking through him, nor does he hear the Voice of God. This is in contrast to many others diagnosed with schizophrenia. Let us proceed further with the analysis.

Henry’s voice hearing and vision seeing is haunted by the unanswerable question of whether a mystical or religious experience of channelling the spirit world is still possible today. Contemporary voices claiming such an experience have none of the authority that has been seen throughout history. Those who do report their appointment to such divine or spectral mediation are derided as having a ‘delusional grandeur,’ or they are stereotyped as mentally ill. Henry cannot have the same experience as the historical cases where such experiences are accepted and held in awe.

In the way of historical comparisons, the experience of hearing voices today can be juxtaposed against that of hysteria in the Victorian period and into the 20th Century in the civilised West. Hysteria has been a focus of a number of contemporary feminist analyses of mental illness, as the subjects of that condition were characteristically female, white and middle class. Elizabeth Bronfen (1998) was fascinated with the ways in which hysteria changed over time. She found that as the social conditions, social conceptions, and expectations of signs and, symptoms changed, so did the individual hysteric’s reported (and acted out) experience. I suggest that this may be true of voices, too; with each paradigm change in the shifting cultural and temporal history of the West, the manifestation and individually reported experience of voice hearing has changed accordingly. Thus, while a religious experience of the phenomenon, acting out what is allowed for in the Bible as appointed saints receiving the revealed word of God directly as scripture, could be venerated in the Middle Ages, today that would be improbable. Within the horizons of mainstream religion today, external voices heard internally would not be readily embraced as a real, miraculous verbal communiqué from God; at most the experience would be tolerated as an imaginative embrace of a set of scriptural teachings that are not meant to be taken literally. Its worth might be measured in the testimony it gives to the voice hearer’s faith, interest and engagement in the other-worldly set of meanings offered up by that religion. In our analysis, too, Henry’s reported experience does not have to reach claims of saintly, mystical, or supernatural status to be accepted as authentic and meaningful. Here it is valuable not just for the testimony it gives to Henry’s faith, interest and engagement in his own other-worldly set of meanings, but for how that testimony might be listened to, and responded to, in a way that is very different to the chemical shutdown of a pharmaceutical cure.

In recent centuries, the understanding of both spiritual experience and moral virtue has changed from an outward and objective engagement with the divine to an inward focus and subjective engagement with one’s humanity and feeling. The social behaviours set out earlier in relation to religious edict - lying, stealing and suicide - are all social prohibitions. In the instances of
Dimitra Lattas

voice hearing to which they refer in Henry’s Demons, the voices intercede on behalf of Henry against his inclinations to act in ways that might be harmful to himself or trouble-making socially. It could be the manifestation of his own feelings of hesitation and thinking better of some things he might do. In Arendtian terms, this might be termed conscientia, which could (unlike the daemon) be answered, or debated rationally (on the level of thought) in response to the internalised voice of secular moralism. This internalised voice (in Freudian terms, the superego) is evidence of a subject’s capacity socially, ethically and empathetically to comprehend and discipline his or her own actions. In Arendt’s two-in-one theory, this interplay of voices is a process of working through the internal conflicts of living in a world of difference, one that exists only in the condition of human plurality. The healthy aspect of admitting and responding to this kind of internalised other within one’s own mind is also seen in this widely cited quotation: "To think with an enlarged mentality means that one trains one's imagination to go visiting" (Arendt, 1982, p. 43). Henry experiences his internal discordance through an ‘external’ voice that is not the same as the voice of conscience that one entertains, debates with and answers to, in the mind, all the while recognising it as one’s own, internalised and projected as that of another.

Henry hears a myriad of voices; some of them tell him not to steal or break other social rules (p. 87), while others encourage it (p. 32). This is indicative, not of Henry’s moral inadequacy, confusion or corruption, but rather of the fact that the messages that he receives and the meaning of his experience are not simple; they lack consistency, predictability and conscious control. His moral compass is not discernible from the words and requests that come to his mind. Consider the following scene:

The night before I had spent sitting in the bathtub thinking nasty thoughts. In my head, I had been calling my friend Keeva a “nigga” and saying another one of my friends, a girl, had a penis. I had been sitting there imagining that a girl I fancied had dropped her trousers down in full public view. I was thinking vicious nasty thoughts. (p. 169)

These might be considered delusional thoughts, in symptomatology. Even within Henry’s own context, where he refers to his daemons in both positive and negative ways, the falseness and aberration that loads a term like ‘delusion’ comes into play as a feature of the experience. Henry identifies ownership over these thoughts: “I was thinking”; but there is a sense of detachment. His unhappiness with the content signifies a disconnectedness; that they are not a true representation of the thoughts and feelings that he recognises as his own. His internal voice, like those external voices, is seemingly autonomous and separate from the self that he identifies with.

Indeed, this scene and others like it provides material for analysis beyond a commentary on Henry’s state of mind, to one on society itself. In Ramah Robot, Brain Mother, Judy Lattas (2014) uses ideas from feminist theory, postcolonial studies and psychoanalysis to explore the fragments of writing of a voice-hearing Indian woman with whom she was in communication, and found a rich
Dimitra Lattas

vein of insight to tap into on important questions of race and gender in the world today. Indeed, people’s experiences are not just influenced by their social surroundings, they are made from and help to make them. Henry’s are no different. His bathtub thoughts pick up on contemporary possibilities of the degradation of others: the taboo word “nigga”, for example. The slurs in total are directed to hurt and undermine people in their identity markings: skin colour and gender. Indeed, these are the elements of personhood and difference that are a source of oppression throughout the world, and he is aghast to find that such thoughts come to him as his own. Henry attacks his friends through their classifications as low-other, uncomfortably reflecting his own status and privilege as a white male.

Specifically, Henry’s presumably unconscious eruption of bile focuses his conscious mind unwillingly on the two women’s private parts, as signs and sources of humiliation: one is undermined as false or illegitimate, being derisively unveiled as the original and governing male organ, and the other is demeaned in its shocking and reprehensible public display. Throughout the world, genitals, and specifically female ones, have been rendered shameful, banished to the private realm and subject to strict and serious taboo. Henry’s experience uncovers to himself and his readers the still-prevailing social disgrace surrounding vaginas. This is that they are the source of the woman’s ignominy, and therefore her vulnerability; something which can be used to lower her self-worth. In particular, it is interesting to note which woman gets what treatment in his transgressing id. It is the woman for whom Henry has a sexual desire, the woman whom he “fancied”, who is publicly exposed; her authentic femininity is preserved, but her imagined punishment resonates with the dominant social narrative of the man’s right of access to her body, so that her sexual rejection of him incites and appears to justify her public humiliation. It is a problem rampant in patriarchal society, where male entitlement refuses to recognise and respect female sexual autonomy. Whilst Henry clearly does not consciously believe in this, calling his own thoughts vicious and nasty, the internal gender theatre that he reports is nonetheless a comment on current societal dynamics.

There is no denying that some voice hearers, unlike Henry, receive violent requests and directives that appear to command them, and that this has led to their perpetrating harm against another person or themselves. Patrick forewarns the reader of such dangerous states of mind in the story of Phyllis (p. 73). This is a story of his friend’s sister-in-law who burns herself alive; in its context in this passage, the message is that readers ought to be fearful of alternative therapies, such as those advocated by R.D Laing, who refuse to administer the treatments aimed at eliminating psychoses surgically, chemically or through physical restraint (p. 100). Of course, practitioners, families and the general public must be alert to the possibilities of violence and self-harm. Indeed, Henry’s experiences include his entertaining some dark thoughts and negative self-characterisations. Consider these two passages:
I saw rings everywhere. I thought I was being tricked into finding the dark ring of Sauron, demonic overlord in Tolkien’s *The Lord of the Rings*, and that I myself was evil …I thought I was Gollum, also from *Lord of the Rings*, that I was a sinner and was subservient to the dark ring. Somehow I had it on my finger, and had become invisible and no one could see me. I tried to choke myself on my own tongue. (p. 144)

I thought I was turning into Gollum, who is a sort of goblin. (p. 148)

Henry’s experience is filtered through images from a contemporary popular culture text, the film version of Tolkien’s *Lord of the Rings* (1995). Within the array of characters good and bad, and narratives greater and lesser, Henry puts himself into the picture as a fallen figure and social deviant: the physically deformed and morally ambiguous Gollum. Gollum is one of the most complex characters within *Lord of the Rings*. He is created through pluralities, both internally and through juxtaposition with other characters. On the one hand, Gollum is figured through key symbolic oppositions, as the bad guide set against the good guide Gandalf, for example, or the bad servant set against the good servant Sam. Here there is a clear and simple duality in his characterisation, bad/good and helpful/deceptive, that helps to create the master narrative as one of a triumph over darkness, that which comes to threaten the world of the hobbits and their friends. From a Foucauldian perspective, one could say that Henry’s diagnosis creates the same simple symbolic duality, as sane/insane, deviant/normal, safe/unsafe, good/bad. His designation as mad forces his occupation of the place of the negative in the One-Other symbolic arrangement of difference, a position of comparative lack and strangeness. On the other hand, Gollum is plural in the sense of being ambiguous, indeterminable and excessive. Here he creates interest, depth and plot tension for the films. In this aspect of plurality, Henry has some positive reflections to work with in his identifications with the character.

As a symbol of original good fallen into evil, Gollum is given a backstory: he was a ‘normal’ hobbit (then named Smeagol), who by solitude - both socially and self-imposed - and destructive, deceptive behaviours, devolves into a disfigured, mentally unstable and likely wicked creature. Gollum is a being who has been forgotten by his society; his actions lead him to be put into a kind of exile, condemned to living in remote, separate spaces, not claimed by his fellows, not recognised and not remembered. The sense of being lost to the world, no longer being part of anyone’s social life or even memory of having once belonged to that life, corresponds to Henry’s situation while institutionalised. Institutionalisation is a form of social isolation; it disconnects people, leaving them with feelings of rejection, abandonment and loss of meaningful existence. Henry acknowledges this: “Being locked up for so long really damages your spirits. You feel forgotten” (p. 43). Society continues to open out and advance, while institutionalised individuals remain frozen in time and place, as their locked-up circumstances come to be extended time and again by progressive orders of involuntary psychiatric
Dimitra Lattas

incarceration. Here, Henry’s negative experiences can be seen as mirrored keenly in Gollum’s, with symbolic references and undercurrents of meaning that he finds very relevant to an understanding of his perception of the social and personal context of sectioning.

Gollum’s character has an exaggerated internal plurality, played out through his habit of muttering to himself, in the projected position of a third person witness, with grimaces and sudden outbursts that would be otherwise unexplained to an observer. The text implies this through the bleak casting of his solitary, unsocial life as a kind of echo chamber. He is drawn as and into needing to generate compensatory processes of interaction. He talks to himself as to an interlocutor, but with all the scowling utterances, wide-eyed grins and snarls of a madman. Gollum is seen to have a ‘split personality’ that fellow characters treat as extravagant, ‘not normal,’ unreasonable or insane. This is not dissimilar to the reaction of most people to Henry’s outward manifestations of voice hearing, as reported in the book.

Smeagol-Gollum, like many other split personality characterisations, double good and evil internally, and symbolise self-corrosion and self-corruption more than that inflicted from without. Sue Zlosnik in her study of The Lord of the Rings suggests a divided self in the portrait of Gollum, where the ‘other’ self is testing the boundaries of the human as claimed by the ‘one’ self. As an internal doppelgänger in dialogue with the ‘I,’ in the context of the films and their plot, Gollum represents “a battle for consciousness with the monstrous and corrupted figure he has become under the influence of the Ring” (Zlosnik, 2005, pp. 55-56). This observed battle of consciousness is not dissimilar to what Patrick comes up with in his reflections on Henry, where the troublesome voices are envisaged as restricted by treatment to a kind of boxed-in boxing ring at the edge of the mind, with a much reduced power over him:

Today I see it more as a mental disorder, which is very difficult to eliminate but can perhaps be confined to a corner of Henry’s mind and will no longer be the driving force in his personality and his actions that it once was. (p. 215)

There is a distinct plurality in this statement of Patrick’s; one is “his personality” and the other his “mental disorder”. The phrase “driving force” presents Henry as a passenger within his own mind. Within this battle, “he” (Henry) is not winning, but rather it is his shadow boxer who is in control and calling the shots. Psychiatry’s prescribed treatments are expected to miniaturise if not eliminate this scenario of internal ‘bouts’ of schizophrenia, in Patrick’s understanding of what is happening to his son.

In Chapters One and Two of this thesis, the idea of re-gaining mental control was discussed in relation to the discourse of recovery and its requirements. Here, the contest is considered within the context of the self’s one and others; while postmodernism considers the divided self to be quite normal mainstream psychiatry continues to warn against the danger of losing the ‘I’ to the command of those others. Consider this joint parental statement in Henry’s Demons:
Dimitra Lattas

We feared that his old personality was disintegrating, as we had heard from doctors could happen to people suffering from schizophrenia… (p. 157)

Within the ‘scientific’ conception of mental illnesses, there exists an unscientific idea that an illness can double the self and erode it as an effect of that doubling. This narrative of a pluralising good and evil possibility within the self exists within both the popular and professional discourses of mental illness. Henry’s parents see him as in danger of dissolution in the manifestation of the self’s other(s): Henry is “disintegrating”, turning into someone else (not his “old personality”). Henry himself expresses this feeling of becoming other to himself, as quoted earlier: “I thought I was turning into Gollum.” Jan and Patrick position the dual self they witness in their son as something to be feared, through a mental health framework of abnormality: “as…could happen to people suffering from schizophrenia.”

Henry’s self-perception of having an internal malign other is so troubling that it incites thoughts resonant of suicidal ideation: “I tried to choke myself on my own tongue” (p. 173). It is important here to recall that in many other parts of Henry’s testimony – his testimony to the doctors determining his treatment in response to episodes of voice hearing where he needs to be rescued from the threat of getting lost, suffering frostbite and so on; and therefore, also his testimony to readers of this book - he denies having suicidal thoughts. Nevertheless, the feeling of being abnormal, and of having an alien self within creates extreme mental distress and a desire to escape one’s mental torment. His self-perception as Gollum suggests an array of hurtful and harmfully negative emotions, and discordance with his own existential plurality. He exists in an internal conflict, feeling himself “tricked” by a “demonic overlord”; he comes to believe, however fleetingly, “that I myself was evil…that I was a sinner” (p. 172). Here Henry records an apprehension of being deceived by some “demonic” master figure (Sauron) who inhabits his mind as an unwelcome duality. I note here that Henry uses the conventional spelling of “demon” in describing the overlord who tricks him into adopting the mission demanded of Gollum. What is being described is his own perceived need to fight for control of his consciousness.

Henry’s feeling of the self’s plurality, its loss of control, sense of lurking evil or of external forces malignly influencing one’s decisions and perceptions, are all common descriptions within the voice hearing community. As I have pointed out, voices have a long historical association with demonic communication and/or possession. Demonic possession is a phrase used to refer to an external, usually malevolent supernatural figure or spirit that has an agenda to cause chaos in the world and behavioural changes in the individual possessed. Nancy Caciola (2003) notes that medieval conceptualisations of demonic possession were characterised by the manifestations of super-human traits in the possessed, such as great abilities, and subhuman ones as well, such as ‘uncivilised’ behaviours. This plays into the same narrative of a dichotomous human plurality, this internal conflict between good and evil. For Henry, those feelings of finding an external
Dimitra Lattas

malevolence taking up residence within the self can be seen in the quotations above. He has not chosen to host this spirit but believes that he is being duped into duplicity here, becoming “subservient to the dark ring” by trickery, which has long been associated with the demonic: “fight against the devil’s evil tricks” (Ephesians 6:11, NCV). Henry’s experiences reflect these ancient narratives through a contemporary paradigm of popular culture.

As explained, demonology has existed as a substantial feature of human history, and it survives in the popular construction of mental illness today, in various forms. Behaviours associated with demonic possession can be traced in a line from ancient descriptions to those in current mental health diagnostic criteria, including hearing voices. This is at least in their wider circulation as public knowledge, and specifically with regard to the diagnosis of schizophrenia. A quick Google search of “schizophrenia and demons” presents over 456,000 sites, many if not most pertaining to the identification of signs of spirit possession compared to those of schizophrenia. A significant number suggest conspiracy cover-up theories. Indeed, both exorcism, and its psychiatric equivalent Spirit Releasement Therapy, are practised in the twenty-first century. Dr Alan Sanderson and a small minority of psychiatrists, for example, retain the connection between medieval responses to supernatural possession and contemporary responses to mental health conditions (Sanderson, 1998). Of course, science as the realm of medical and psychiatric determination maintains its refutation of the existence of magic and all supernatural creatures, including demons. There are only a handful of subcultures that take seriously any attempt to prove the actual existence or continuing cosmological relevance of supernaturalism (Schofield Clark, 2005). Despite this, within the contemporary spheres of everyday language use, popular media and professional health practice, demonology has been cannibalised for its resourcefulness in representing and responding to psychological and mental health schemas. One’s ‘inner demons’ is now used as a colloquial reference to one’s personal emotional and/or mental health struggles. Indeed, this is seen directly in the title of the text under study in this thesis, “Henry’s Demons”. The possessive grammar in “Henry’s” is unlikely to be indicating any supernatural possession, but it references it in the now-common way of denoting a long-term inner struggle such as that in relation to his voices. Indeed, voices as the internally heard voices of other people act as the symbol of the other/s within the self; they speak for and represent this doubled or pluralised self that is felt as so alienated that it is effectively externalised.

Of course, the textual references to demons in the Cockburns’ book are modern redefinitions of the demons and daemons of old. They are to that extent conscious of the historical meaning of the terms and their preservation in twenty-first century conceptualisations of hearing voice experiences. It becomes a method of conveying the experience of visions and voices that Patrick imagines, and that Henry reports while he insists on remaining outside of his received diagnosis of schizophrenia. Hannah Arendt’s reading of daemonism has provided a good model in this exploration of Henry’s experience. This is despite his encounters with the daemonic necessarily
appearing in vastly different ways to those of the ancient Greeks. As previously mentioned, one cannot have an experience outside of one’s own time and place, and outside of the discourses that circulate in that time and place. Socrates, who existed before the modern conception of hallucinations or psychosis, could not have had experiences akin to Henry’s, even if he had heard voices himself. Henry’s daemonic interactions are necessarily filtered through the cultural paradigms of knowledge that are possible today, and that circulate under the governance of their master discourse of medicine: voice hearing as a sign of madness. His voices reflect the political, in Arendt’s framework. They exist and have meaning to the extent that Henry himself exists and has meaning, in the company of people in their plurality in the public realm; that is, to the extent that he is seen by and as the other, and not as an individual in the singular conception. In this way, voices can be understood as inherently, and wholly, a feature of humanity; not as a foreign and meaningless madness.

In conclusion, this chapter has considered the similarities between the phenomena of dreaming, thinking and hearing voices. It has learnt from the work of Hannah Arendt in discussing the plurality of self with regard to the experience of hearing voices. As an approach, it seeks to normalise the phenomenon of hearing voices, at least to the extent of including it in the range of meaningful and fully human experiences, detaching from conventional approaches that individualise and pathologise, and that seek to eliminate the heard voices altogether, chemically or by other means. It explores Henry’s testimony as a meaningful commentary on his own experience, on the political, and on the human itself.
**Conclusion**

“There is a tree I sit under in the garden in Lewisham which speaks to me and gives me hope”
(Henry, p.222)

This reading of *Henry’s Demons* has been undertaken in support of the contention that despite the positive intentions and rhetoric seen in recovery philosophies, and mental health discourses more broadly, twenty-first century voice hearers still struggle to have their stories heard. As an author and unwilling patient, Henry’s testimony highlights the multidimensional oppression facing those saddled with a diagnosis. He, like many others, has his story filtered through, and undermined by, the mental illness construct. Its disease model foundations ultimately classify his knowledge as untrustworthy and empty. This stands at odds with growing acceptance that these experiences, and more specifically voices, have their own truths and meaning. I add to this conversation a multidisciplinary approach that draws on resources outside of traditional scientific medicine and allied health frameworks, including from recent English literary criticism and philosophy. Through an analysis drawing on emerging new frameworks, Henry’s testimony can be seen not only as a valid commentary on his own experience, but also on the political dimension of humanity, and on the human itself.

*Henry’s Demons* is an insightful piece of life writing. It illuminates the complicated social dynamics and discursive contexts for contemporary voice hearers. Western mental health discourses are said to be changing, with the previous medical model being replaced with ‘revolutionary’ recovery philosophies. Indeed, Henry’s psychiatric incarceration occurs in the midst of growing disenchantment with medicalisation. Both Henry and Patrick narrate their dissatisfaction with current practices: Henry through his fundamental rejection of present illness ideologies (p. 25; 31; 42), and Patrick through his frustration at any tangible explanation of schizophrenia and provision of successful treatment (p. 165). As such, this text can be seen as a representation of contemporary discourses.

The introduction’s chronological account of the phenomenon of voice hearing establishes that internally heard voices, and psychological issues more generally, are conceived in terms of and bound to certain paradigms of knowledge. These paradigms are determined by their respective temporal and cultural contexts. *Henry’s Demons* emerges from and is bound to contemporary conceptions. There are several other conceptions that can be found, including remnants of older paradigms of the supernatural and magical, and some less dominant contemporary paradigms that romanticise and reimagine earlier conceptions, such as bohemian art experimentation and new age spirituality. But these do not govern the text as its major paradigm. Henry’s experience is
Dimitra Lattas

predominantly conceived through medical ideologies, including the emerging ‘corrective’ philosophies of recovery.

As I demonstrate in Chapter One, the recovery movement has been hailed as the revolutionary change needed in the mental health sector today. It was presented as the answer to problems identified with its predecessor, the medical model, when considered alongside a client-centred and client advocacy stance. Indeed, the recovery movement has been a key platform for positive change in contemporary western mental health practice. It has called attention to oppressive structures and practices, and sought to rectify them by promoting client empowerment, the importance of narrative as therapy, and support for a life beyond diagnosis. All of this progressive thinking can be seen in the text, and it has had a positive impact on Henry’s experience of psychiatric incarceration. However, recovery philosophies are not perfect. There is growing criticism and discontent. This has been spearheaded by the Mad Studies Movement (Poole 2011, LeFrançaois, Menzies et al. 2013), which contends that in its theory and as a model of practice, it is far less progressive than it claims. Indeed, this thesis lends itself to a provisional agreement with their assessment. I have shown how the structuring idea of a journey of recovery for Henry brings with it many of the same questionable assumptions and demands that have been seen throughout the history of mental health, including diagnosis and treatment functioning as means to enforce social conformity and morality, to dismiss competing claims about the nature of experience. Henry’s struggle for agency as a patient and writer demonstrates the paradoxical foundations of a discourse of client-centredness.

Patrick’s investigative reporting on schizophrenia is a valuable representation of the current dynamics within mental health discourse. His self-confessed dissatisfaction with the psychiatric status quo is coupled with a desire to empower Henry; but at the same time Patrick is tied to the conception of Henry as being ill. For him, there is no other way of conceiving of Henry’s experiences. Patrick is not alone in being sceptical of the alternatives to mainstream psychiatry, indeed he embodies a more widespread social apprehension of having to do without the chemical and institutional supports of the medical model. He denounces the ‘talking cure’ of psychoanalysis just as much as he denounces the worst of establishment psychiatry. He explains to the reader that the non-medical approaches associated with the anti-psychiatry movement have a history of transgressing safety. Their overly positive renditions mask the associated risks, which makes them not only ineffective but dangerous. This is a fear which must be acknowledged as having traction, as any approach must adequately assess and understand associated risks. However, in Chapter One I argued that Patrick’s position is influenced by our hierarchy of knowledge and discourses. As Foucault (2001), Latour (2010) and many others have demonstrated, modern discourses are Enlightenment ones that preference objectivity and science, and as such they position other forms of knowledge as lesser and not as reliable. Thomas Szasz argued that in the space of mental health
Dimitra Lattas

practice this ideology is more prominent, owing to large scale pharmaceutical companies rewriting history and promoting their narratives in reference to it. These companies generate huge profits from the medical model. As such, Patrick’s narration may derive much of its motivation from fatherly fear, but it nevertheless operates discursively to maintain current power structures, and keep those pharmaceutical companies upheld as necessary.

The recovery movement has spearheaded multiple campaigns calling for the better treatment of people with a diagnosis, and this includes the promotion of life writing and the publication of the lived experiences of insiders. These are seen as beneficial for the individual and for society as a whole. For Henry, the process of writing *Henry’s Demons* has undoubtedly been a positive experience. He and Patrick openly discuss the beneficial and mutually appreciated effects of their collaborative project in their post-publication interviews (Bryant, n.d.; H. Cockburn & Cockburn, 2017a; Mitchison, 2011; Raz, 2011). Indeed, I am not disputing the therapeutic or psychosocial benefits of telling and writing stories, whether collaboratively or singly. It is the framing and power play of discourses through which these are told that has been called into question in this thesis, specifically in Chapters One and Two.

For those who accept and have come to identify with their diagnosis, access to the discourses of recovery was a welcome change from previous discourses that did not address their feelings of disempowerment. However, this happy adoption of the philosophy and its preconditions is not a universal story. Recovery does not allow for those, like Henry, who reject the illness construct. In his refusal to embrace the diagnosis of schizophrenia, and the option of recovery’s schemas of self-acceptance, active self-help and indeed pride in making and completing the journey to wellness, Henry proves to be problematic, not only for Patrick and the practitioners, but for the overarching discourse of mental illness, reconstructed for a more progressive present.

As such, Henry’s testimony acts as a challenge to the discourse of recovery. It invalidates its underpinning illness construct through its positioning of visions and voices as something other than symptoms of disorder. As we have seen, Henry’s challenge does not go unacknowledged. The text reserves a certain space for Henry’s self-reporting, with separate chapters set aside for his writing as co-author, and direct quotations of Henry appearing throughout; these are by all accounts protected from editorial correction, and in that sense faithful. However, as demonstrated in Chapter Two, this immediate voice of Henry is ultimately subject to and mediated by the dynamics of discursive privileging in the text, with Patrick’s narration being positioned as the one carrying authority. It is a clear part of the journey of recovery, too, that Henry’s parents and the health practitioners involved require Henry to adopt their position, specifically to acknowledge and support the existence of disease ideologies and their applicability to his states of mind. The discourse itself uses and consumes Henry’s knowledge, cannibalising it, by positioning his rejection of their determinations as symptoms of his illness and evidence of his lack of insight into his condition. Indeed, Henry’s
conversion to their faith is not optional, as both his freedom to think and to act remain largely curtailed by chemical and mechanical forms of capture. He cannot begin to “recover” until he adopts their perception and their treatment paths. In this way, current discourses and the institutions that back them up continue to enforce and command their positions of power.

The points made in relation to Henry’s situation institutionally and textually make it clear that the aims of recovery narratives are problematic. Promoted as a journey of recovery, Henry’s story is meant to witness a process of personal empowerment through self-disclosure, yet his position is only able to be heard critically, as an attempt at free expression that is frustrated by its casting and rescripting. Henry rightly rejects the illness construct because it invalidates him and his narrative. People who have a diagnosis are characterised in terms of error-knowledge; they are unable to claim truth. Thus, while the genre of life writing suggests that the lived experience of the teller may be a source of power, in situations where that author is otherwise silenced, it can reprise the positional dismissal of the experiencer. What is designed and understood as an empowerment process, I have argued, must be viewed with a critical eye. As it stands, it is more beneficial and empowering for the discourse of mental illness, than for the people subject to its governance and telling their stories.

In the last several decades, there has been a push for the recognition of the normality of hearing voices (Romme and Escher 1989, Longden, Corstens et al. 2012, McCarthy-Jones 2012). This is not to pretend that voice hearing is universal or unexceptional in its occurrence. It is rather to point out that the phenomenon cannot be accounted for within a discourse that categorises the experiencer as lacking what it takes to be recognised as truly human. As substantial research has demonstrated, voices occur in different ways from those set out and understood within the parameters of symptomatology. They are not just symptoms of mental illness. This is the conversation to which my thesis adds. Learning from Arendt, in Chapter Three I contend that voices can be understood through a framework of considering what might be shared by the voice hearer and everyone else, phenomenologically, in the way of appearing before others and gaining one’s personality, one’s ability to make meaning and one’s essential humanity, in a condition of internal and external plurality. Here we are removing the individualising and pathologising parameters of traditional psychiatric approaches. As voice hearing is considered alongside two ‘everyday’ cognitive processes, dreaming and thinking, their shared characteristics are highlighted. Their like manifestations, I suggest, enable us to recast the phenomenon of voice hearing, away from its classification as an alien experience that is at best regarded as sick.

Western psy-science perspectives on voice hearing have been individualistic in their conception. Seen as an individual failing (genetic, cognitive or physiology malfunction), and as ultimately lacking in meaning rather than as potentially rich in meaning, they miss an important insight into the individual’s psyche. Here, the work of Hannah Arendt becomes useful in supporting
Dimitra Lattas

an alternative approach such as I have suggested in this thesis. Her foundational work in *The Human Condition on the political:* on how we are seen and heard within society, and how we must be considered irreducibly plural, within each of us as well as among others, in order to be understood as truly human, has enabled this alternative approach to considering Henry’s experience. In the same way that each of us emerges in a human condition of plurality, staking our claims to identity, personality, meaning and belonging with others in the public realm, so does Henry. This is his political dimension, and his voices can be imagined within this dimension in the figure of the daemon, perched upon his shoulder and engaged in the everyday process of taking in and responding to the regard of others. The voices are a materialisation of this process, the means by which Henry registers surrounding social expectations of his conduct and appearance; while the remarks are heard internally, they sound external to him, and indeed they have their source in a public world of multiple others. Henry, that is, should not be seen as an individual in any monadic conception, and his internal plurality of voices need not be pathologised as an alien state of mind.

Traditional disease and disorder conceptions of voice hearing thrive in a world where the assumptions of medical science-based disciplines go questioned imperfectly or unsuccessfully from within, as in the case of recovery discourse in mental health. This thesis highlights the benefits of studying the phenomenon from alternative disciplines. As the Hearing the Voice project has demonstrated, a multidisciplinary approach which includes critical resources from outside the allied health sector can, and does, offer valuable insights into the experience of hearing voices. Non-medicalised perspectives on hearing voices open new avenues of possibility, new interpretations and forms of analysis, beyond the confines of the illness construct.

My thesis calls for a re-conceptualisation of voices as meaningful experiences that need to be respected, listened to and engaged with. What they offer are not just an insight into the individual, but into the experience of being human.
Bibliography


Dimitra Lattas


Dimitra Lattas


Dimitra Lattas


Dimitra Lattas


Dimitra Lattas


