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Voices That Are More Benign

The Experience of Auditory Hallucinations in Chennai

T. M. LUHRMANN AND R. PADMAVATI

Persons with schizophrenia and other serious psychotic disorders often experience a wide range of auditory events. We call them “voices,” but in fact, people also hear scratching, buzzing, and bangs. They hear voices inside their heads and voices that seem to come from outside, from the world. Sometimes the voices are clear, sometimes indistinct. Sometimes they make kind and even admiring remarks (“You’re the one. You’re the one I came for”). Sometimes they are horribly mean. Sometimes they command, and sometimes they comment. Existing studies suggest that these voices are more benign for people with schizophrenia in India than they are for many patients in the United States, and that those in India are more likely to experience their voices as people they know or as gods. That may make it easier to live with them. Padma introduced Sita to Tanya in Chennai in 2012.

Even now, ten years later, Padma (R. Padmavati) could remember vividly the first time she met Sita.¹ One of her friends, an obstetrician, wanted her to see this woman who had come out of an operation behaving very oddly. The woman had been admitted for abdominal surgery soon after her second pregnancy. Padma could no longer remember what the surgery was for—maybe a cholecystectomy, maybe an appendectomy. She did know that the surgery had nothing to do with psychiatry, which is Padma’s profession. When Padma arrived in the obstetrics ward she found Sita, this ordinary-looking, middle-class woman, shrieking and shouting at the top of her voice, her face distorted by rage, arguing with all these people who were trying to care for her. Sita

talked and talked and talked, but she didn't want to talk to Padma and she certainly didn't want to take any of the medication Padma offered her. Eventually she did calm down somewhat. Then she agreed to swallow some of the pills, and soon the illness seemed to clear. "She settled down beautifully," Padma recalled. Sita went home and began caring for her new baby, and returned to her duties in the big extended family in which she lived.

Back then, if you watched carefully, you could tell that Sita was hearing voices. She would hear God speak to her, or a family member, even sometimes a family member who had already died. There were times when things got bad and her parents brought her in to see Padma again. Padma would adjust her medications, talk to her a little, and send her home to her husband, with whom she still lived. Sometimes there were more dramatic episodes. Once the phone rang in the middle of the night. Picking it up, Padma heard Sita's husband say stiffly, "She's not slept the entire night," and then he handed Sita the phone. "There was a very ghostly scream," Padma recalled. "Her voice sounded absolutely—well, it was a completely changed tone of voice. And she was shouting and screaming at three in the morning." And then the husband took the phone back and Padma told him to give her extra medication. They came in for a follow-up visit and everything went back to normal.

Padma remembered three or four crisis calls like that, but not more, over the ten years since she had met Sita for the first time. She was clear that Sita met criteria for schizophrenia. She knew her well at this point and thought that her symptoms still ranked as severe: "In terms of psychopathology, I would rate her as severe. Her functioning, her disability, is mild to moderate. But her PANSS rating [an interview instrument used internationally to evaluate the severity of hallucinations and delusions]—I mean, her PANSS rating would be quite severe."

And yet Sita had never been hospitalized for schizophrenia. She had pretty much always been able to care for her children, to see that they got to school and to keep track of their performance, to cook and serve dinner and otherwise fulfill her responsibilities as wife and mother in her middle-class home. She had a servant who helped her take care of their portion of the large house her husband's family had built many years ago (some of the house was sold to another family at one point, when finances were tight), but she did a good deal of the work herself. She was involved with the arts and drew and painted—quite well, Padma said. She had given up a full-time job when she fell ill, but that was also when she brought home a second child. These days she even had

a job that she liked, as an insurance salesperson. “She’s pretty good,” Padma said. “Of course, she didn’t succeed in selling me any. But I have no head for that anyway. My husband buys our insurance.”

Sita is a good example of the South Asian puzzle of schizophrenia. From the perspective of the severity of her “positive” symptoms, she was really sick. (Positive symptoms are those, like hearing voices, that are effectively “added to” someone’s life, as opposed to the “negative” symptoms, like flat affect, that are more like subtractions.) She did not have a mild case of schizophrenia. But she managed remarkably well in her day-to-day world. We know that among those with schizophrenia, there is a higher proportion of people like Sita in India—and quite possibly more in non-Western countries in general—than there are in the United States and the West. There are more people who seem to recover spontaneously, and more people who never quite recover but seem to hold down jobs and care for their families effectively. The cause of this more benign course and outcome seems to be within the “black box” of culture rather than in what one might call the inherent structure of the “disease.”² What cultural features can we see in Sita’s life story that may have contributed to her better outcome?

Part of the story probably has to do with her parents and the sheer amount of care they provided. Sita’s parents did not presume, as American culture allows American parents to presume, that a child is independent at the age of eighteen. In the United States, federal and state disability programs structure their support with the expectation that the parents of disabled adults are not responsible for their care. India has no such social safety net. Parents not only remain caretakers of disabled children, but (if the child is married) they become, in effect, guarantors of the marriage.

Sita’s in-laws, on the other hand, never entirely reconciled themselves to her condition. Padma remembered calling them individually—Sita’s mother-in-law, her sisters-in-law, and so on—when things were bad and Sita raged and cried for reasons they could not understand. Padma called them to explain her illness, to tell them how to handle her and to reassure them that her worst symptoms would abate. While her in-laws did come to understand her condition as a psychiatric problem, Padma felt that Sita’s husband always seemed more annoyed than empathic. “I always felt he never listened to her. He never bothered to understand.” And why should he? Theirs was not a love match, but an arrangement between families. Sita’s husband didn’t sign up for a wife

who shrieked and shouted in an irrational fugue. But he never divorced her. He never interfered with her case. And he never abandoned her. He kept his side of the bargain.

Sita's parents made sure that she kept hers. At least, they did everything they could to get her the care they thought she needed to be a good wife. It was her parents who took charge when she needed help. They would pick her up at her house and take her to the doctor. They sat in on her appointments with Padma and made sure she followed Padma's instructions. They filled her prescriptions and monitored whether she was taking the pills. "The moment the husband calls," Padma recalled, "they are there at her place. They are very supportive. In fact, her father had a falling out with one of Sita's sisters. That sister is now in the United States. She felt he was too involved." Padma herself had recently told Sita's father to allow Sita's husband to take more responsibility for her care, and not simply to take over when Sita got worse.

This level of family involvement is not remarkable in India. The hospital where Padma works, the Schizophrenia Research Institute, sends outreach teams into the rural areas. I (Tanya) traveled with the team one afternoon in late October. That day the van visited two rural villages, places so far from the city that it would take a day or more by bus to reach the clinic. In each village a small crowd waited for the van in the village *panchayat*, the equivalent of a U.S. town hall. In these monthly visits, the clinicians will see fifty patients or more in a few hours, the line snaking forward every five minutes or so. And for any one patient, there is a parent or sibling, someone who comes with the client, sits in on the interview, discusses the symptoms, and handles the medication. In many Indian psychiatric hospitals, it is required that a family member actually reside with the admitted patient. The anthropologist Michael Nunley writes about how startled he was by the warm conversational chaos he found after hours in Indian psychiatric hospitals, at least compared to the more antiseptic atmosphere of a San Francisco hospital, as family members chatted with each other while settling in for the evening.³ In these hospitals, woefully understaffed by U.S. standards, family carry out much of the nursing care: they watch over the patients, pay attention to whether the patient actually takes the medication, and by necessity decide what kind of further medical care will be given, because they are the ones who must take time off from work in the fields to deliver it. Family involvement is a necessity in a society with fewer than five thousand psychiatrists for over a billion people with no social security, no disability, and no welfare.⁴ It is not clear that this

is good for the family. But it may make things easier for the patient. Part of the story of Sita's success may be the careful, consistent involvement of people whom she knows and who know her.

Another part of the story may have to do with the way they understand her illness. I sat with Sita and her father one afternoon to talk about her experience. Neither of them used the word *schizophrenia*, even though it was a term Padma had used in conversation with them to name Sita's illness. Another afternoon, I visited Sita at home and met her husband. He referred to her "problem" and her "shouting" but never used a diagnostic label. In fact, *schizophrenia* is not a word Padma uses often with her patients. At the Schizophrenia Research Institute, Padma will see eight to ten patients an hour. There is little time to explain a diagnosis. But even with her private patients like Sita, Padma doesn't talk much about diagnoses. Psychiatrists in India simply don't emphasize diagnosis the way that psychiatrists in the United States do, and patients neither demand a diagnosis nor treat diagnosis as important. Talking to me, Sita referred to her "turmoils," to her "shouting," to getting "agitated." She spoke about her "disturbances" and about her "psychological problem." At one point her father turned the conversation to my research. He wanted to know what I thought about Sita's condition. He called it "this kind of thing." When Sita set out to describe how helpful Padma had been, she did not talk about medication or treatment plans or counseling, all of which Padma had provided. Instead she explained that Padma had given her *tulsi* leaves to improve her circulation.⁵ When I asked what the most important thing Padma had done to help her was, Sita beamed and said "Confidence!" Her father added, "I am not worried about the medicines inside. The confidence she is getting is good. She is okay. She can do things."

Sita herself attributed her problems to the stress of being a bride and marrying into a family, being "a person who comes to the line late in the family." She described in some detail how tough it was for her when she married into her husband's large joint family. Her elder sister-in-law's husband was ill with heart problems and in and out of the hospital. He would die within the next few years. Sita found herself responsible for her sister-in-law's two children as well as her own new baby, and the home was in chaos. She shook her head, remembering: "I couldn't take it." But she quickly said that Indian marriages were hard on all brides. They move into a new family, with its own ways of doing things, its own patterns, and they know no one. "What happens? Bridegroom, he does not change the place. Right from the start he is in the same place. Only the bride comes inside."

Sita was right about this, of course: it is famously stressful for young Indian brides when they marry and enter a new family. The new bride does not know the intricacies of the way her new family communicates with each other. She has no history of the way small disagreements trouble the relationship, and thus no sense of how to soothe them. Her mother-in-law may see the new bride as a threat to her own relationship with her son, and she may seek to ensure that her son remains more loyal to his mother than to his wife. And the new bride often enters her new family on the bottom rung of its domestic hierarchy. In the years before she has her own children, she may be treated almost as a servant.

Sita defined her own goal in terms not uncommon to South Asians but also not unrelated to her illness: she only wanted good relationships with people. And she thought that her “struggle,” as she put it, was one she would win.

I want good relationship with everybody. That’s my point. It’s going on, on, on. The struggle is there, you know. Always. But we need to win the struggle. That’s the thing. Now that I am having the confidence and a way to get out of the problem, I am able to win it.

For her, here, the “struggle” seemed to mean everything that was rough in life, with her illness almost the least part. This is not the way that Americans think about schizophrenia. Americans are more likely to imagine it as a chronic illness of permanent impairment or, as some American clients put it, “a diagnosis of death.” That difference may also have helped Sita cope with her illness.

There was something else. Sita seemed to experience schizophrenia differently, not just because she had more family support or because she imagined her illness with a more positive course and outcome, but because the actual experience of the most distinctive symptom of schizophrenia was different for her.⁶

Most people who meet criteria for schizophrenia report that they hear voices. Sometimes these are actual auditory experiences. People hear what appears to be a human voice. Sometimes it is close at hand, sometimes far away. Sometimes there is one clear, distinctive voice, sometimes two or three, sometimes many. Sometimes they carry on a conversation with each other, commenting on what the person does or thinks. “Look at her. She’s getting dressed.” A voice can leap from person to person, often identifiable (people say) as a single voice but taking different timbres as it moves from one body

to another, coming from and moving among people who are actually present. Sometimes there is no clear voice at all, but a constant murmuring, or sounds that seem to reform into muttered voices, like noise from a passing car that resolves into a verbal patter. Sometimes the voices seem more quasi-auditory; sometimes they seem entirely interior and thought-like, but the person is very clear that the “voice” is not their own. At the beginning of someone’s illness, the person often does not recognize that the voices are not real in the world and cannot be heard by everyone. And very often, what the voices say is crude and awful. In the West, at least, the voices that psychotic patients hear are usually both mean and violent. They are often described as the most distressing symptom of schizophrenia: indeed, the voices associated with schizophrenia are often simply called “distressing voices.”

For example, Carolina, a sixty-year-old American woman with schizophrenia whom I interviewed in California, heard voices pretty constantly. Sometimes the voices were inside her head, sometimes outside; she was very clear that the inside voice was not a thought because it did not feel like her. She explained that the voices said “That I’m not good for nothing, that I am a bad person, that I don’t know nothing, I don’t know how to speak English very well, that I’m totally nothing good.” They treated her “really bad.” The voices told her what to do, although often she didn’t do what they commanded. They said to fight, to not talk to people, to be mean. They could keep her awake at night. About three-quarters of the time, she heard them talking to each other about her. One of the voices belonged to a man that she once knew, but not the others. She was very clear that she didn’t have a relationship with them. They were not friends. They were just there. She told them to stop, but they didn’t stop. In my experience, this is a relatively common account of the way people in the United States with schizophrenia understand their voices.

But Sita seemed to interpret her auditory hallucinations somewhat differently, and that difference seemed to have an impact on what she heard the voices say.

I met Sita in the autumn of 2012, in a lovely old hotel near the heart of the noisy disarray that is urban Chennai. Even at a distance you could tell that she was anxious as she waited in the lobby. Her father sat by her side, a quiet and gentle man. She had come to talk to me about her voices. She knew that talking about these voices was the point of the meeting: Padma had called her and asked her if she would be willing to participate in an interview about her voice-hearing experience. Padma was there to introduce Sita to me before

returning to the conference on schizophrenia taking place in the hotel. So it was striking that Sita began the interview by announcing that God was wonderful and took care of her. “We totally believe in this one thing. Let me tell you one thing. We totally believe in God. Wherever we are, whether I am with you or with anybody or all alone, God is there with me.” And her father confirmed this, with a mild joke: “He does care about our recording” (the digital recorder was running). Then he turned to her and added, “You’re going to be taken care of by someone else.”

Sita and her father then went on to characterize God as a kind of force you could invoke. “Everything,” she said, “is directed by some extra forces, in everyone’s life, in your life or mine.” And then they agreed that Sita had more access to those forces than her father did. She put it this way: “I can’t explain myself. God is there with me. I say God is sitting in front of me. But you can’t see that, unless you get the same frequency I have.” Here her father interjected, “I want to describe [this aspect] to you. She has been saying that she hears the various vibrations, since she is talking to God and other things which I might not have experienced.” Sita reiterated the point: “Not my father is experiencing this thing. But I am experiencing it. I get the vibrations. I get the frequency.”

So right away in their initial encounter with an American stranger, who was sent to them by Sita’s psychiatrist and came to talk about Sita’s psychotic voices, Sita and her father redefined those voices. Her main phenomena, they suggested, were not auditory voices but emanations and vibrations—and, as such, they were instances of the divine stuff that exudes from God. She said that vibrations were “emerging from all the cosmic energies.” They went on to expound this through the idea of *darshan*. The statue of a god, or idol, was mere wood or stone, they said. It was human-made. But when you stood before this wooden statue and prayed, sometimes something happened. Sita’s father explained:

We go to temple, see the deity there. When we pray for him, we find some kind of sparkling come from his eyes to us. His eyes to us. It is only an idol, decorated with various things. When you look at him and pray something, we feel innerly that we are blessed with his sight. That is Indian darshan.

It is not a standard experience of darshan that a worshipper hears vibrations with their ears, as actual sounds. But in describing Sita’s auditory hallucinations as experiences of darshan, Sita’s father was framing them for her as appropriate religious experiences.

Again, the auditory phenomena of psychosis are varied among individuals. From Western patients we know that people report, at the very least, the following:

- Clear, identifiable, unembodied external voice(s), sometimes talking to each other
- A voice—identified as a voice—“jumping” from person to person
- Real people heard to say words different from the ones they spoke
- Whispering and indistinct muttering
- Ambiguous sounds (like passing cars, or noise in the next room, or a radiator) that resolve into voices
- Internal, “not me” voices
- Good voices (“You’re the one I came for”)
- Bad voices (“You smell”)
- Neutral voices (“The radio is on”)
- Commands (“Don’t touch that”)
- Scratching sounds, like a field of rats
- Pops and bangs and whistles⁷

Sita could well have been reporting that her auditory experiences were primarily of a non-voice character.

As the interview unfolded, however, it became increasingly clear that she did not just hear “vibrations.” She said, in an aside as the conversation about darshan continued, that “he or she will talk in some language to me.” But it was as if she did not want to acknowledge that she heard voices. She switched immediately to talking about her family: how her two boys were doing, one studying engineering in his second year at university, the other still in high school, studying for his exams. And then she shifted into an account of the family drama that she held responsible for her illness—“that turmoil, I couldn’t take it.” She seemed to associate “voices” with something going wrong—but not “vibrations.”

When I asked her when she had heard voices for the first time, she said, “Oh. Voices? When I was doing this puja for God.” Sita was scrupulous, perhaps almost obsessively detailed, in her attention to her family and her religion, and disruptions to this attention seemed to bother her intensely. It was, after all, domestic upheaval that had led to her first breakdown. Here she

said that it was in her attempt to do things perfectly in the temple during a time of family confusion that she heard voices speak to her for the first time. “I take everything very deeply. Deeply. Very, very seriously. Whatever is assigned to me is assigned by God, and I have to do it perfectly.” Her association of obsessiveness with voice-hearing is not unique; some scientists are even tempted to describe schizophrenia as a kind of obsessive-compulsive disorder in which people think negative thoughts, like the repetitive skip of a scratched vinyl record, and attribute the thoughts to an external source because they can’t bear to acknowledge them.⁸ For Sita, the voices first came in the temple, and then all the time: “Wherever I go.” She began to hear people talk to her directly, people that other people could not hear, and then she heard those people talk to her through another person’s (real) body. God, too, would come and speak to her through other bodies.

But the voices weren’t always God’s. “First, initially, I didn’t know whether it was God’s voice or some other bad omen’s voice.” She knew it was not always God because she didn’t like what it said. “It was the same voice, but after going there or after following the voices, I mean the instructions or whatever it is, only all that well I knew that no, this is not God’s voice. After I was doing that activity, I have been put into so much turmoil.” To be sure, the instructions did not seem very harsh. “Go to the temple. Go get that *kum-kum* and keep it on your husband’s forehead and your child’s forehead.” (*Kum-kum* is a powder used to make a mark on someone’s forehead, often as a sign of religious devotion or marital status.) But the voices did make her paranoid, she said. She was pregnant at the time, and a voice would say, “That person is going to take away your child.” Sita felt scared when the voices said things like that. But the voices never told her to harm herself, nor to harm others, and in many respects she still felt as if she were the one in control. “I was very logical in my arguments towards the voices. Very, very logical in my way.” She could talk to them and she could argue with them.

And then Sita seemed to backtrack. She insisted that many—most—of the voices were good.⁹ She said that she heard her kin speaking with her, advising her, telling her what to do in daily tasks. She said that she heard her father back in the beginning, and she still heard him, even when he was not there. His voice was soothing, and his advice was good. “When I become agitated, or when I become angry or something like that, my father’s voice will come, ‘Sita no, that is not the way.’” She heard her mother and sisters and even her sisters-in-law, although the sister-in-laws “will be agitating me.” But not

always. “The same voices will come near me and say, ‘No, Sita, that is enough for today.’” Her father’s voice was always good. When she said that, her father joked that she said this only because he was sitting there, but it was also Padma’s impression that when Sita heard her father’s disembodied voice, it was a positive experience.

And then, in the midst of this discussion of the kind, soothing voices, as Sita was emphasizing how positive her voices were, my cell phone rang. Except that it wasn’t really a ring—more like a loud, strong vibration from the depths of my bag. This threw Sita utterly. Her father told her that the cell phone sound was real and that she had not in fact heard vibrations. But she stopped in her conversational tracks. “I am totally disturbed,” she said. “I am not able to talk further.” She made as if to leave.

Hoping to distract her, I persuaded her to stay long enough to listen to fifty seconds of a digital track made by a psychologist who meets criteria for schizophrenia herself, to illustrate the experience of hearing distressing voices.¹⁰ It contains whispering and muffled noises. At different points you hear (positive) voices saying, “You’re the one. You’re the one I came for.” But most of these voices are negative: “You smell.” “Look, look at their eyes. Their eyes say that you are disgusting.” And there are commands—some gentle, some clearly not: “Don’t touch that!”

Sita listened to the track with an intense, arrested expression on her face. She said that she had experienced voices and sounds like those depicted. And now she began to talk openly about some of those voices as being bad. “I used to shout . . . the voices I hear [now] are soothing, okay. But sometimes, I have seen [my father] as a bad person who is entering inside.” She went on:

I don’t know what or who is there. Someone is coming and disturbing. Maybe it is my own imagination. I don’t know. There can be only two answers for this. One is, my own imagination going on. But should be either true? . . . I should be intelligent enough to find out, because it is going to spoil my life. [And yet] so far it has really brought me up the positive side.

As Sita continued to speak, it was clear that she regularly heard a wide range of auditory phenomena. Good voices. Bad voices. Sensory experiences in all five senses, both good and bad. But these days, she said, when the bad voices came, “Krishna comes and tells me, ‘That’s enough.’ He asks me to fight against this.” Now, she was calm as she spoke. She decided to continue the conversation with me. And at this point she launched into an account of her relationship with

Krishna—how she truly relied upon him—how she trusted him and how he was going to save her. “I believe that Krishna is going to come and take me away from here. He’ll come in person and take me. That’s my expectation to the last.”

Sita had many forms of Krishna at home. She had a statue that she dressed with her jewels and saris. She had danced with him and sung with him. “When she’s alone,” her father commented, “she used to dance and sing and dance.” She said that Krishna was her lover and that he was with her always. “He is sitting beside me and just hugging me.” She saw him when she closed her eyes, either as a small blue child, playing the flute, or as a handsome young man, with Radha or Rukhmani. She heard Krishna’s singing in her ears sometimes.

As the conversation moved forward, I asked her if her husband knew about the voices. In answer, she said, “They [the voices] are my support.” In fact, she described her voices as her community:

I have two or three thoughts and two or three, multiple thoughts in my thing. You know that one is my family. The next circle is my society. The next circle is the whole world, something like that. You know you can group it. Say first your point. That’s my family. Then after that, it comes through Chennai, then Tamil Nadu, then India. See, something—the whole world—in fact, I will hear voices, foreign voices also from someone somewhere, U.S. or U.K. or whatever it is. Some people have talked with me, something like that.

Like, how you are talking, like that, American English or like Chennai people talks or low-class Tamil. So all kinds of voices mixed together. But when it comes to my family, the voices, what happens is, when that circle is there, that circle just depends is there. It depends on the circle of disturbance. The circle of disturbance is different. That’s what I’ll tell you.

When it comes to the whole world, it becomes world peace, something like that.

Even from Sita’s perspective, this largest aural community was not entirely positive. There was a circle of disturbance. And yet Sita envisioned this world of voices as protective, and she described her social world as located within it. “I have a circle around me. When someone is entering my circle I know. Some god enters, I don’t say anything. When some bad enters, I shout. That’s why these people say I am so noisy.”

Over the years, Sita seemed to have improved. She seemed to respond to her voices less intensely than she once had. “Initially, when I heard a voice or something, I used to react for the voice. Immediately, I used to go to the temple. But nowadays, you know, the temple? What is the use of going to the temple?”

Sita was still ill. An American psychiatrist might have called her “floridly psychotic”—someone for whom the hallucinations of the illness were still vibrant. It was not as if these hallucinations no longer led her astray. Only three years earlier she had heard the *kanchi* of Kanchipuram—the head priest of the temple for which the area is renowned—calling her, and she walked out of the house to follow him without telling anyone. She was absent for an entire day, with just enough money at the end of it to call her worried father so that he could come and pick her up. Many of her religious idioms veered away from traditional Hinduism, even in its myriad forms. Whenever Sita grew more religious, her family grew concerned. They saw her intense religiosity as a problem and as a precursor to trouble.

Even so, she had never been hospitalized, she cared for her family, she worked, and she and her family were clear that over time, things had gotten better.

Beyond the warm support of her family and the absence of any framing of her struggle as chronic incapacity, Sita seemed to have contributed to her own good outcome in the way she imagined and interacted with her unusual auditory experience—with what, for lack of a better term, we are calling her “voices.” Her reaction to the digital representation of auditory hallucinations and her subsequent discussion of her own phenomena suggested that the actual auditory experiences were not so different from those experienced by Americans with schizophrenia. Yet she seemed to pay selective attention to these experiences, and it may well be that her selective attention had altered at least the felt phenomenology of these experiences.

One could summarize the principles of Sita’s selective attention as follows:

1. She identified some voices and phenomena which resulted from her schizophrenia as culturally normal. She did not regard them as symptoms of an illness.
2. She named some of these voices and gave them some degree of personhood (and godhood).
3. She imagined an “inner circle” of her mind and included the good voices within it. She identified these voices as part of her social world.
4. She argued and interacted with her voices.
5. She ignored or minimized her most negative experiences. She didn’t like talking about them and she directed her attention elsewhere.

We know that as people age and improve, the intensity of their voices seems to lessen. The voices feel farther away and less commanding. In addition, new therapeutic approaches (largely based in the United Kingdom and in Europe) suggest that both the content and the frequency of voice-hearing can be affected by attention. Some of these approaches use cognitive-behavioral psychology techniques to alter the way people attend to their voices and to lessen their emotional reaction to them. Some emphasize interpreting the meaning of the voices. A new computer-based avatar therapy has demonstrated that giving people a sense of control over the voices may dramatically reduce both their frequency and their harshness.¹¹ The “Hearing Voices Movement,” a new grass-roots practice, teaches people to name, respect, and negotiate with their voices; practitioners have found that this diminishes the volume of the voices and improves their content.¹² Sita’s interactions with her voices followed these new therapeutic guidelines, not because she was taught to do so, but simply because of the way her culturally shaped expectations invited her to interact with these odd perceptual events.

I visited Sita again when I was last in India, in her house on an old and gracious street, wide enough for trees to form a canopy over the road. Her husband joined us for tea. He was under no illusions that Sita was completely well. He spread his hands as he talked about her problem and her shouting. He beseeched me to find a way to make the problem go away. But he also held up his hands with pride. She had been a good mother, he said. She cared for the house. She made sure the boys went to school. The boys did well.

Before I left, Sita pushed on me a book she had gotten at Sholingur, a hill temple associated with the relief of mental illness and evil spirits. Sita would not say precisely why she liked to go to Sholingur, but she went every year, she said, even though it was several hours away. She would stay and worship. She wanted me to go with her. She thought I would like to see the god, and worship him.