Learning Goal:
The learning goal is to encourage an interactive discussion among conference delegates as to how migrant voice-hearers actively negotiate the gaps between their own understandings of voices and those of their family, society and/or the medical establishment.

Abstract Text:
My doctoral research was a qualitative study that involved interviews with thirty voice-hearers, who were largely recruited from mental health centres in North-East England and South-East England. Many of these voice-hearers had limited social networks. Berry et al. (2012) note that in cases where social networks are very limited, voices may function as attachment figures for people with psychosis. Strand et al. (2013) are in agreement with this, as their study showed that for those voice-hearers who heard voices that had a supportive content ‘none […] expressed wishes to be rid of these symptoms’, as the ‘voices were mainly referred to as substitutes for loneliness and longing’ (Strand et al., 2013, p. 7). My presentation will explore how four voice-hearers who are migrants and/or from black and ethnic minority backgrounds understand the link between cultural displacement and mental distress, which may include voice-hearing. Religious and cultural beliefs lead to people holding different understandings of voices. In particular, I aim to focus my discussion on culture and religion in the case of people with migration experience, as I am interested in how they are resourceful in using these frameworks that are different from the majority culture to make sense of their voices. I pay careful attention to migrants’ own testimonies when exploring how questions of displacement and migration are of particular relevance to understanding the connection between voice-hearing and emotion. I extend research on migration and psychosis by showing to what extent migrant interview participants’ own agency is evident in them choosing frameworks which help them to make sense of their voices and emotions, and/or how they actively negotiate the gaps between their own understandings of voices and those of their family, society and/or the medical establishment.