

# How the psychiatric narrative hinders those who hear voices

For those who hear voices, the ‘broken brain’ explanation is harmful. Psychiatry must embrace new meaning-making frameworks

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In November 2020, the voices came. Luca didn’t know how many there were or how they managed to force themselves into his mind.

‘He’s only 20.’

‘We owe you money.’

‘[Pretending to be police] Another mind rape!’

‘You’re in hell.’

‘It’s a safe world.’

‘My little boy...’

Luca was 20. He was a musician living in London. He had taken some college courses but had to drop out to move out of his mother’s home. And now he appeared to be the target of a malicious experiment.

Over the months, he learned to distinguish the voices. There was a whole group of them, which he called ‘The Team’. The Team knew everything about him. They knew the names of his friends and family members. They knew about his musical aspirations. Sometimes they could be extremely cruel. They joked about the years of abuse he suffered under his mother – whom they named ‘Innocent’. They pretended to be his father, whom he scarcely knew. Yet they could show compassion. They celebrated his music. They promised to reveal their technologies to him. They said they would make him famous.

Eventually, the police brought Luca to a hospital against his will. A psychiatrist asked how long he had heard voices. Luca protested that he did not hear *voices*; he heard *people*. His doctors told

him he was having hallucinations and delusions. They said these were symptoms of a disorder they could treat, or at least manage, with drugs.

Luca agreed to take the drugs, not because he thought he was mad, but because he hoped they would disrupt the signal between his brain and The Team. But the drugs made things worse. They made The Team angry – so they tortured him more. He thought constantly about suicide. Sometimes the voices were so overwhelming he had to lie down wherever he was. One day he found himself on the floor of a grocery store. He typed ‘mind rape’ into his phone. That’s when he discovered the targeted individual community.

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Before about 2000, people with experiences like Luca's had few options. They could turn to a psychiatrist, or spiral further into isolation, fear and paranoia. But the advent of the personal computer and the availability of the internet changed that. People like Luca were now communicating with each other, finding parallels between their experiences, and trying to track down who was doing this to them.

Hence was born the targeted individual (TI) community: a group of people who openly shared their experiences of high-tech harassment and organised stalking.

Among the first to come forth was a Canadian engineer, Eleanor White, who created a website called Multistalkervictims. A US Navy veteran, Derrick Robinson, started a non-profit, People Against Covert Torture and Surveillance, International (PACTS). A former analyst for the US National Security Agency, Karen Stewart, [went public](#) with her experiences of organised stalking.

Some TIs have sought refuge abroad. Many have the belief they've been

microchipped

By the 2010s, a flood of people were sharing similar experiences. An Oxford-trained physicist, Katherine Horton, started a website on counter-technology called Stop007. A life coach in California, Cathy Meadows, wrote the book *Hey Mom, I'm a Targeted Individual* (2018) offering psychological support to TIs and their families. A physician from San Antonio in Texas, John Hall, speculated about the underlying technology in his book *Guinea Pigs* (2014). An ordained minister, the Rev Dr Millicent Black, started the online church Refuge from the Storm for other TIs, which sees the fulfilment of biblical prophecy in the harassment of TIs. Today the TI community is a loosely organised global network with regional and local support groups. In 2016, *The New York Times* estimated there were at least 10,000 people who identify as TIs.

TIs have a diverse range of experiences. Some involve electronic harassment. Voices projected into the mind. Crackling or popping sounds in the ears. Burning or pricking sensations on the skin.

Migraines. Sleeplessness. Others centre around gang-stalking. Being followed in the streets. Several people wearing the same-coloured shirt, or driving the same-coloured car, as a coded threat.

Strangers in public commenting on the TI's private life. People breaking into their homes and damaging things. Some TIs have sought refuge abroad. Many have the belief they've been microchipped. Some implore surgeons to remove the implanted devices.

Researchers have collated a range of [theories](#) about why TIs believe these evils are happening to them. Some think it's payback from an ex-spouse, or retaliation for being a whistleblower at work. Others think they were just unlucky to be chosen for the experiment. Many share the belief that their tormenters want others to 'think they're crazy' to discredit them. Cathy Meadows urges TIs not to share their experiences too openly as 'it serves [the stalkers'] ultimate purpose of making the target look crazy'. Instead, she offers TIs practical advice: find love, look great, don't act paranoid.

Shortly after that moment on the floor of a grocery store, Luca met with more experienced TIs. An older man gave Luca two pieces of advice: keep going, and don't kill yourself.

Journalists often depict the TI community as a postmodern tragedy – a byproduct of unregulated social media. Here are thousands of very sick people, we're told, who are just reinforcing each other's delusions and making each other sicker because they refuse to see psychiatrists. These reports dismiss TIs as promoting one more dangerous conspiracy theory (though I doubt that TIs will ever become a major driver of conspiracy theories, partly because they have unusual experiences that run-of-the-mill conspiracy theorists lack).

However, as I talked with TIs and some of the mental health professionals who have taken a sympathetic interest in them, I began to see a different story emerge. What if the TI community is an inevitable reaction to the shortcomings of medical psychiatry itself?

Put differently, what if medical psychiatry is inadvertently *pushing* people like Luca

deeper into the TI community?

The TI narrative validates their basic ability to perceive the world and reason about it

I began to see TIs like Luca as a group of individuals who are caught between two competing narratives. By all accounts, these are people who are hearing terrifying voices, experiencing painful sensations or seeing themselves as being stalked. Over the years, the main narrative that has emerged to explain their experiences belongs to medical psychiatry. It holds that these voices and beliefs – or ‘hallucinations’ and ‘delusions’ – are symptoms of a disorder such as schizophrenia, delusional disorder or schizoaffective disorder. These disorders likely stem from brain dysfunctions or defective genes. In the best of cases, these symptoms can be managed with drugs, or some combination of drugs and therapy. Though the medical narrative helps some, research is showing just how stigmatising and disempowering it is for others. Some get the message that their brain is broken and that they can never



trust their thoughts and perceptions.

Many, like Luca, are put on antipsychotic drugs with debilitating side-effects.

The second narrative – the TI narrative – is that if you're having these sorts of experiences, *nothing is wrong with your mind*. Your perceptual and reasoning abilities are functioning exactly the way they're designed to. Unfortunately, you *are* the victim of gang-stalking or electronic harassment. Despite your suffering, however, there is hope: you can band together with other TIs in a global movement to expose your attackers and dismantle their techniques.

Trapped between these two narratives, many opt for the TI narrative. It validates their basic ability to perceive the world and reason about it – precisely what psychiatry's medical narrative denies. It infuses their frightening experiences with a powerful sense of purpose and coherence. It gives TIs the most precious resource of all: community, belonging, even love.

But if psychiatry's broken-brain narrative is pushing people deeper into the TI community, how did this happen? How is

it possible that the very profession that was designed to support people like Luca might be making them worse off? And are there any alternatives to these two narratives – the idea that your brain is broken, and the idea that you're actually being persecuted?

The idea that disembodied voices and strange beliefs are symptoms of a brain disorder is very old. In the West, it stretches back to the manifesto *On the Sacred Disease* (400 BCE), in which ancient Greek doctors tell us that all forms of madness stem from air deprivation in the brain. In the first half of the 20th century, asylum psychiatrists with a penchant for [experimental remedies](#) – lobotomies, insulin comas, malaria injections, even tooth extractions – embraced the medical vision.

But even in the 1960s and early '70s, there were [other paradigms](#) available to suffering people. There was a collection of viewpoints that didn't see hallucinations, delusions or other extreme experiences as symptoms of a disease, but as doorways to personal, social or spiritual transformation. These

experiences, if properly understood, would lead the individual to a higher level of human flourishing. In the words of today's Mad Pride movement, they were 'dangerous gifts'.

There were at least three alternative perspectives that framed extreme experiences as psychological, social or spiritual awakenings, rather than brain dysfunctions.

One approach saw the mad mind as a wounded mind – not wounded in the sense of broken, but in the sense of having survived painful life experiences. The experiences we call 'paranoia' – being hypervigilant to threats, seeing malicious motives everywhere – could be a protective response of the organism to *real* threats, rather than symptoms of a disease. Suppose a person has survived abuse, neglect or other forms of trauma, such as racism, classism, climate disaster or homophobia. Being hypervigilant to threats is actually a pretty reasonable response to those problems. In the 1930s, psychiatrists in the US like Frieda Fromm-Reichmann of the Chestnut Lodge psychiatric institute,

or her colleague Harry Stack Sullivan, viewed the symptoms of schizophrenia as the start of a journey of recovery.

A second approach looked at psychosis not as a trauma response, but as a mirror of a damaged society. In the 1960s, the Scottish psychiatrist R D Laing, who was influenced by Fromm-Reichmann and Sullivan, described madness as a form of insight, a sane response to an insane world. Its fundamental truth is that the conditions of modern society are no longer fit for human flourishing. Along these lines, the journalist Jean Guerrero writing in *Wired* in 2018 described TIs as the prophets of the information era, and the proverbial ‘canaries in the coal mine’, who offer a dire warning about the reality of constant electronic surveillance. We don’t have to accept the literal truth of the TI narrative to see it as an accurate, symbolic representation of our social plight.

The answer wasn’t always to give people stigmatising labels and pummel their brains with antipsychotic drugs

A third approach saw, in madness, a spiritual crisis or [‘spiritual emergency’](#), a

term coined in the 1980s by Stanislav and Christina Grof but with roots in the work of Carl Jung and Abraham Maslow. In this view, the 'self' is a mere drop in a vast sea of intelligence, consciousness and love. What if what we call insanity is a form of unmediated contact with this cosmic intelligence? What if experiences of psychosis – disembodied voices, strange convictions, the sense of being out of one's body – are precursors of a powerful spiritual change, one that requires a religious guide, not a doctor? The documentary film *Crazywise* (2016) tells the story of Gogo Ekhaya Esima, a Brooklyn activist who was diagnosed with schizophrenia, but who rejected her label, returned to her ancestral roots, and became a Sangoma traditional healer and peer counsellor.

The point is, not long ago, there was a host of alternative frameworks for making sense of these extreme experiences. People with paranoid beliefs weren't trapped between the broken-brain narrative and the literal persecution narrative. Within this broader range of narratives – a trauma response, a mirror of a broken society, a

spiritual awakening – some were able to find real healing. The answer wasn't always to give people stigmatising labels and pummel their brains with antipsychotic drugs.

One reason I'm aware of these alternative paradigms is because I saw how they played out in my [dad's own life](#). In the summer of 1973, a few months after I was born, he was diagnosed with paranoid schizophrenia. He was a lawyer working under the US president Richard Nixon, and he formed the belief that he was being surveilled – not unreasonable given Nixon's penchant for spying on his own staff. My dad's fears soon escalated into the belief that my mother was a government spy, his doctor had inserted a tracking device into his anus, and *The Washington Post* was reporting on his activities in the Sports section (on the pretext of describing a rather marginal baseball player).

Fortunately, my dad had read psychiatrists like R D Laing, and psychologists like Rollo May and Abraham Maslow. He understood that what we call madness isn't always a

breakdown, but a potential breakthrough. He agreed to see a psychiatrist, but only under the condition he wouldn't be given drugs. The psychiatrist agreed and, sometimes with my mother, had conversations about how to navigate his strange experiences. Ultimately, he was able to continue working for the Labor Department for another 12 years, until similar episodes in the 1980s rendered him unable to work.

But if the 1960s witnessed the proliferation of alternative, meaning-making frameworks, how did our perspective become so limited? How did this medical vision – replete with its diagnoses, medications, symptom checklists, hypothetical brain dysfunctions – come to exert such a forceful grip on our collective imagination? How is it that people like Luca face such a tragic forced choice between the broken-brain narrative and the TI narrative?

Historians of psychiatry agree that a momentous paradigm shift took place in the 1980s. They often call this shift the 'second biological revolution', after a

similar revolution that took place in Germany in the 1850s. It was popularised by books like Nancy Andreasen's *The Broken Brain* (1984), Solomon Snyder's *Drugs and the Brain* (1986) and Jon Franklin's *Molecules of the Mind* (1987). It coincided with an explosive growth in the pharmaceutical industry that promised to heal the mind with drugs.

In this vision, mental disorders were best understood as brain dysfunctions that could be traced to abnormal genes. Schizophrenia stemmed from an imbalance of the neurotransmitter dopamine. Depression was a serotonin imbalance. Bipolar disorder was a lithium imbalance. ADHD a deficiency of norepinephrine. These conditions, of course, could be triggered by life events, but they were ultimately biological. It was a reincarnation of the ancient Greek humoral theory, which saw the various forms of madness as imbalances in the four humours: blood, phlegm, yellow bile, black bile.

They insisted that seeing mental disorders as defective brain chemistry



would alleviate shame and stigma

Historians disagree about what caused this paradigm shift. Some emphasise the failure of psychoanalysis to help those in most severe need. Others point to the success of drugs in getting people out of the asylum. Others emphasise the role of pharmaceutical companies in aggressively marketing their products. Still others point to high-profile legal cases, like that of Ray Osheroff, who sued Chestnut Lodge in the early 1980s because they'd refused to give him antidepressants.

My own research centres around another factor. In the 1970s, many psychiatrists thought they'd actually discovered the seat of madness in the brain. The neuroscientist and psychiatrist Solomon Snyder at Johns Hopkins University assembled the evidence for this claim in his influential [paper](#) 'The Dopamine Hypothesis of Schizophrenia' (1976). There, he showed that antipsychotic drugs like haloperidol worked by plugging dopamine neurons in the brain – and that their effectiveness in managing symptoms was proportional to

their ability to block those neurons. He also showed that one could induce a temporary psychosis in a sane person by flooding their dopamine receptors with amphetamines. By turning dopamine on and off, he concluded, one could turn schizophrenia on and off like a faucet. He wrote a popular book arguing that all major mental disorders had their own chemical imbalance. He even helped start two pharmaceutical companies to devise tailored treatments for each disorder.

The broken-brain narrative wasn't supported just by science but by politics too. A chorus of doctors, journalists and activists insisted that seeing mental disorders in terms of defective brain chemistry would alleviate shame and stigma. They gave the lie to the idea that extreme low mood, disabling anxiety or obsessive thoughts might represent a character flaw or a moral defect – or even bad parenting.

By the mid 1980s, my dad's own treatment changed dramatically, in tune with the changing times. In 1986 – in the waning years of the Cold War – he began

having unusual experiences again. He thought God was telling him to use his position in the Labor Department to promote worldwide nuclear disarmament. He also thought the French actress Catherine Deneuve was communicating with him telepathically for guidance and support.

He was hospitalised multiple times in the 1980s and '90s. In better times, I'd visit him at the private Washington Hospital Center in an upscale neighbourhood in northwest Washington, DC. In worse times, I'd visit him in St Elizabeth's, a public asylum with nearly 300 beds on the south side of the Anacostia River, in the neighbourhood that earned the city its moniker as 'murder capital of the US'. St Elizabeth's also housed John Hinckley, Jr, after he shot Ronald Reagan in 1981 in a bid to win Jodie Foster's affection. By the 1990s, my dad's long hospital stays were replaced by multi-day hospitalisations where he'd be put on drugs, monitored, and released under the supervision of a social worker.

His older diagnosis of paranoid schizophrenia eventually gave way to a

newer one of bipolar disorder. The doctors put him on a combination of drugs that dampened the voices, but had their own debilitating side-effects. Their overall impact was a mental dulling and a muscular rigidity. Sometimes I sat with him for hours on end as he drank cup after cup of coffee and chain-smoked to stave off the fog. A simple act like tying his shoes or putting a dollar into a vending machine became laborious and frustrating.

When the mental fog made life unbearable, he would ditch the pills. God and Catherine would swiftly return, and he'd be off on a new geopolitical adventure. The idea that my dad's experiences represented a coherent response to a childhood of abuse and neglect, or that they represented a window onto the dangerous reality of nuclear annihilation, or that they heralded a spiritual transformation – the sorts of ideas he was receptive to in the 1970s – was utterly foreign to psychiatry's new medical view.

Psychiatrists became equally disenchanted with the serotonin theory

## of depression

The drugs eventually took a toll on his body. The specific combination of medications – lithium and thioridazine – is now known to be neurotoxic. His motor problems worsened, and led to ‘antipsychotic-induced dysphagia’, a condition in which your brain is unable to regulate the thin slice of tissue that stops food and water from entering your lungs. Dysphagia contributed to his death in 2005 by pneumonia.

It would be one thing if the medical vision were true. The fact that TIs rebel against the broken-brain narrative would be no more surprising than that someone can be in denial about diabetes or cancer. But the past three decades have shown that psychiatry’s medical vision is neither scientifically credible nor morally sound.

The scientific problems came first. Even 20 years after Snyder’s breakthrough paper, nobody could find the ‘smoking gun’ – the supposed dopamine abnormalities in patients who’d never taken antipsychotic drugs. Moreover, a newer generation of drugs, the so-called

‘atypicals’, took a much larger share of the psychiatric drug market. They seemed to manage symptoms equally well with fewer side-effects – even though they targeted a much wider profile of chemicals than dopamine. Dopamine began to look like one small piece of a much larger puzzle. Psychiatrists became equally disenchanted with the serotonin theory of depression. Today, the idea that these drugs work by reversing chemical imbalances appears increasingly groundless.

If the scientific credibility of the medical vision is waning, its political justification has also eroded. Over the past decade, a new generation of psychologists have been studying the nature of [mental health stigma](#): what it is, how it’s created, how to solve it. The consensus of this research is that psychiatry’s medical vision – and its language of ‘chemical imbalances’, ‘brain circuit defects’, ‘genetic abnormalities’ and so on – merely replaces one kind of stigma for another.

In particular, medical narratives tend to trigger three negative outcomes. They make other people want to distance themselves from the patient. They make patients pessimistic about their own recovery. And they evoke, in the patient's mind, the idea that drugs are the optimal course of treatment. Perhaps the most troubling finding of the new research is that stigma toward schizophrenia – measured as a desire for social distance – has actually *increased* over the past 30 years, plausibly due to the greater acceptance of the medical narrative.

Academic psychiatrists today often claim that psychiatry has already moved away from the narrow biomedical vision of the 1980s. They say that psychiatry has instead embraced a more holistic, 'biopsychosocial' vision that respects all of the different factors – brain imbalances, childhood trauma, social injustice – that make us unwell. Aren't psychiatry's critics just beating a dead horse?

But these reassurances ring hollow to me. Despite the calls for a more holistic model, in practice, interventions for

people like Luca have changed very little since the 1990s, with its short cycles of hospitalisation, diagnosis, drugs and monitoring. Psychiatry journals are increasingly dominated by biological perspectives, to the exclusion of psychological and social ones. And the fact that about [one-fifth](#) of US college students are on antidepressant drugs – and about [a third](#) of Scottish adults are on some form of psychiatric medication – suggests that, if anything, psychiatry's medical vision is actually more entrenched now than it was in the 1990s.

But if psychiatry's medical vision is failing TIs like Luca, what should we replace it with? How can we break out of this bind?

Despite the entrenchment of the medical vision, my recent explorations of psychological, social and spiritual approaches to psychosis have made me optimistic about the future. I think we're at the beginning of a renaissance of alternative approaches that loosely resembles the plurality of paradigms in the 1960s. The ultimate goal of these movements is to create safe, non-



coercive, therapeutic communities that give people space to explore alternative, meaning-making frameworks – an [ethos embodied](#) in Soteria Houses, the Open Dialogue framework, and Inner Fire, among others. One of the leading organisations in this context is the global Hearing Voices Network, which encourages people to understand their voices and other unusual experiences not as symptoms of a disease, but a source of creativity, inspiration and insight.

One avenue of intensive exploration is that experiences such as threatening voices, unusual beliefs and dissociative episodes are [protective responses](#) to traumatic experiences. Although popular books like Bessel van der Kolk's *The Body Keeps the Score* (2014) remain controversial, what's no longer controversial is the link between childhood abuse and neglect, and adult experiences of psychosis. Hence the popular slogan that we should no longer ask patients 'What's wrong with you?' but 'What happened to you?' The idea that terrifying experiences like Luca's can be a coherent response to abuse or neglect

has been developed by organisations such as the Hearing Voices Network, the National Paranoia Network, and the Power Threat Meaning Framework.

A second approach sees psychosis as a [‘spiritual emergency’](#). This view is advanced today by organisations like Safely Held Spaces and the International Spiritual Emergence Network. While some of a materialist mindset scoff at the idea that psychosis has a spiritual dimension, these framings have powerful practical benefits. Cross-cultural research on schizophrenia has shown that the way culture makes sense of voice-hearing impacts both the content and the emotional tone of the voices. In the US, where voice-hearing in the context of schizophrenia is framed as a symptom of a disease, voices are experienced as more invasive, hostile and distressing. In parts of India, Ghana and China, where voices tend to be understood as belonging to deceased ancestors or other spirits, voices are experienced as more benevolent and less scary. Some voice-hearers have found that, simply by adopting a curious and compassionate attitude to what the

voices are trying to say, they become less threatening and more supportive.

Ideally, people would explore these alternative paradigms in a therapeutic community

There are yet other approaches. Some within the voice-hearing community contend that hearing voices is merely a different way of processing information about the world – a form of neurodiversity with its own strengths and limits. Some groups, such as the Plural Movement and, to a lesser extent, proponents of Internal Family Systems, hold that voice-hearing is a natural sign of the multiplicity of the soul. Perhaps *all* of us are more or less ‘multiple’, and voice-hearing is simply one way that different parts of the mind talk to each other.

The problem is this: unless people like Luca have access to this whole range of meaning-making frameworks, they’ll either understand their voices in terms of a hypothetical brain disease, or in terms of hostile intruders running an experiment on them. We urgently need to

expand the range of scientifically plausible alternatives.

This isn't to say that drugs have no place in the new frameworks. Drugs can be valuable tools to help manage distressing experiences. That has been well known for millennia with drugs like psilocybin, hashish, opium, tobacco and alcohol. But they don't seem to work by reversing chemical imbalances – just as alcohol doesn't make you feel good by 'reversing an alcohol deficiency'. Rather, they help us temporarily blunt painful thoughts and feelings so we can better address their root causes.

The goal of these frameworks, as I see it, is to break the grip of the forced choice between two grim alternatives – not to impose any particular narrative onto suffering people. Ideally, people would explore these alternative paradigms in a therapeutic community that emphasises shared decision-making and personal autonomy. If someone chooses to embrace the medical narrative, it should be because they've been exposed to multiple paradigms and feel that this narrative makes the most sense for them.

And if others, after becoming aware of these paradigms, choose to accept the TI narrative, then the best path forward is for them to connect with a community like PACTS that can give them the non-stigmatising support they need. But mental health professionals ought to put more time and effort into raising awareness of the neglected third path: we can embrace voices and visions as part of ordinary human experience, without accepting the literal truth of everything they say.

I recently reconnected with Luca. His own journey, which began so abruptly in November 2020, has now taken on new contours. He still hears the voices, and he holds the belief that he's the subject of a cruel experiment. He explicitly identifies as a TI. But he's also placing those horrific experiences into a broader spiritual perspective, much like that advanced by the International Spiritual Emergence Network.

Luca now sees himself as intensely receptive to spiritual influences. The same psychic openness that allowed The Team to gain a foothold into his mind is

also a fountain of powerful revelations – massive ‘information downloads’ from the cosmic mind. These revelations centre around the broken state of humanity, the interweaving of the spiritual and material worlds, and the need for love – insights he’s compiling into a book. He is no longer preoccupied with victimhood, but with survivorship, and with his greater mission to promote ‘unprecedented change, healing and love’.

The real tragedy here is not that psychiatrists failed to stamp out Luca’s voices and strange beliefs. The tragedy is that he had to discover this spiritual path on his own.