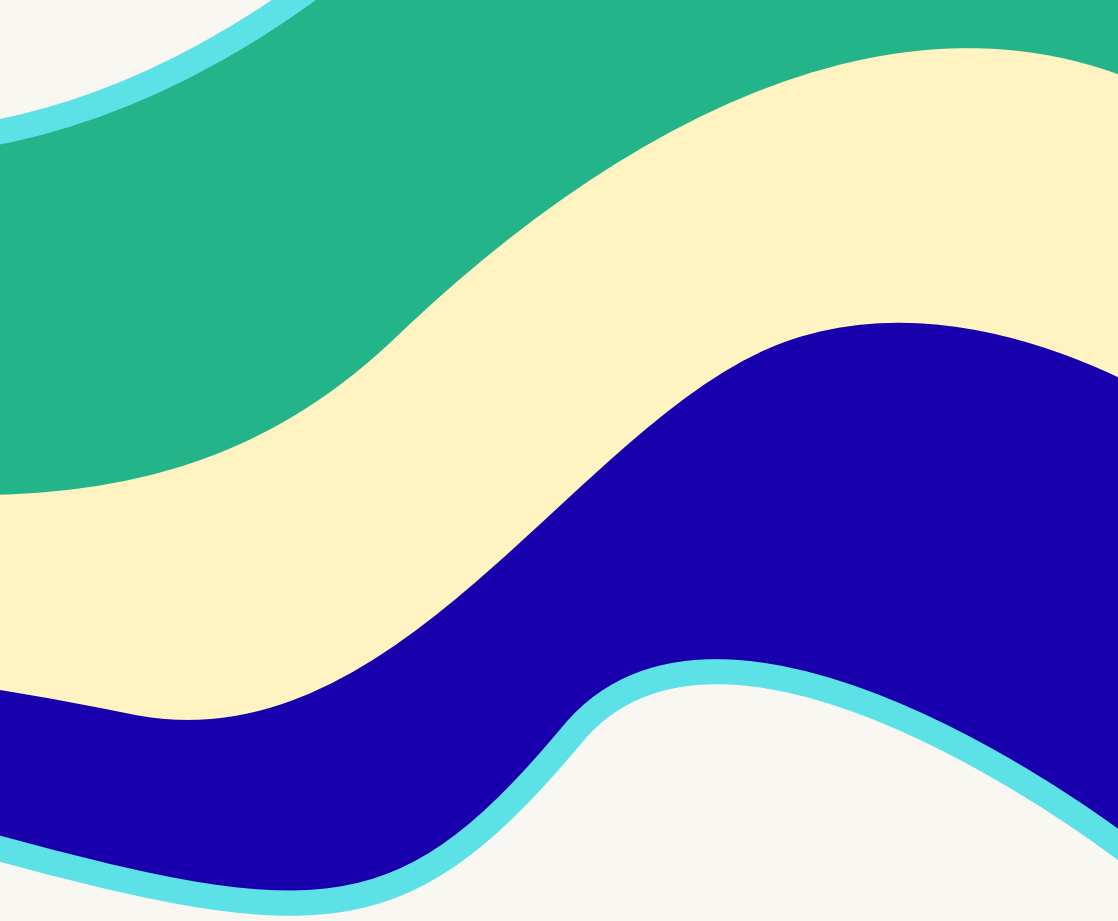




When voices speak of suicide

A guide to understanding suicidal voices



Contents

Section Title	Page number
Introduction	3
Same Voice, Different Meaning	5
Chronic and Acute Experiences	7
Listening Beyond the Voices	9
Voices at the Intersections	10
Opening Up Conversations	11
Safety and Autonomy	12
Co-regulation: Borrowing Calm in Crisis	14
Solidarity and Being Alongside	16
Holding Hope, Not Imposing Hope	18
When Help Has Harmed	20
Reflections for Supporters	22
Summary	23

Introduction

Hearing voices and suicidality are both experiences that are heavily stigmatised, and often evoke anxious responses, both for those living through them as well as for those responding to them. When they co-exist and intersect, this anxiety can intensify, increasing the likelihood of misunderstandings, and unhelpful, reactive, or harmful responses as a result.

These experiences can emerge as ways of navigating threat, distress, and the search for relief. Both are deeply shaped by relationships and context, and both are frequently misunderstood when reduced to symptoms rather than meaningful responses to the world. They are often pathologised and met with responses that prioritise risk management over compassion, understanding, and relational safety.

Thoughts, feelings, or voices around suicide should always be taken seriously. However, taking it seriously does not mean assuming a meaning or rushing a response. Many people live alongside voices that speak about suicide without acting on what the voices say. Some have developed ways of resisting, challenging, or negotiating with these voices, while others understand them as expressions of distress rather than instructions to follow. Hearing suicidal voices should therefore not be assumed to indicate automatic compliance or immediate intent. Understanding risk requires attention not only to what the voice says, but to the person's relationship with the voice, their sense of agency, and the strategies they use to stay safe.



Many people find it difficult to talk about hearing voices, suicidal thoughts, or suicidal voices. When these experiences occur together, opening up can feel especially challenging. There may be concerns about stigma, where people may worry that their experiences will be seen as strange, attention-seeking, manipulative, or culturally unacceptable. Others might worry that people will assume they are dangerous or incapable.

People fear causing worry to those around them, or have had previous experiences where disclosure led to responses that felt coercive, invalidating, or out of proportion to what they were trying to communicate. People may also struggle to find words for experiences that feel confusing, contradictory, or difficult to explain, and they may be unsure what sense they make of their experiences.

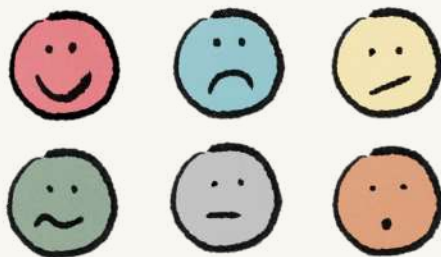
Too often, responses to suicidal voices become focused only on immediate control: assessing risk, preventing action, or suppressing symptoms. While safety is vital, safety alone is not enough. Creating conditions where people feel able to talk openly requires building trust, and honouring that trust through compassionate responses.

“For people with suicidal experiences, crisis escalation or coercive intervention can cause more harm than good.”



Same Voice, Different Meaning

Hearing voices is a meaningful human experience that exists across cultures, communities, and contexts. For some people, voices are not distressing at all; they may be experienced as companions, guides, or meaningful presences. For others, voices can become overwhelming, frightening, or coercive. The impact of hearing voices depends not only on what is heard, but on the relationship between the person and the voices. This distinction is especially important when voices speak about suicide.



Suicidal voices can take many forms.

Some issue direct commands:

"Kill yourself."

Others may threaten, shame, persuade, or gradually wear a person down over time:

"Everyone would be better without you."

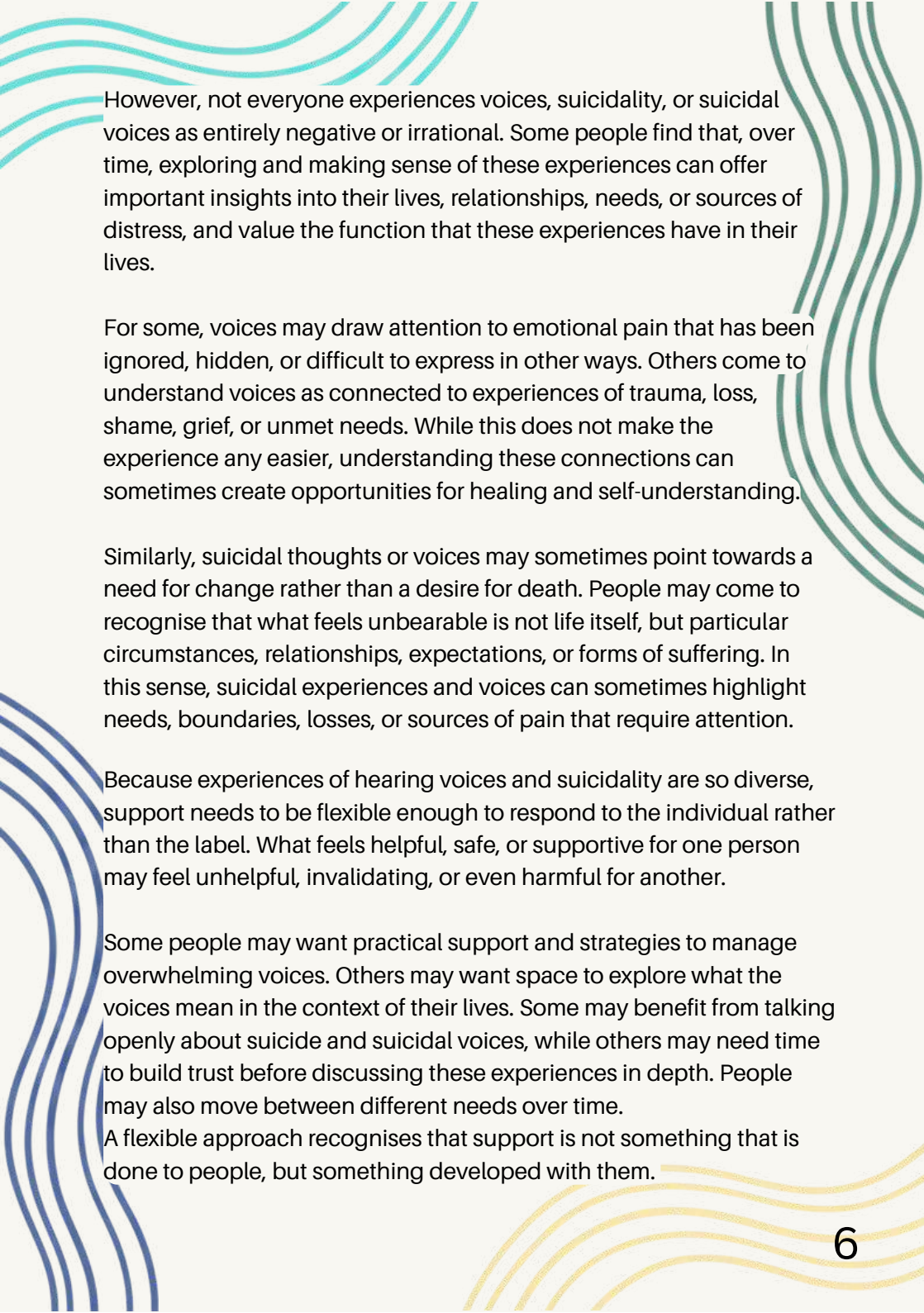
"You deserve to die."

"There's no point carrying on."

A voice might be suicidal itself:

"Kill me. Kill me. Kill me. Kill me."

Others may never explicitly mention death, yet relentlessly push a person toward hopelessness, self-destruction, or despair.



However, not everyone experiences voices, suicidality, or suicidal voices as entirely negative or irrational. Some people find that, over time, exploring and making sense of these experiences can offer important insights into their lives, relationships, needs, or sources of distress, and value the function that these experiences have in their lives.

For some, voices may draw attention to emotional pain that has been ignored, hidden, or difficult to express in other ways. Others come to understand voices as connected to experiences of trauma, loss, shame, grief, or unmet needs. While this does not make the experience any easier, understanding these connections can sometimes create opportunities for healing and self-understanding.

Similarly, suicidal thoughts or voices may sometimes point towards a need for change rather than a desire for death. People may come to recognise that what feels unbearable is not life itself, but particular circumstances, relationships, expectations, or forms of suffering. In this sense, suicidal experiences and voices can sometimes highlight needs, boundaries, losses, or sources of pain that require attention.

Because experiences of hearing voices and suicidality are so diverse, support needs to be flexible enough to respond to the individual rather than the label. What feels helpful, safe, or supportive for one person may feel unhelpful, invalidating, or even harmful for another.

Some people may want practical support and strategies to manage overwhelming voices. Others may want space to explore what the voices mean in the context of their lives. Some may benefit from talking openly about suicide and suicidal voices, while others may need time to build trust before discussing these experiences in depth. People may also move between different needs over time.

A flexible approach recognises that support is not something that is done to people, but something developed with them.

Chronic and Acute Experiences

Some people live with suicidality, voices, and voices that speak about suicide for months, years, or throughout their life. These can vary across time, and do not always indicate immediate intent or imminent danger.

Over time, many people develop ways of living alongside these voices. They may learn to recognise patterns, anticipate triggers, challenge what the voices say, set boundaries, seek connection, or use grounding strategies to reduce the voices' power. Some become highly skilled at distinguishing between what the voice is saying and what they themselves want.



When someone lives with chronic suicidal voices, support often needs to focus less on immediate crisis management and more on long-term relational safety, understanding, and nurturing what makes life feel liveable. Helpful support may involve:

- understanding patterns and triggers
- strengthening agency and resistance
- reducing shame and isolation
- exploring meaning and function
- building collaborative safety plans

An acute episode can involve a significant shift in distress, safety, or ability to cope. The voices may become louder, more convincing, more threatening, or more relentless. A person who has previously resisted may feel increasingly worn down, exhausted, overwhelmed, or unable to maintain distance from the voice.



It can be useful to not only explore the content of the voices, but to also explore any shift in the person's relationship to them, or any other changes in their life.

The difference between chronic and acute is not always clearcut, and people may move between the two. Recognising this can prevent harmful assumptions and help to see the range of experiences someone may be trying to navigate.

A suicidal voice should not automatically be treated as an emergency. But someone who usually manages to live alongside their suicidal voices may still enter periods of increased struggle and distress when exhaustion, overwhelm, or life circumstances change which need responding to.

Listening Beyond The Voices

If someone with suicidal voices attempts to take their own life, this should not automatically be assumed to be a direct result of voices and their influence.

Suicidal voices can exist within the context of a person's life. A person's actions are shaped by a complex interaction of factors, including hopelessness, pain, exhaustion, life circumstances, social isolation, loss, shame, and access to helpful support.

For some people, a voice may play a significant role in increasing distress or influencing behaviour. For others, the voice may be a reflection of struggles that already exist rather than causing them. Sometimes a suicide attempt may occur during a period of escalating crisis in which multiple pressures have converged. Reducing this to the influence of voices alone can obscure this complexity and limit how you might think about supporting them.

Instead of...	Try...
"Why are you listening to the voice?"	"What makes it hard to ignore?"
"You don't want to die, do you?"	"How much does what the voice says fit with how you're feeling?"
"Did the voices cause this?"	"What factors in your life contributed to this? Are your voices affected by them?"
"You need to promise you'll stay safe."	"What helps you stay safe when things get difficult?"

Voices at the Intersections

Experiences of hearing voices and suicidality do not occur in isolation from the wider world. People's experiences are shaped not only by personal histories and relationships, but also by the social, cultural, and political contexts in which they live.

Many people who hear voices or experience suicidality have also experienced forms of marginalisation, violence, or oppression. This may relate to race, ethnicity, disability, gender, sexuality, poverty, migration, religion, or other aspects of identity and social position.

Repeated exposure to prejudice or exclusion can contribute to feelings of shame, hopelessness, and isolation. Over time, these experiences may become internalised, shaping how people see themselves and what they believe they deserve. Sometimes these messages appear in voices:

"Nobody wants you."

"You are worthless, just die already."

Voices may echo messages that have been communicated repeatedly through relationships, institutions, media, or society itself. Similarly, experiences of suicidality can emerge in contexts where people are carrying the cumulative impact of marginalisation.

Intersectionality encourages us to ask not only what is happening within a person, but also what has happened around them and what they are continuing to navigate. It invites us to consider how social conditions, power, and inequality shape distress. Sometimes voices speak with the language of oppression. Sometimes suicidality reflects the weight of exclusion, injustice, or chronic disconnection. Recognising these influences can help us respond with greater sensitivity and awareness, in addition to having a sense of what people might need some broader support around.

Opening Up Conversations

There is no perfect way to respond to someone with suicidal voices. What matters most is creating space for honest conversation, listening with curiosity, and responding in ways that help the person feel understood and validated rather than judged or contained.

"Thank you for telling me."

"That sounds really difficult to carry on your own."

"I'm glad you've told me about this."

"Can you tell me a bit more about what the voices have been saying?"

"It sounds exhausting to have something telling you to die when that's not what you want."

"Hearing those messages doesn't mean you have to agree with them."

"It sounds like you've been working hard to resist the voice."

"How do you feel when the voice says that?"

"How much do you agree with what it's saying?"

"How much power does the voice feel like it has right now?"

"What do you make of what the voice is saying?"

"Does what the voice is saying fit with how you feel?"

"How much do you want to act on what the voice is saying?"

"What helps you resist it when it becomes strong?"

"What keeps you going when things are difficult?"

"What feels most unbearable at the moment?"

"What would need to change for things to feel even a little more manageable?"

"Who or what helps when things get this difficult?"

Safety and Autonomy

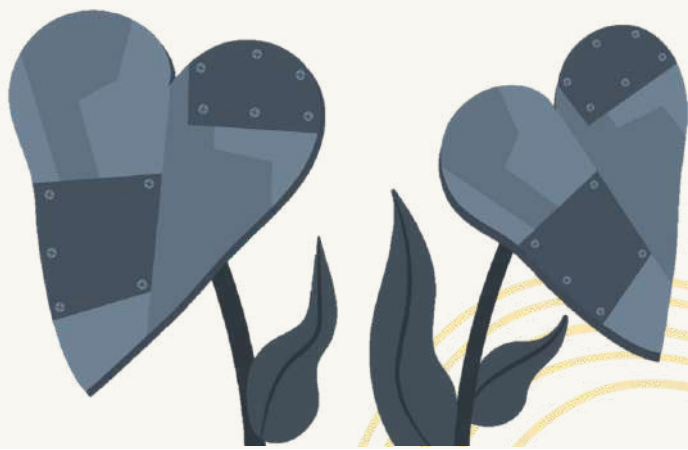
Supporting someone who hears suicidal voices can sometimes feel like walking a tightrope. Many supporters find themselves caught between two fears: doing too little and missing something important, or taking over too much and causing harm.

This tension can feel overwhelming. When someone we care about is distressed, our instinct is often to act quickly, take charge, or do whatever we can to keep them safe. At the same time, support that feels overly controlling can sometimes increase distress, reduce trust, and make future openness about struggles less likely.

Ideally we need to look towards the least controlling response that still supports safety.

This does not mean ignoring risk or avoiding difficult conversations. It means recognising that safety and autonomy are not opposites. Wherever possible, both should be protected.

"Safety can be created as a by-product of focusing on treating people with compassion and respect, asking what they find helpful and working with them. It's not something you can force"



Even during periods of significant distress, people benefit from being treated as active participants in their own care rather than passive recipients of intervention. People remain experts in their own experiences and should be involved in decisions that affect them as much as possible. Respecting autonomy does not mean leaving people to cope alone or avoiding difficult conversations about safety, it means while potentially taking action around someone's safety, their views are considered and respected as much as possible.

People may not remember every detail of what happened during a crisis, but they often remember how they were treated, how much choice they had, and whether they felt listened to, respected, and understood.

1

Don't judge, and don't panic. Take a moment to notice your own feelings and responses before reacting.

2

Listen to what is going on for them with kindness and empathy.

3

Ask the person about their experiences, including what would be helpful.

4

Collaborate on decisions that affect them, be transparent about concerns, and work together to identify next steps.

5

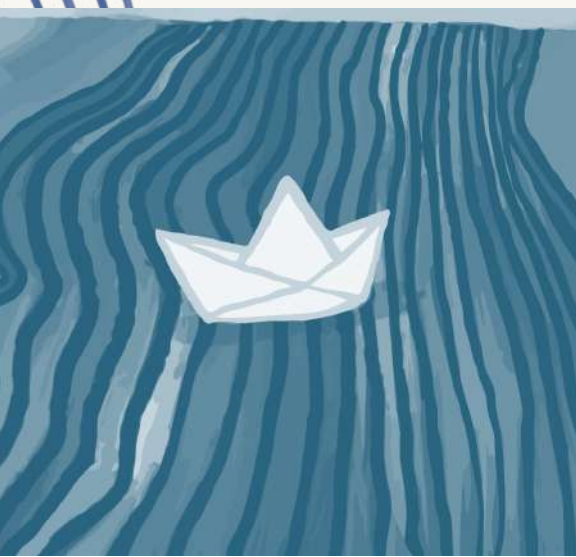
Be willing to walk alongside someone through their distress.

Co-regulation: Borrowing Calm in Crisis

When people are overwhelmed, frightened, or distressed, they might find it difficult to access their usual coping strategies, problem-solving abilities, or sense of perspective. In these moments, regulation is rarely something that happens alone.

People who hear voices that speak about suicide are often managing multiple sources of distress at once. They may be navigating the content of the voices, fear about what the voices mean, shame about disclosing them, and anxiety about how others will respond. When supporters react with visible panic, urgency, or alarm, this can unintentionally increase threat and make it harder for the person to feel safe enough to talk openly.

It is not about having the perfect words, staying calm at all costs, or taking responsibility for another person's emotions. It is about bringing a grounded presence to a difficult situation and managing our own emotions in order to support someone else with theirs.



Co-regulation does not eliminate distress or guarantee safety, but what it can do is create conditions in which people feel less alone, less overwhelmed, and more able to access their own strengths, coping strategies, and sources of support. For many people, the experience of being met with calm curiosity rather than anxiety or risk assessments can be incredibly reassuring. It communicates that difficult experiences can be spoken about, understood, and shared. In this way, co-regulation is not simply a skill. It is a relational process of staying alongside someone while they navigate distress, helping them borrow steadiness until they are able to reconnect with their own.



Often, what helps is:

- slowing down
- taking a breath
- listening
- creating space for despair and silence
- communicating steadiness rather than urgency
- not jumping straight into coping strategy suggestions or risk assessments
- self-reflection
- debriefing and/or doing something kind for ourselves after intense interactions

"When I'm struggling and need help, I usually end up having to reassure the people I open up to when they are panicked or upset about what I tell them, or I have to think very carefully about what or how I say things and censor myself."

Solidarity and Being Alongside

When someone is hearing distressing voices that speak about suicide, it is natural to want to make the voices stop, find the right solution, or fix the person's distress as quickly as possible.

Sometimes practical action is needed. Sometimes additional support is essential. But there are also moments when the most powerful thing we can offer is our presence.



"Being witnessed can be profoundly different from being managed."

Peer support and shared lived experience can offer something unique when it comes to hearing voices and suicidality. Connecting with someone who has faced similar experiences can reduce isolation, challenge shame, and create a sense of being understood without needing to explain or justify what is happening. For many people, it can be healing to meet others who have lived alongside voices, suicidal thoughts, or periods of intense distress and found ways to make sense of, cope with, or survive those experiences.

Peer support is also not about having all the answers or assuming that experiences are the same; rather, it is grounded in mutuality, empathy, and the recognition that lived experience can be a valuable source of knowledge, hope, and connection. By creating spaces where difficult experiences can be spoken about openly, it can help people feel less alone and more able to explore the meaning of their experiences on their own terms.

We can offer solidarity through shared humanity, regardless of whether we have similar experiences. Through trusting that compassion and understanding is often more helpful than rushing to solutions, and a willingness to stay present with experiences that may feel frightening, confusing, or painful. Sometimes that willingness to remain present is one of the most meaningful forms of support we can offer.



Holding Hope, Not Imposing Hope

People often assume that being hopeful means persuading someone that everything will be okay. Yet hope is rarely created through argument. When someone feels hopeless, being told to "look on the bright side" can feel dismissive or disconnected from their reality.

Hope is not something that can be imposed. When people feel overwhelmed, exhausted, or disconnected from the possibility of change, encouragement can sometimes feel like pressure. Attempts to move someone too quickly towards optimism may unintentionally communicate that their despair is too uncomfortable, too frightening, or too difficult to sit with.

People need space to speak honestly about hopelessness without feeling responsible for protecting others from it. Being able to express despair openly can be an important part of feeling understood and connected.

Furthermore, acknowledging the reality of the person's pain and the impossibility of imagining a different future from where they stand right now can be very powerful. Often, people need their despair to be witnessed before they can even begin to reconnect with hope, but it is important to remember that hopelessness can actually feel protective or even reassuring to some, where hope is something unfamiliar and alien. Rather than trying to replace hopelessness with optimism, supporters can focus on staying present and hearing the hopelessness, without being consumed by it themselves.

Holding hope is different from insisting on hope. It involves remaining connected to the possibility of change without demanding that someone else share that belief in the moment. It means recognising that despair and hope can coexist, and that people may move between them many times.

For many people, hope does not arrive as certainty or optimism. It emerges gradually through relationships, moments of understanding, experiences of safety, and opportunities to reconnect with what matters to them.

The role of a supporter is not to create hope, but to help protect the conditions in which hope might eventually return.



When Help Has Harmed

For some people, services have been experienced as supportive and life-saving. For others, they have been experienced as frightening, coercive, humiliating, or traumatic.

People may experience:

- being restrained or physically overpowered
- being detained/sectioned
- losing autonomy or having decisions made for them
- not being believed or understood
- being treated as dangerous rather than distressed
- being reduced to a risk assessment rather than seen as a person
- having their experiences dismissed or pathologised
- being neglected and left to deal with their experiences on their own
- being seen as “attention seeking”

“It’s frustrating when people and services who are supposed to help, end up making things worse or you’re stuck on a waiting list with just a helpline. Then you feel like there really is no hope”



If this is part of someone's history, it matters, because past experiences shape present trust. Someone who has previously felt disempowered, frightened, or harmed from services that are supposed to help them, may be understandably reluctant to seek help again. They may minimise distress, avoid talking about what's going on for them, or struggle to trust people, even when they could really use some support.

Rather than dismissing these fears or reassuring too quickly, it can help to acknowledge that these unhelpful responses do happen and impact how people feel about support. Validation of this does not mean agreeing that all services are harmful. It means recognising that past experiences have understandably shaped the person's expectations, fears, and needs.

Telling someone that a service is safe, that things will be different this time, or that they should trust professionals is not helpful, particularly if their previous experiences suggest otherwise. Trust needs to be rebuilt through honesty, accountability, and reliability.

"How support is offered can be just as important as the support itself."



Reflections For Supporters

When someone is hearing voices that speak about suicide, it can be difficult to remain curious, grounded, and responsive. Fear, responsibility, and uncertainty can sometimes pull us towards assumptions or reactive decision making.

We might want to ask ourselves:

- Am I listening only to the content of the voice, or am I trying to understand what it means to this person?
- Am I hearing and validating what they are telling me?
- Am I making assumptions about the voices or their significance?
- Am I reacting to the person's level of risk, or to my own anxiety about risk?
- Am I increasing safety, or increasing control?
- Am I creating space for collaboration and choice?
- Have I become focused on managing the situation rather than understanding the experience?
- What might this voice be expressing, communicating, or protecting against?
- Am I trying to reduce their distress, or my discomfort with their distress?

These questions can help create compassionate, responsive conversations that deepen understanding of suicidal voices. Grounded in trauma-informed principles, they encourage exploration of meaning, context, and lived experience, allowing personal understanding to guide discussions about wellbeing, safety, and support.

Summary

Hearing voices that speak about suicide is a complex human experience that is best understood by exploring and understanding a range of factors including the person's relationship with the voice, what the voice might represent, the person's life context, what contributes to life feeling liveable or unliveable, and the resources available to them.

Many people who hear suicidal voices live alongside them for long periods of time. Some experience them as hostile and intrusive. Others understand them in relation to trauma, shame, grief, despair, or parts of themselves carrying pain. Some find ways of resisting, negotiating with, or making sense of the voices. Others may experience periods where the voices become more powerful or overwhelming.

There is no single story and no single response that fits everyone. Safety is most effectively built alongside understanding. Responding to suicidal voices is not simply about assessing risk; it is about understanding distress, and creating conditions in which people can speak honestly about their experiences. Compassion, curiosity, and collaboration are not alternatives to safety, they are essential to it.

It can feel daunting, or worrying when someone shares their experience of suicidal voices and looks to us for support. Being trusted with something that many people find difficult to talk about is a privilege. That trust deserves to be met with compassion, sensitivity, and a genuine willingness to listen and understand.



ACKNOWLEDGEMENTS

Thank you to everyone who contributed to this resource, including our lived experience advisors and the Mind in Camden team. We are grateful to the QR-funded project Hearing Voices and Suicidality (University of Birmingham) and the Wellcome-funded project EPIC (Epistemic Injustice in Healthcare) for their support.

FOR MORE INFORMATION

www.mindincamden.org.uk

www.voicecollective.co.uk

www.voicesunlocked.co.uk

