

Introduction

‘If you go to New South Wales’, observed Aldous Huxley, ‘you will see marsupials hopping about the countryside. If you go to the antipodes of the mind, you will encounter all sorts of creatures at least as odd as kangaroos ... Strange psychological creatures leading an autonomous existence according to the laws of their own being’ (Huxley, 1972, p. 85). One such species of strange creature is the voices heard sporadically by many, and frequently by a few, which other people cannot hear. Such experiences form the topic of this book.

How can we define somewhat more precisely the topic that it is focused on?¹ In the language of the contemporary mind sciences (e.g. psychology, psychiatry) this book is about auditory verbal hallucinations (AVHs). As has been remarked before, it is surprisingly difficult to come to a satisfactory definition of AVHs (Aleman & Larøi, 2008). David’s (2004) general definition of a hallucination can be adapted to create a definition of an AVH as: ‘Hearing speech in the absence of corresponding external stimulation of the ear, with a sufficient sense of reality to resemble a veridical perception, over which the subject does not feel s/he has direct and voluntary control, and which occurs in the awake state.’ Yet this definition is insufficient for a number of reasons. One problem is that it only covers a subset of experiences involving hearing voices. In practice, AVH is used as a blanket term to cover a range of experiences which can range from hearing a clear voice coming from the external world when there is none there (which may lead you to go and look behind the sofa to see if someone’s there) through to inaudible, soundless voices located within one’s own head, and experiences that are more ‘thought-like’ than voice-like (Bleuler, 1950; Moritz & Larøi, 2008). Some have argued that the latter are pseudo-hallucinations (or pseudo-AVHs in this case). However, the distinction between hallucinations and pseudo-hallucinations has been argued to be of limited use

¹ An important issue in this book will be who constitutes this ‘we’ that does the defining and deciding.

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(Bentall, 2003; Copolov, Trauer & Mackinnon, 2004). Indeed, Berrios & Dening (1996) describe the concept as a way for psychiatrists to ‘call into question the genuineness of some true hallucinatory experiences that do not fit into a pre-conceived psychiatric diagnosis’ (p. 761). The full spectrum of voice-hearing experiences will be classed as part of the family of AVHs here. The phenomenology of AVHs will be examined in Part II of this book, but it is clear from this initial pass that we are talking about a range of experiences with a family resemblance to each other (Wittgenstein, 1953), which may elude a single definition.

A different road may be trodden by considering Wittgenstein’s famous maxim that we ‘Don’t ask for the meaning, ask for the use’ (Fann, 1971, p. 68). This suggests that we can best establish the meaning of a term not by defining it, but by examining how it is used (*ibid.*). How, then, is the term AVH used? Sarbin (1967) has argued that the use of the term hallucination is ‘pejorative, coterminous with madness, lunacy, and schizophrenia’ (p. 379). Thus, AVH is not a neutral term, but the sediment of a battle which has hardened, turned to stone, and taken on the appearance of eternity. As we will see in Chapter 2, its contemporary meaning as a medical symptom was forged in the furnace of the English Civil War. Medicine at this time became a weapon of war, an axe to be wielded by a church–state motivated by the need to invalidate the claim of people to have meaningful, religious communications with the divine. The pejorative connotation of the term ‘hallucination’ has led to service-user-led organisations (such as the Hearing Voices Movement) advocating the use of the more neutral terms ‘hearing voices’ and ‘voice-hearing’. This reflects the fact that the term AVH is one which has been created by a professional class who do not typically have the experience themselves, and which is rejected by those who do. As such, it is a colonial term (see Chapters 3, 12; Dillon & May, 2002).

A simple definition also cannot give us a feel for the wider consequences of hearing voices. Whilst many people will hear voices sporadically (Chapter 6) with little impact on their lives, for those who hear voices frequently, the experience is about more than just hearing a voice; it is about the changes in them and their world that it leads to, whether this be positive or negative.² After and during such extensive voice-hearing experiences, the world changes for the individual. It is not an abstract experience which one can learn about by just examining the

² As we will see in Chapter 5, negative experiences of voices are problematic due to the basic human needs that are often impaired by not being able to cope with them. Yet hearing voices is also about benevolent voices, spirit guides and meaningful insights. Hearing voices is many things.

Box I.1: Ten questions regarding hearing voices

1. What are the phenomenologies of hearing voices, and how do they vary?
2. What are the meanings of hearing voices?
3. What are the proximal biological and psychological causes of hearing voices?
4. What are the distal biological, psychological and social causes of hearing voices?
5. How can we develop histories of hearing voices?
6. Why do voices often co-occur with other specific experiences (e.g. delusions)?
7. What makes some voices distressing, and how can distressed people recover?
8. How could (and should) voices be prevented from occurring in the first place?
9. How do power, interest and politics affect voice-hearing and voice-hearers?
10. What do voices tell us about the nature of self, thought and consciousness?

properties of the voice. It is a lived experience (Chapter 5) and an experience lived, in most of the Western world, in hostile territory. Throughout this book I will vary my use of the terms hearing voices and AVHs, depending on the context they are being discussed in, but the issues raised here over terminology should be kept in mind.³

What is an appropriate answer to the enigmatic experience that is hearing voices? This very much depends on which question we are interested in, and who ‘we’ are. I can only speak for myself, but I propose that there are at least ten key questions which need to be answered (see Box I.1). In order to start to address these questions (and they will not all be covered here), this book will focus on four key areas: (1) the histories of hearing voices, (2) the phenomenologies of hearing voices (i.e. what is the experience like?), (3) the causes of hearing voices and (4) the meanings of hearing voices. Of course, these are not neat, isolated questions, and they will interact with each other.

³ Elsewhere, to reflect the dark past (and present) of the term, I proposed that we refer to hallucinations as **hallucinations**, in order to force us to keep these pejorative and historical factors in mind (Jones, 2010b; McCarthy-Jones, 2011a). Over hundreds of pages, though, this is not the most aesthetic approach, and would undoubtedly cause my own personal civil war with my proofreaders, so I will not employ it here.

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For example, by examining a history of hearing voices in Part I, we will see how fluid/stable the phenomenology of voices has been across diverse times and cultures, how different meanings have been given to the experience (and what drives these changes in meanings) and encounter historical figures' theories of what causes voices. I use the term 'histories' in the title of this book to reflect that in addition to creating a history of hearing voices across the sweep of the centuries, I also wish to stress how the personal history of a voice-hearer is key to understanding their experiences (Chapter 11). By examining the phenomenology of hearing voices in Part II we will see what voices are like today, how properties of voices encourage specific meanings and establish what neuropsychological models need to be able to explain. By examining the causes of hearing voices in Part III, in a biopsychosocial way, we will have to square our answer with the results of an examination of the meanings people give to the experience. For example, how does a neural understanding of voices impact upon religious and spiritual interpretations of voices? We may imagine these four key areas as each sitting on a corner of a square, linked by a line to each other, illustrating their inter-relatedness. This joined-up approach based in history, phenomenology, causation and meaning seems to me to be a sensible way to understand hearing voices, or indeed, any human experience.

This approach will need input, at a minimum, from disciplines such as psychiatry, psychology, philosophy, sociology, anthropology, biology, neurology, history, theology, medical humanities and English studies and, crucially, from both voice-hearers and non-voice-hearers. If I was pushed to name such an approach, I might reach for the slightly pretentious term 'synergistic disciplinary pluralism' (SDP). I must disappoint you from the start, though, by telling you that I am not qualified to undertake this task. However, I salvage my self-esteem by suggesting that no one person is likely to be qualified to undertake such a project on their own. Hence, this book should be seen as a provisional start for a greater project – an interdisciplinary study of hearing voices to be undertaken jointly by a team of experts-by-training (including members from at least all of the disciplines above) and experts-by-experience (voice-hearers themselves).⁴ Thus, I see this book as something which will be followed by a more comprehensive project, but hope that it still has value in itself.

I am trained as a research psychologist and am not a clinician. My own personal experiences of hearing voices have been limited to occasional voice-hearing experiences as I have been on the verge of falling asleep.

⁴ The two are, of course, not mutually exclusive.

I thus claim no profound insights from first-hand experience. However, I have had the privilege of having been able to research this area for many years, to talk with people from all over the world about their experiences of hearing voices (some of whom have been given psychiatric diagnoses, others who have not), and to discuss hearing voices with colleagues from a range of disciplines. Any errors in this book are, of course, mine, not theirs.

I hope all of this has not put you off reading this book. It is my hope that you will be able to take something useful from it, and that perhaps in return you too can come to be involved in the journey to better explain and understand the experience of hearing voices, whatever your experiences, training or background.

Structure of this book

Part I of the book creates a history of hearing voices. I try to avoid a Whiggish account, i.e. a narrative which is one of inevitable, continual progress from ignorant superstition to a culmination today in our bio-medical accounts of AVHs. As will be seen in Part I, there have always existed, side-by-side, two jostling discourses of hearing voices: the bio-medical, pathological story and the spiritual or otherwise meaningful story. These discourses have been used as tools at various times by various people to achieve invariant aims: control and power, be this the Church trying to discipline its flock, or the voice-hearer trying to regain control and power over the meaning of their own experiences which were taken from them. Of course, some discourses span both these accounts, with St Thomas Aquinas, for example, in his account of voice-hearing, searching for the angels that moved the humours. A future work may wish to examine these different discourses separately and in greater detail.

Part II will look at the phenomenology of hearing voices today. This will first examine the phenomenology of voices in a psychiatric context, the lived experience of hearing voices in those diagnosed with a psychotic disorder, and start to think about how one may recover. We will then go outside of voice-hearing diagnosed as a mental disorder to examine voice-hearing and religion, and the varied cross-cultural voice-hearing experiences. Next we will examine voice-hearing in the general population (adult and child) and in what have been termed ‘healthy voice-hearers’ (Moritz & Larøi, 2008, p. 104)⁵ – individuals with extensive and

⁵ The terminology is something of a minefield here. I will use the term ‘healthy voice-hearer’ in this book to refer to someone who frequently hears voices, copes with them, and is able to live their life. This is not meant to imply that there are ‘unhealthy

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complex AVHs who cope well with their experiences and do not seek psychiatric help. The question will be addressed as to what differentiates those with voices who have become psychiatric patients to healthy voice-hearers. In this part of the book I will also make a distinction between two types of voices, which I will term Type 1 and Type 2 AVHs, and which I will suggest may have different causes and require different therapeutic approaches.

Part III will then look at the causes of hearing voices. It will first examine the neuroscience of hearing voices, then relate these findings to (neuro-)cognitive models of such experiences. Next we will go ‘beyond the brain’ to look out at the world and consider psychosocial causes of hearing voices.

Part IV will then consider the meanings of hearing voices, and examine the clashing paradigms that sometimes occur between two very different ways of understanding the hearing voices experience. The new ‘Maastricht approach’ to hearing voices, which has emerged out of the Hearing Voices Movement, will also be examined here. I will then pull these strands together in the Conclusion, where I will put forward what I think is a useful model of hearing voices, and what new aspects need to be considered.

It is worth stating at the outset what this book will not look at in any significant detail, lest you be flicking through this Introduction in a bookshop wondering if this book is for you. First, as the book’s focus is on voice-hearing experiences that spontaneously occur, voices which are intentionally induced (e.g. in trance states or through ingestion of psychedelics) will not be examined. There is a fascinating literature on the invocation of voices through rite, ritual and drugs, from Ancient Sumeria and Egypt to today (e.g. Bourguignon, 1970), and such experiences may inform both our understanding of the causal mechanisms underlying voices, and cultural analyses of the meaning of hearing voices in society. However, this lies outside the scope of the book. Second, as it is auditory verbal experiences that will be focused on, non-verbal auditory hallucinations will not be examined. Thus musical hallucinations, noises, other sounds, and to everyone’s disappointment, the intriguingly named ‘exploding head syndrome’, in which one hears an explosion, roar or ringing noise deep inside the head within an hour or two of falling

voice-hearers’ who have some form of disease, but rather that there are some people who have voice-hearing experiences which they cannot cope with, and that this causes them distress and impairs their life. The opposite of a healthy voice-hearer would hence be a distressed voice-hearer (and not an unhealthy voice-hearer). The terminology is not ideal.

asleep (Blom, 2010), will not be examined. Again, although such experiences may inform our understanding of AVHs (as, indeed, may hallucinations in other modalities), they are also outside the scope of this book. Third, although hearing voices on the border of sleep will be examined briefly, the main focus of the book will be on voices occurring whilst individuals are fully awake. Finally, although treatments for AVHs will be covered, the main focus of the book is on the histories, causes, meanings and phenomenologies of AVHs. These caveats aside, we can now head back 7,000 years to Sumeria, hopefully safe in the knowledge of where we are going. Onwards!

Part I

A history of hearing voices

Introduction to Part I

An attempt to track the experience of hearing voices through the course of history is laden with a number of potential pitfalls. First, can we really apply our contemporary concept of auditory verbal hallucinations (AVHs) to people and societies that pre-date it, and who would not have understood their experiences in this way (Leudar & Sharrock, 2003)? This retrospective approach is problematic for the contemporary psychiatric concept of the AVH, as it is open to the accusation that it treats it as having an objective ontological existence, being ‘out there, independently of the psychiatric discourses and practices that attempt to define and to treat it’ (Borch-Jacobsen, 2001, p. 20). Instead, Borch-Jacobsen has proposed that the ‘history of psychiatry and/or madness should ideally be the history of those complex interactions that give rise, through feedback, amplification and crystallization, to new psychiatric concepts’ (p. 28). Whilst I will endeavour to follow Borch-Jacobsen’s recommendation, it is notable that this part of the book is not, however, a history of madness. Instead it is the development of a history of hearing voices; how the experience has been understood, how it became synonymous with madness, and how people have tried to liberate it from madness.

1 From Ancient Mesopotamia to the pre-Reformation world

The earliest voices

Hearing voices in ancient times

Although language in *Homo sapiens* is estimated to have evolved around 50,000 years ago, the first writings appeared only around 5,000 years ago (Harley, 2010), in the cradle of civilisation, Ancient Mesopotamia.¹ In the lower half of Mesopotamia at this time lived the Sumerians. In addition to being credited with inventing the wheel, the plough, the first city states (Noble *et al.*, 2008), and even history itself (Kramer, 1971) the Sumerians also developed what is thought to be the first writing, cuneiform (c.3000 BC). Cuneiform documents were created by impressing signs with a cut reed onto clay tablets. The individual strokes that made up the signs were wedge shaped, thus giving rise to the name cuneiform (lit. ‘wedge shaped’). The oldest written Mesopotamian medical text is a therapeutic manual written in Sumerian dating from the Ur III period (2112–2004 BC), which contains instructions for treating skin problems in patients, but no diagnoses (Scurlock & Anderson, 2005). The Sumerian city states of southern Mesopotamia were eventually united with their northern neighbours in Akkad to form Babylonia, centred at Babylon, near modern Baghdad. The Assyrian kingdom formed further north, near what is now Mosul. By the time of the Old Babylonian period (1894–1595 BC) Mesopotamian medical texts, written in Akkadian, a Semitic language, began to include descriptions of signs, symptoms and diagnoses, along with treatment details. By the Middle Assyrian and Babylonian periods (1430–1050 BC) there was enough knowledge to create diagnostic and prognostic handbooks. The most detailed Babylonian medical text we have is the *Diagnostic/Prognostic Handbook*, which consists of forty cuneiform tablets compiled by the physician Esagil-kin-apli (c.1050 BC). The first two tablets of this

¹ Literally meaning the ‘land between two rivers’, the rivers in question being the Tigris and Euphrates.