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## HEARING VOICES: FROM PSYCHIATRIC DISORDER TO SPIRITUAL GIFT

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**Background:** Around 70% of schizophrenic patients report auditory hallucinations (AHs), but also 4-15% of healthy persons hear voices. Differently from patients, in non-clinical individuals, especially those with high level of spirituality, AHs are often described positively, as a gift or a way to be connected with someone else, but difference between clinical and non-clinical AHs is poorly investigated.

**Aims:** This project aims to shed light on the relationship between non-clinical AHs and individual traits, with a specific focus on spirituality.

**Method:** In this first step of the project, an online survey was created to collect demographic information and psychological data, including: depression (Beck Depression Inventory: BDI), anxiety (State-Trait Anxiety Inventory: STAI), psychosis risk (16-item Prodromal Questionnaire: PQ16), proneness to experience paranormal events (Cardiff Anomalous Perceptions Scale: CAPS; Unusual Experience Scale: UES), measures of AHs (Auditory Hallucinations Rating Scale: AHRS; Hamilton Program for Schizophrenia Voices Questionnaire: HPSVQ), spirituality (Positive and Negative Religious Coping: RCOPE; Daily Spiritual Experience Scale: DSES).

**Preliminary results:** From 958 responders, 680 were included in the analysis (mean age: 20.5), with 335 non-believers and 345 believers (general religiosity). Factorial analysis was conducted to create a single index of AHs, collapsing the questionnaires administered. Regression analyses revealed that AHs were predicted by DSES and negative RCOPE, explaining 6% of the variance. Demographic information (age, gender, general religiosity), anxiety and depression explained 28% of additional variance. These findings showed that, beyond demographic characteristics, people with higher spirituality (DSES) and religious struggle (negative RCOPE) experienced greater AHs. Positive RCOPE was minimally predicted by AHs (0.4% of the variance), along with general religiosity and DSES. Negative RCOPE was predicted by AHs for 4% of the variance, along with general religiosity, DSES and depression. Hallucinations index, as well as depression and anxiety, effectively discriminated between individuals above and below psychosis risk (PQ-16). Importantly, spirituality scores did not discriminate between healthy individuals and those at risk of psychotic onset. This pattern of results shows a complex relationship between AHs and spirituality, and revealed that other factors (e.g., depression) impact on both.

**Keywords:** Auditory hallucinations, Voice hearing, Spirituality, Psychological traits, Psychosis risk

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