

EXPERIENCE AND REPRESENTATION OF HEARING VOICES IN THE EVERYDAY EXPRESSION

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ABSTRACT. Hearing voices is still considered by health professionals as auditory hallucination, a disturbing experience that occurs in conditions of illness, recognized as a psychopathological symptom of altering reality. Such a position makes it difficult to accept the voice hearer's experience. However, this posture makes it difficult to reception the person who experiences this phenomenon. The objective of this study was to find out in the scientific literature about the experience and representation of hearing voices in everyday expression. The method used was narrative review, from sources researched in periodical. We found 30 articles in Portuguese and English, from 2003 to 2018, using the keywords mental health, schizophrenia, voice hearers and everyday life. The data were organized in a thematic spreadsheet and analyzed with a focus on the language narrative and presented descriptively. The studied literature presented two types of representation of hearing to voices: the characterization and typology of the experience, and as the subjective process of a biographical experience. Among the results, we identified the characterization of the experience of hearing voices associated with traumatic experiences and with consequences in work activities, such as work and social life, with a daily absence of occupational roles, recognizing this person only because of his condition of mental illness. We emphasize the need for empirical studies that address the understanding of hearing to voices, with a phenomenological focus on people's experience of the world of life, for an understanding of the recognition of occupational roles in everyday life, as well as assisting in therapeutic practices in mental health care.

Keywords: Hallucinatory confusion; mental health; daily.

EXPERIÊNCIA E REPRESENTAÇÃO DA ESCUTA DE VOZES NA EXPRESSÃO COTIDIANA

RESUMO. Escutar vozes ainda é considerado por profissionais da saúde como alucinação auditiva, uma experiência perturbadora que ocorre em condições de doença, reconhecida como uma sintomatologia psicopatológica de alteração da realidade. Entretanto, esta postura dificulta o acolhimento da pessoa que vivencia este fenômeno. O objetivo deste estudo foi de conhecer na literatura científica sobre a experiência e a representação da escuta de vozes na expressão cotidiana. O método utilizado foi de revisão narrativa, em fontes pesquisadas em periódicos. Encontramos 30 artigos em português e inglês, no período de 2003 a 2018, utilizando os descritores saúde mental, esquizofrenia, ouvintes de vozes e cotidiano. Os dados foram organizados em uma planilha temática e analisados

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com foco na narrativa da linguagem e apresentados descritivamente. A literatura estudada apresentou dois tipos de representação da escuta de vozes: a caracterização e tipologia da vivência, e como processo subjetivo de uma experiência biográfica. Entre os resultados identificamos a caracterização da experiência de ouvir vozes associada a vivências traumáticas e com consequências nas atividades laborativas, como o trabalho e a vida social, com um cotidiano ausente de papéis ocupacionais, reconhecendo esta pessoa apenas pela sua condição de doença mental. Ressaltamos a necessidade de estudos empíricos que abordem a compreensão da escuta de vozes, com foco fenomenológico da experiência do mundo da vida das pessoas, para a compreensão do reconhecimento no cotidiano de papéis ocupacionais, como também auxiliar nas práticas terapêuticas no cuidado em saúde mental.

Palavras-chave: Confusão alucinatória; saúde mental; cotidiano.

EXPERIENCIA Y REPRESENTACIÓN DE ESCUCHAR VOCES Y EL EXPRESIÓN COTIDIANA

RESUMEN. Los profesionales de la salud todavía consideran que escuchar voces es una alucinación auditiva, una experiencia perturbadora que ocurre en condiciones de enfermedad, reconocida como un síntoma psicopatológico de alteración de la realidad. Tal posición hace que sea difícil aceptar la experiencia del oyente de voz. Sin embargo, esta postura dificulta la recepción de la persona que experimenta este fenómeno. El objetivo de este estudio fue indagar en la literatura científica sobre la experiencia y representación de escuchar voces en la expresión cotidiana. El método utilizado fue la revisión narrativa, de fuentes investigadas en revistas. Encontramos 30 artículos en portugués e inglés, de 2003 a 2018, usando las palabras clave salud mental, esquizofrenia, oyentes y la vida cotidiana. Los datos se organizaron en una hoja de cálculo temática y se analizaron con un enfoque en la narrativa del lenguaje y se presentaron descriptivamente. La literatura estudiada presenta dos tipos de representación de la escucha de voces: la caracterización y tipología de la experiencia, y como el proceso subjetivo de una experiencia biográfica. Entre los resultados, identificamos la caracterización de la experiencia de escuchar voces asociadas con experiencias traumáticas y con consecuencias en las actividades laborales, como el trabajo y la vida social, con una ausencia diaria de roles ocupacionales, reconociendo a esta persona solo por su condición de enfermedad mental. Hacemos hincapié en la necesidad de estudios empíricos que aborden la comprensión de escuchar voces, con un enfoque fenomenológico en la experiencia de las personas del mundo de la vida, para comprender el reconocimiento de los roles ocupacionales en la vida cotidiana, así como ayudar en las prácticas terapéuticas en la atención de la salud mental.

Palabras clave: Confusión alucinatoria; salud mental; diario.

Introduction

This study is a narrative review of the literature between 2005 and 2018, collected from national and international databases, dealing with the hearing voice experience and the expression of the hearing person's daily life. We have a social justification for writing this text because it is necessary to strengthen the changes in the episteme brought about by the psychiatric reform movement and in care of people undergoing severe psychic suffering beyond drug therapy and hospitalization. Therefore, we are concerned about

consolidating a model of psychosocial mental health care model aimed at protagonism in daily life, in protagonism and social insertion (Nerviz, 2013; Silva, Abbad, & Montezano, 2019; Silva, 2009).

According to Nerviz (2013, p. 36), Husserl's phenomenology carries out "A critique of the metaphysical principle naivety, that science has forgotten its origins, the life of everyday world where it should draw its meaning from". Therefore, he conceived an idealized world for himself and highlighted *Lebenswelt* or 'world of life', as a phenomenological epistemology, considered one of the bases for developing clinical interventions in mental health. Specially, in considering the inseparable link between consciousness and intentionality; and articulate the restoration of common sense knowledge alongside scientific knowledge, similar to what happens in the life world of voice hearers.

It is possible, through phenomenology, to invest in the protagonism of people undergoing severe psychic suffering, and to act based on the Brazilian mental health policy. For example, government documents describe that in the psychosocial rehabilitation model, complex therapeutic practices and strategies must be developed, requiring staff to understand the dimensions of the patient, not only the psychopathological signs, thus focusing on biopsychosocial care. However, on most occasions, interventions in the services have not always been integrated and focused on daily life, undermining the fundamental bases of care, which include the participation of users and their families in their daily expression.

Various authors describe the disharmonies and gaps in professional practices about the reality of services where old practices coexist with new ones. This creates misunderstandings and hinders the adoption of the paradigm of integrality, singularity and inclusion (Salles & Matsukura, 2015; Vasconcelos, Jorge, Catrib, Bezerra, & Franco, 2016; Silva et al., 2019).

In this respect, with a focus on autonomy, integrality and the subjective expression of people's psychic phenomena, an approach to mental health has been developed since the 1980s in 26 countries, among them the United States, Greece, Palestine, Japan, Australia, Denmark, Italy and the United Kingdom, a mental health approach with people who experience voice hearing. In Brazil, this experience is currently taking place in some states such as Rio de Janeiro, Campinas, Pelotas, Ribeirão Preto in São Paulo, Brasília and Belém do Pará. However, it is still being disseminated and implemented among professionals, mental health services and the community.

Therefore, this strategy has been developing internationally as a support network movement, which considers experience and not just the concept of auditory hallucination as a symptom of altered perception. It consist of users, family members and professionals who use self-help groups in a space for exchanging, sharing and managing experiences, considered a strategy for Recovery care in the field of mental health.

The Recovery model is a paradigm that emerged in mental health systems and services in the 1990s in various parts of the world. It briefly presents as its central axis support strategies with activities that promote reports of lived experiences and the struggle for personal discovery and change, as a process of rediscovery, a sense of identity, self-determination and personal empowerment to live, participate and contribute in the community (Duarte, 2007; Anastácio & Furtado, 2012).

Understanding voice hearing is considered a process of Recovery, that is, a strategy for discovering identity, self-determination and personal empowerment for people who find themselves lost within themselves, through the voices. It also favors as a first step restoring one's own thoughts, spaces and silence, and then external things, as a "[...] condition of

belonging to oneself and one's health, drastically diverging from being just a patient" (Continni, 2017, p. 28).

In this approach, auditory hallucinations are considered to be a perception of thoughts, as well as the interrelationship of experience with the world, varying according to social and cultural context, with different forms of experiencing the world around them (Continni, 2017).

This study understands everyday life as the activities, routines and social roles that involve each person and that form the basis for the development of oneself in the world, through belonging to an everyday expression. Therefore, it is in this daily life that people structure themselves through occupation, use of time, routine and interpersonal relationships. Salles and Matsukura (2015) state that each person's daily life is intertwined with others, sharing their occupations and influencing each other as an identity process.

The constitutive dynamics of everyday life is also considered a process of occupational justice, that is, the ability of men to understand their right to occupational perspectives in their daily life, understanding this as a collective and citizen right who starts to do, become and belong in the world of life (Townsend & Marval, 2013).

In the Recovery approach scenario, understanding people's experiences of listening to their voices, and their everyday expressions, the research question that becomes relevant is: what is the characterization of studies on the experience and representation of hearing voices in people's daily expressions of severe mental suffering? Therefore, the aim of this study was to characterize in the scientific literature the experience and representation of voice hearing in the daily context of the lives of people who experience this phenomenon, helping to reflect on therapeutic practices in psychosocial rehabilitation in mental health.

Method

The study method was qualitative with a research strategy of narrative literature review, as a type of literature research, with a qualitative approach that, according to Elias et al. (2012), considered as a strategy used in health studies that uses explicit and systematic criteria for search and analysis of literature, establishing relationships that enable perspectives on a theme.

The choice to study literature in a narrative form was made to permit freedom in the didactic searching of sources. It considers the theme to be recent in the world and in Brazil and to facilitate the search for thoughts, concepts and articulation on aspects of listening to people's voices through the prism of people's daily expression in a descriptive-discursive way.

Therefore, this study considered the following steps: (i) search for descriptors in the Virtual Health Library (Decs/BVS) in psychology, based on the topic of the study; (ii) selection of descriptors mental health, schizophrenia, auditory hallucinations, voice hearers; (iii) search for studies in CAPES Portal of Journals, both in Portuguese and English with no set time; (iv) use of criteria to select the articles; and (v) treatment and analysis of data on content related to the study theme.

It is important to clarify the choice of the descriptor of voice hearers, because this term was developed by psychiatrists Romme and Hage (2000) in 1987 in the Netherlands. They realized it was necessary to change their psychiatric practices, which addressed deconstruction as a psychopathological sign and recognition of the phenomenon as part of the individual's history, thus constructing a self-help space with other people sharing the same experience with the voices, qualifying the daily lives of these people.

We have selected the literature using as inclusion criteria articles that are complete, without a specific period, with one of the descriptors in the title, and content in the abstract about voice hearers or auditory hallucination and aspects of their day-to-day experiences. We excluded articles not accessible on the portal, incomplete articles and empirical studies on auditory hallucinations with a focus on biomedical therapeutics. Thirty articles were selected, in both Portuguese and English, from 2003 to 2018, with seven national and 23 international studies, and seven theoretical and 23 empirical, with a prevalence of 27 articles published in the last ten years.

We read and organized the content by interpreting the themes presented in the articles such as (i) locating texts that presented a phenomenological approach on the experience of auditory hallucinations; (ii) identify in the texts the characterization of the auditory hallucinations for the individual, professionals and family members; (iii) synthesize ('learn about') in the literature the relationship between the phenomenon of visual hallucinations and the approach to voice hearers and the daily expression of these people.

The data presented in the 30 articles was organized in a thematic spreadsheet about the type of study, the year it was published, the content, the main points and the results presented. Subsequently, they were analyzed focusing on the language narrative on the approach, characteristics and challenges presented on auditory hallucinations, descriptions.

Results and discussion

The results from the 30 articles permitted a descriptive presentation of in three subsections: the general content of the articles, the hearing voice experience and hearing voice phenomenon in everyday expression.

General content of the articles

The content of the studies selected from the literature presented as the central theme the experience of hearing voices or auditory hallucinations in content, as (i) netnographic and ethnographic studies on self-help groups, describing the history of hearing voice groups, focusing on the experience narratives; ii) comparative theoretical studies on psychopathology, characterizing the experience of auditory hallucinations in the population with or without a psychiatric diagnosis; and (iii) theoretical studies on hearing voice hearing and the therapy related by the phenomenological approach of the first person and neurocognition.

Narrative studies on voice hearing experience prevailed in 22 articles, in relation to the objectives, such as characterizing typologies, describing the characteristics and representation of the experience throughout the participants' lives and describing the benefits and challenges of participating in groups of voice hearers in different parts of the world.

Empirical studies of narratives used different numbers of participants, such as in the study done by McCarthy-Jones et al (2013) who used a large sample of 199 people and described the experience of auditory hallucinations, relating them to the challenges people had in dealing with this experience in their day-to-day tasks. The results of the studies that focused on narratives showed three common points, namely (i) the characterization of subtypes of auditory hallucinations; (ii) the discussion of the emphasis on drug therapy focused on the elimination of the phenomenon and its direct relationship with traumas occurred throughout life, manifested via language over the person's historical content.

Pontes and Calazans (2017) criticize the classification manuals used by the Brazilian Unified Health System (SUS), which serve as guidelines for diagnosis, and present the

phenomenon as a symptom of schizophrenia and other psychotic disorders, such as an altered perception of reality, hindering any way of reflecting on the phenomenon other than as a psychopathological sign. Based on this logic, we observed that, in general, the intervention in the services continues to be that of symptom remission, solely through medication therapy, without any kind of understanding or handling of the experience, in itself, not only by the professionals but also by the person experiencing it themselves and their family members.

In addition to this understanding, Costa (2017) presents a definition of psychic suffering far removed from the classical nosography, as an acute manifestation of human anguish, through language or behavior, which affects the individual's unique existential position and expressiveness in affective, social and cultural relationships. This author considers that it is not a question of denying the symptom itself, but understanding it in its various dimensions, not only the biological, but also phenomenological, existential, systemic, psychoanalytical, experiential and, above all, ethical.

Therefore, capturing the meaning of the auditory hallucinations phenomenon requires that the health team adopt a relational clinical process, emphasizing the apprehension of the person's experience as a historical being. It must consider his/her existential dynamics, and recover the dimension of normality, which gives meaning to life in the natural world, and includes any suffering, even those considered 'psychotic' (Silva & Costa, 2010; Silva, 2019).

Severo and Dimenstein (2015), in a study of the discourses of users of a mental health outpatient clinic concerning their psychiatric crises and everyday experiences, identified that some day-to-day activities triggered psychological distress, while others made it impossible to return to work after a crisis, causing financial and social consequences, such as withdrawal from interpersonal relationships and work ties.

Salles and Barros (2009) described their perceptions of daily life in another study with users of a Psychosocial Care Center (CAPS). They describe their perceptions of daily life, identifying relevant aspects, such as lack of interest, lack of opportunities, monotony, loose social ties, exclusion from the primary and secondary network, and absence from work, among others. They conclude that mental illness causes a rupture in people's daily lives, characterized by material and affective losses, being devalued and excluded from their social context, as an "[...] impression of disconnection from the shared world" (p. 15). The authors also suggest that professionals in mental health services invest in the social inclusion of mentally ill people, using day-to-day activities that gradually generate autonomy and a social place, leading up to major challenges such as inclusion in the job market and relationships. According to Salles and Matsukura (2015, p. 62), "[...] we are what we do and occupations is an essential part of the self".

In a study reviewing national and international literature on everyday life, Salles and Matsukura (2015) highlight a variety of aspects of this term with a common point among them. It is recognized as a singular and social process, determined by space and time, for the historical and social construction of people and that, despite the adversities and disruptions of life, staying busy proves to be transformative and a protagonist.

What people do in their daily lives, how they live their everyday lives is a factor that influences various area of life and is intrinsically linked to the process of health and illness and is intrinsically linked to the process of health and illness. For most people, living is their everyday life (p. 198).

The experience of hearing voices

The definition of hearing voices in the studies diversified throughout the 30 articles on cognitive and psychosocial approaches. Only eight articles dealt with the phenomenology, both in psychopathology, neuroscience and philosophy, illustrated synthetically by year of publication in Table 1

Table 1 - Definitions of hearing voices experience from a phenomenological approach

Year	Authors	Definition of Hearing Voices Experience
2011	Muñoz, et al	A symptom of psychosis, a specific dimension of language structure and of the symbolic universe constituent.
2014	McCarthy-Jones et al	A disorder in which inner speech is attributed to the self as a replay of previous memories
2015	Demjé e Semino	It is an experience that comes from the conscience, the subjectivity of each hearing person and not from an external cause
	Luhrmann, Padmavati, Tharoor and Ose	These are psychotic disorders that are differentiated in each culture
	Woods	An experience without a pattern, based on contexts, experiences, beliefs and values
2018	Kantorski, Cardano, Couto, Silva and Santos	Manifestations of emotional problems that arise metaphorically or literally, disappearing as they are resolved.
	Cardano	It is a private experience of the hearing person's own world and not that of the shared world.
	Antonacci and Minelli	A natural part of human experience, conceived as a response to social emotional and/or interpersonal circumstances

Source: Research (2020).

The definitions of the hearing voices experience, regardless of the approach present a central point that of a phenomenon produced by language, with a subjective and singular basis, in response to the process of lived history that people develop throughout their lives. Muñoz, Serpa, Leal, Dahraneide, & Oliveira (2011) state that, in the case of psychosis, the voices occur due to inadequate exposure to language, a consequence of the plurality of internal and external experiences, but also as an effect of the localization of the self, and of meaninglessness.

Sass and Parnas (2003), studying schizophrenia, consciousness and the self, state that hearing voices is a disturbance of ipseity, that is, an experiential feeling, as a subject of experience, where the individuals show their own perspective of the world. These authors explain that this disorder occurs for two reasons. i) hyperreflexivity, which is an exaggerated form of consciousness, as a rupture of the basic structures of experience; and (ii) the imposition of self-affection. Moreover, that both motives are “[...] promoters of the sense of self-perception and the coherence of the experiential domain of the world and ourselves in the world” (p. 5).

On the subject of auditory hallucinations, Rosen et al. (2008) describe them as a substantial egosyntonic variation of the harmony or egodystonic conflict of feelings, behaviors and values. These authors characterize the experience of hearing voices through diverse typologies, representing heterogeneity in the expression of this phenomenon.

In general, the characterization of voice experiences shows that they can be sounds or speech with negative and derogatory content, recurring, a real and disturbing experience, which becomes intense in situations of stress, anxiety and depressive symptoms. It can happen to people with or without a psychiatric diagnosis, when most of the time it is experience not a shared e by people for fear of prejudice and social stigma.

Studies by McCarthy-Jones et al. (2013, 2014) state that it is difficult to understand the phenomenon of auditory hallucinations due to the phenomenological heterogeneity that occur in this experience. They also discuss the lack of cognitive and phenomenological approaches that study internal subjective aspects; also the importance of comprehending this phenomenon through interdisciplinary methodologies, considering the listener and the subjective experiences themselves, understanding the multiple perspectives on people's realities in order to broaden and enhance therapeutic enrichment, permitting to strengthen therapeutic strategies in the day-to-day running of services.

In a study on the experience of hearing voices carried out with people undergoing treatment at a Psychosocial Care Center, Fernandes and Zanello (2018) highlighted nine topographical or predicative variables of this experience. In other words, how listening to voices occurs in the minds of these people. As a result, they came up with nine ways of experiencing voice hearing: the intensity, frequency, content, quantity, identity, genre, format, emotional valence and the level of influence.

Trauma, whether psychological or physical, is presented in the articles as one of the main causes of voice hearing experience and may occur at any stage of life. However, some authors (Kantorski, Antonacci, Andrade, Cardano, & Minelli, 2017; Kantorski, Cardano, Couto, Streicher, & Santos, 2018) state that despite this finding, there is not an elimination of the experience, regardless of the trauma care itself. The experience is not eliminated, but people's narratives about their experiences will help them understand and manage their daily lives with quality of life.

These authors agree that it is a common practice to consider hearing voice as a psychopathological sign, using drug therapy to eliminate this symptom. However, they point out that regardless of taking antipsychotics or not, people report that this experience remains and that improvement occurs when they begin to get busy with a task or understand their emotions about the experience itself and manage them through their daily activities.

Using the voice hearers' descriptor in the literature search, we found a prevalence of 17 articles that dealt with the experience. They focus on learning how to manage this experience in daily life through a self-help group, in a virtual environment (03 articles) or in person. They are called Voice Hearer Groups, from a network called Intervoice, considered

an interactive web community for exchanging experiences. Kantorski et al. (2018) consider this to be a fast-growing movement, with national networks of voice hearers in 26 countries.

Studies dealing with the Group of Voice Hearers presented content about the history of the group, concepts about the voice hearing experience, characteristics of how the group works, and the challenges and benefits of dealing with people. The authors report that there is a space in this group to understand the meaning of voices, stimulating a sense of feeling of social belonging, sharing experiences, creating bonds and autonomy, contributing to understand a link between the voice hearing experience and the presence of mental disorder (Barros & Serpa, 2014; Kantorski et al., 2018; Barros, Melca, & Serpa Jr, 2018).

Cardano (2018), on the movement of voice hearers around the world, states that it is a tenacious approach to the revision of the medicalization process and to the various forms of alterity. This author defines the phases of the hearing voice movement as a dialectical process of focusing, restoring voices to normality, assigning meaning and valuing them, as an “[...] international network for voice hearers aiming to connect all the initiatives in favor of around the world” (p. 6).

In the voice-hearing group, auditory hallucination is seen as a specific way in which language is structured, a plurality of experiences of relationships with the world (Muñoz, et al., 2011). Therefore, voice hearing is recognized in the studies as a common phenomenology shared with the world and which in this space is shown as (i) a possibility of re-signifying experience (Pimentel, 2005; Kantorski et al., 2018) (ii) a space that permits dialogicity; or (iii) as an internal discourse ability to incorporate multiple perspectives on reality (McCarthy-Jones et al., 2013, 2014).

The phenomenon of voice hearing in everyday expression

Daily life is considered a dynamic web of occupations, tasks, habits and social roles, both singular and subjective, influenced by sociocultural contexts (Salles & Matsukura, 2015). According to the authors, all the tasks we perform throughout the day, our representations, make up two aspects, the occupational profile which is central to the human experience for our mastery of the environment, offering a sense of temporality and satisfaction, constituting biography; and the occupational role that promotes identity, consolidated by routine and habits.

The literature has shown that the voice-hearing experience is also characterized in everyday life context, influencing people's day-to-day activities, as it involves subjective, affective, cognitive, perceptual and social processes. This experience is disturbing and generates a distancing or estrangement in occupations, tasks, routine and social roles (Vilhauer, 2017; Bender et al., 2018; Fernandes & Zanello, 2018; Kantorski et al., 2018).

In the literature survey, 17 articles presented content on auditory hallucinations and related them to everyday life as a dimension of the person's mental health, where work and social life are mentioned as activities impaired by auditory hallucinations. In addition, they consider that the demands of adult life worsen the experience of voices in everyday life, such as tiredness and fatigue and the burden of day-to-day tasks, difficulty in moving independently around the territory, or even isolation and idleness at home (Smith, 2007; Kantorski et al., 2017, 2018).

In addition to auditory hallucinations, the very experience of psychological suffering and therapeutic strategies are generators of stigma, isolation and further illness, causing social inabilities (Rosen et al., 2008). Some authors make a causal link between voice hearing experience, trauma and everyday tasks, as in the study by Kantorski et al. (2018)

who point out that even though all the participants were of working age, only one person in the study had a formal job.

On the other hand, other studies have shown a relationship between a significant improvement in disturbances caused by voice hearing during the person's involvement with tasks, favoring a sense of tranquility, organization of thought and personal satisfaction (Kantorski et al., 2017, 2018; Fernandes & Zanello, 2018).

Vilhauer (2017) and Barros et al. (2018) discuss the use of internet as the web network of voice hearers, a space for support, help and social interaction, stressing the need to use this tool to disseminate and minimize social discredit about these people. Corroborating with Antonacci and Minelli (2018) who describe that integrating activities in mental health services with activities in users' daily lives, regardless of their voice-hearing condition, treatment would be effective mainly in overcoming stigma and social isolation.

This approach is confirmed by Bender et al. (2018) who, based on the study of narratives of people living with the hearing–voice experience and coping with everyday activities. They emphasized that, despite associating this experience with a spiritual gift or serious mental problems, when people invested in strategies to manage the experience, they improved their social interaction and asked for help in times of crisis.

In the studies that presented the narratives of people participating in hearing voice groups, the daily activities were presented in an ambivalent way; i.e, as a difficulty in carrying them out, due to the disturbing experience with the voices; or as a way of using activities to occupy the mind and reduce the voices as a strategy for managing the experience to organize thought (Muñoz, et al., 2011; Barros & Serpa, 2014; Barros, et al., 2018; Kantorski et al., 2018).

Final considerations

Through the literature review, we have shown the definitions of voice hearing experience - auditory hallucinations - its characterization and typologies; the approach of voice hearers; and the management of people who experience this phenomenon in everyday expression.

The characterization of the voice hearing was diverse in relation to people's experience, confirming the heterogeneity in the expression of this phenomenon, reinforcing its approach beyond the psychopathological symptomatology, as well as the subjective and singular nature of the production of language about lived history.

Studies of phenomenological analysis have presented this experience as the voice hearer's own associated with the person's biography, but little shared, considered a disorder of ipseity, of hyperreflexivity and imposition of self-affectation of experience, shown in everyday expression.

We identified in the results that the articles focus on the central theme of voice hearing experience to traumatic experiences and consequences in everyday life, jeopardizing work performance, leading to absence of work, lack of opportunities, loose social ties, among others. In addition, the studies indicate that it is necessary to integrate people's daily activities into the professionals' therapeutic strategies at work, otherwise they only serve as a stimulus to institutionalization, chronicity and disruption of daily life.

On the other hand, involving people in everyday occupations and tasks promotes recognition of social roles, contributing to general well-being, a sense of organization and offering a reflection of oneself in the world.

Therefore, it is necessary and urgent to learn and invest in new approaches of subjective and historical understanding, as well as in the voice hearing experience. We understand that rescuing a sense of normality, sharing experiences and autonomy and freedom in self-care are fundamental for mental health producing an appropriation of daily life, with protagonism, representing the daily expression of each person. In this scenario, the group of voice-hearers is a relevant strategic tool in care, as it values experience, the space for plurality and meaning to life.

This study aimed to produce a narrative review of the scientific literature on voice hearing experience and its daily expression in which the voice hearer is inserted. We consider the task to be relevant for offering the health team the means to develop an analysis on the stigmas and prejudices associated with the nosological diagnosis of the auditory hallucinations phenomenon in the field of mental health.

We conclude by emphasizing that there is a need for empirical studies that address voice hearing, with a phenomenological focus on people's experience of the world of life, to understand recognition in their daily occupational roles, and thus aid therapeutic practices in mental health care.

References

- Anastácio, C. C., & Furtado, J. P. (2012). Reabilitação psicossocial e recovery: conceitos e influências nos serviços oferecidos pelo sistema de saúde mental. *Cadernos Brasileiros de Saúde Mental*, 4(9), 72-83.
- Antonacci, M. H., & Minelli, M. O. (2018). Enfrentamento das vozes: a experiência de uma região central da Itália. *Journal of Nursing and Health*, 8(n.esp.), e188408. doi: 10.15210/JONAH.V8I0.13835
- Barros, O. C., Melca, F. M. A., & Serpa Jr, O. D. (2018). Redes e mídias sociais: o potencial multiplicador para a ajuda mútua de ouvintes de vozes. *Journal of Nursing and Health*, 8(n.esp.), e188418. doi: 10.15210/JONAH.V8I0.14120
- Barros, O. C., & Serpa, J. O. D. (2014). Ouvir vozes: um estudo netnográfico de ambientes virtuais para ajuda mútua. *Physis Revista de Saúde Coletiva*, 27(4), 867-888. doi: 10.1590/S0103-73312017000400002
- Bender, A. R. M. J., Tavares, D. H., Coradini, D. R., Lopes, I. F., Farias, I. D., Silva, L. D., Silveira, P. B. (2018). Um desafio cotidiano: aprender a conviver com as vozes. *Journal of Nursing and Health*, 8 (n.esp.), e188410
- Cardano, M. (2018). O movimento internacional de ouvintes de vozes: as origens de uma tenaz prática de resistência. *Journal of Nursing and Health*, 8(n.esp.), e188405. doi: 10.15210/JONAH.V8I0.13981
- Contini, C. (2017). *Ouvir vozes: manual de enfrentamento*. Pelotas, RS: Santa Cruz.
- Costa, I. I. (2017). A crise psíquica enquanto paradigma do sofrimento humano. (Re) pensando o psíquico como expressão do existir e seu cuidado. In N. J. Faria, & A. F. Holanda (Orgs.), *Saúde mental, sofrimento e cuidado: fenomenologia do adoecer e do cuidar* (p. 65-94). Curitiba, PR: Juruá.

- Duarte, T. (2007). Recovery da doença mental: uma visão para os sistemas e serviços de saúde mental. *Análise Psicológica*, 25(1), 127-133. Recuperado de: http://www.scielo.mec.pt/scielo.php?script=sci_arttext&pid=S0870-82312007000100010&lng=pt&tlng=pt
- Elias, C. S. R., Silva, L. A., Martins, M. T. S. L., Ramos, N. A. P., Souza, M. G. G. & Hipólito, R. L. (2012). Quando chega o fim?: uma revisão narrativa sobre terminalidade do período escolar para alunos deficientes mentais. *SMAD. Revista Eletrônica Saúde Mental Álcool e Drogas*, 8(1), 48-53. Recuperado de: http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1806-69762012000100008&lng=pt&tlng=pt
- Fernandes, H., & Zanello, V. (2018). O grupo de ouvidores de vozes: dispositivo de cuidado em saúde mental. *Psicologia em Estudo*, 23, 117-128. doi: 10.4025/psicol estud.v23.39076
- Kantorski, L. P., Antonacci, M. H., Andrade, A. P. M., Cardano, M., & Minelli, M. (2017). Grupos de ouvidores de vozes: estratégias e enfrentamentos. *Saúde em Debate*, 41(115), 1143-1155. doi: 10.1590/0103-1104201711512
- Kantorski, L. P., Cardano, M., Couto, M. L. O., Streicher, M. S., & Santos, C. G. (2018). Situações de vida relacionadas ao aparecimento das vozes: com a palavra os ouvidores de vozes. *Journal of Nursing and Health*, 8(n.esp.), e188416 doi:10.15210/JONAH.V8I0.14096
- McCarthy-Jones, S., Krueger, J., Laroi, F., Broome, M., & Fernyhough, C. (2013). Stop, look, listen: the need for philosophical phenomenological perspectives on auditory verbal hallucinations. *Frontiers in Humana Neuroscienze*, 7(127), 1-9, doi: 10.3389/fnhum.2013.00127
- McCarthy-Jones, S., Trauer, T., Mackinnon, A., Sims, E., Thomas, N., & Copolov, D. L. (2014). A new phenomenological survey of auditory hallucinations: evidence for subtypes and implications for theory and practice. *Schizophrenia Bulletin*, 40 (1), 225-235. doi:10.1093/schbul/sbs156
- Muñoz, M. N., Serpa, O. D., Leal, E. M., Dahlraneide, C. M., & Oliveira, C. (2011). Pesquisa clínica em saúde mental: o ponto de vista dos usuários sobre a experiência de ouvir vozes. *Estudos de Psicologia (Natal)*, 16(1), 83-89. doi: 10.1590/S1413-294X2011000100011
- Nerviz, J. (2013). A fenomenologia que nasce e o “mundo da vida”. *Razão e Fé*, 15(2): 31-55.
- Pimentel, A. (2005). *Psicodiagnóstico em gestalt-terapia*. São Paulo, SP: Summus.
- Pontes, S., & Calazans, R. (2017). Sobre alucinação e realidade: a psicose na CID-10, DSM-IV-TR e DSM-V e o contraponto psicanalítico. *Psicologia USP*, 28(1), 108-117. doi: 10.1590/0103-656420140101
- Romme, M.; Escher, S. (2000). *Making sense of voices: a guide for mental health professionals working with voice-hearers*. Londres, UK: Mind Publications.

- Rosen, C., Jones, N., Chase, K. A., Grossman, L. S., Gin, H., & Sharma, R. P. (2008). *Self, voices and embodiment: a phenomenological analysis*. *Journal of Schizophrenia Research*, 2(1), 1008. doi: 10.1080/17522439.2016.1162839
- Salles, M. M., & Barros, S. (2009). Vida cotidiana após adoecimento mental: desafio para atenção em saúde mental. *Acta Paulista de Enfermagem*, 22(1). doi: <https://doi.org/10.1590/S0103-21002009000100002>
- Salles, M. M., & Matsukura, T. S. (2015). Estudo de revisão sistemática sobre o uso do conceito de cotidiano no campo da Terapia Ocupacional na literatura de língua inglesa. *Cadernos Brasileiros de Terapia Ocupacional*, 23(1), 197-210. doi: 10.4322/0104-4931.ctoARL510
- Sass, L., & Parnas, J. (2003). *Schizophrenia, consciousness, and the self*. *Schizophrenia Bulletin*, 29(3), 427-444. doi: 10.1093/oxfordjournals.schbul.a007017SourcePubMed.
- Severo, A. K. S., & Dimenstein, M. (2009). O diagnóstico psiquiátrico e a produção de vida em saúde mental. *Estudos de Psicologia*, 14(1), 59-67.
- Silva, M. N. R. M. (2009). Significados e significantes da cronicidade na esquizofrenia no processo da reforma psiquiátrica: pensar em outra via de cuidados. In I. Costa, & T. Grigolo. *Tecendo redes em saúde mental no cerrado: estudos e experiências de atenção em saúde mental* (1a ed., p. 302-313). Brasília, DF: Universidade de Brasília.
- Silva, M. N. R. M. O. (2019). Fazer acontecer no cotidiano: reconhecimento de si para encontro com outros. In A. Pimentel, & M. Silva (Orgs.), *Diálogos interdisciplinares em saúde* (1a ed., p. 145-160). Belém, PA: UFPA/IFCHQ/PPGP/NUFEN.
- Silva, M. N. R. M. O., Abbad, G. S., & Montezano, L. (2019). Practices and therapeutic strategies of the psychosocial care centers alcohol and drugs. *Paidéia (Ribeirão Preto)*, 29, e2903. doi: <https://dx.doi.org/10.1590/1982-4327e2903>
- Silva, M. N. R. M. O., & Costa, I. I. (2010). (redes)cobrando relações no sofrimento psíquico grave: cronicidade e possibilidades. In I. I. Costa (Org.), *Da psicose aos sofrimentos psíquicos graves: caminhos para uma abordagem completa* (p. 118-141). Brasília, DF: Kaco Editoras.
- Smith, D. B. (2007). *Você pode viver com as vozes em sua cabeça?* *Revista Latinoamericana Psicopatología Fundamental*, X(2), 295-306. doi: 10.1590/1415-47142007002008
- Townsend, E., & Marval, R. (2013). Profissionais podem realmente promover justiça ocupacional? *Cadernos Brasileiros de Terapia Ocupacional*, 21(2), 229-242. doi: 10.1007/s10447-008-9063-z
- Vasconcelos, M. G. F., Jorge, M. S. B., Catrib, A. M. F., Bezerra, I. C., & Franco, T. B. (2016). Projeto terapêutico em saúde mental: Práticas e processos nas dimensões constituintes da atenção psicossocial. *Interface -Comunicação, Saúde, Educação*, 20(57), 313-323. doi:10.1590/1807-57622015.0231

Vilhauer, R. (2017). Stigma and need for care in individuals who hear voices. *International Journal of Social Psychiatry*, 63(1), 5-13. doi: 10.1177/0020764016675888

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