

Review

Emily's Voices

By Emily Knoll, Knoll Publications, 2017, 218 pp, £7.99, pb.
ISBN: 9781999863807

Emily's Voices is an autobiographical narrative of the experience of living with voices, and forms part of a growing movement to normalise and de-stigmatise voice-hearing. It can also be read as an astute critique of the effects of psychiatric knowledge on selfhood and identity. Knoll's story raises questions about what is at stake when we label psychological phenomena as symptoms of specific illnesses. Voice-hearing is often linked to schizophrenia, a diagnosis that can be a source of fear and stigma.

The relationship between voice-hearing and schizophrenia in modern medicine, and the perception of the schizo-disorders as 'madness proper', are largely a product of the diagnostic separation of affective and cognitive disorders, with hallucinations and 'bizarre' delusions chiefly assigned to the latter. This division does not, however, reflect the lived experience of many people who hear voices, as Knoll's story illustrates. Her voices emerge in response to escalating anxiety; that is, they appear to have a mood-congruent basis. Recent studies have suggested that it is not unusual for auditory verbal hallucinations to be induced by anxiety or depression, and this has also been the case historically. Throughout much of the 19th century, it was widely recognised that 'hallucinations of hearing' (as it was then referred to) manifested in a range of different mental states, and were often triggered by anxious or depressed mood. Following on from this, *Emily's Voices* contributes a crucial embodied perspective to existing challenges to dominant psychiatric nosology.

Emily's Voices can also be read as a manifesto for change. Knoll's narrative shows that a more flexible, person-centred approach to voice-hearing is urgently needed. Moreover, there is little evidence from Knoll's experience that receiving a psychiatric diagnosis (or several) is central, or even helpful, to her recovery; on the contrary, it reinforces her existing fears that she is 'crazy'. The various tools that enable Knoll to rebuild a life that is meaningful to her are not contingent upon a specific diagnosis. Making peace with her voices (however fraught that peace might be at times) becomes possible through interpersonal support, talking therapy and, perhaps most importantly, turning a difficult and traumatic experience into a resource, a form of expertise, through her work as a researcher into voice-hearing. This chimes with Callard and Bracken's suggestion that 'psychiatric diagnosis is not fundamental to the enablement of people with mental illness', but rather that the strategies that have held the most benefit for patients 'have not been diagnosis specific'.

In sum, *Emily's Voices* is a timely and important contribution to recent approaches to voice-hearing that seek to normalise this phenomenon and understand it at the level of lived

experience, as well as to current debates about diagnosis in psychiatry and its relationships with therapeutic interventions, selfhood, stigma and shame. It is a moving story, and above all a courageous one, and I would recommend it to anyone with an interest in voice-hearing, whether that interest is professional or personal, or both.

Åsa Jansson, Junior Research Fellow, Institute for Medical Humanities, Durham University. Email: asa.k.jansson@durham.ac.uk

doi:10.1192/bjb.2018.84



© The Author 2018. This is an Open Access article, distributed under the terms of the Creative Commons Attribution-NonCommercial-NoDerivatives licence (<http://creativecommons.org/licenses/by-nc-nd/4.0/>), which permits non-commercial re-use, distribution, and reproduction in any medium, provided the original work is unaltered and is properly cited. The written permission of Cambridge University Press must be obtained for commercial re-use or in order to create a derivative work.