

Hearing voices: A phenomenological-hermeneutic approach

Philip Thomas and Patrick Bracken

*Centre for Citizenship and Community Mental Health, University of
Bradford, UK*

Ivan Leudar

University of Manchester, UK

The word ‘phenomenology’ has a number of meanings. In this paper we briefly contrast the different meanings of the word in psychiatry and philosophy. We then consider the work of the philosophers Heidegger and Merleau-Ponty, as examples of what Hubert Dreyfus calls ontological phenomenology, in contrast to an epistemological approach. We present a brief outline of Merleau-Ponty’s theory of embodiment, and contrast this with the dominant, epistemological (or Cartesian) view of experience. Through the example of a woman who experienced bereavement hallucinations, we try to show how this approach can open up a hermeneutic approach to the experience of hearing voices. An understanding of embodiment can help to counter reductionism, whether biological or social, and dualism (body/mind and mind/society). It is only when we consider the *totality* of human experience that we can understand its meaning. This has two main benefits. First, it legitimates the claims made by those who hear voices that their experiences are intrinsically meaningful. Second, it can provide a framework for those who work with voice hearers and who are interested in understanding these experiences. In this sense, phenomenology can become a valuable clinical tool.

There is, one hopes, a sense of irony in the title of the conference at which this paper was originally presented.¹ The expression, *Voices in the Brain*, is problematic. Voice hearers talk of voices being inside or outside their heads.

¹ This paper was originally given as an invited talk at the *Second Sheffield Psychopathology Symposium—Voices in the Brain*, Sheffield, England in September 2002.

Correspondence should be addressed to Philip Thomas, Centre for Citizenship and Community Mental Health, School of Health Studies, 25 Trinity Road, Bradford BD7 0BB, UK; p.thomas@bradford.ac.uk

Psychologists talk of voices in the mind, but how is it possible to speak of voices in the brain? The problem concerns assumptions implicit in cognitivism about the relationship between mind, body and world. We shall examine these assumptions using by way of illustration that branch of philosophy called phenomenology, a word to which philosophers, psychologists, and psychiatrists apply different meanings. These meanings reflect different ways of orientating ourselves to mind, body and world, and this is important when we approach the person who hears voices. We shall argue that the “situation” of voices, or their positioning, extends beyond spatial metaphors and includes their position in culture, history, and the individual’s life history. We will begin by describing briefly our recent work in this area, and then relate this to the view of phenomenology that continues to dominate psychiatry. We shall then demonstrate the value of a hermeneutic phenomenology using bereavement hallucinations as an example.

The influence of Cartesianism runs deep in psychiatry, and is found both in cognitivism and the variant of phenomenology popular in psychiatry. Most philosophers, psychologists, and psychiatrists now reject Descartes’ separation of mind from the body, the *Res Cogitans* from the *Res Extensa*. Baker, Kale, & Menken (2002) have recently declared that the ontological separation of mind and body is unsustainable. Neuroscientists claim that mental life can be explained by neuroscience, their ultimate goal being to replace the language of psychology with the languages of the natural sciences. Cognitive scientists make the claim for a distinct psychological realm in which mental life cannot be reductively explained by natural sciences, but which can be explained through analogy with computers, making the operation of the mind amenable to scientific study. In reply, we (Bracken & Thomas, 2002) have argued that although cognitive science and neuroscience claim to move us beyond ontological dualism, they perpetuate the essential features of Descartes’ philosophy. In particular, they uphold the epistemological separation of inner mind from outer world. They fail to acknowledge the problems that arise if we regard the mind as a “thing” (Descartes’ *Res*). We have also argued that psychiatry (and medicine) need a different philosophical framework if we are to move beyond the limitations of Cartesianism (Bracken & Thomas, 2001). The question of meaning lies at the heart of this framework.

Where *are* voices situated?

The need to ask this question arises from a number of critiques of cognitivism that have emerged within academic psychology over the last 25 years, for example the work of Harré (1979). What has been called the discursive turn in psychology (Harré & Gillett, 1994), deeply influenced by the later philosophy of Wittgenstein and the work of Lev Vygotsky, stresses the importance of under-

standing human action by virtue of the fact that it is embedded in an infinite variety of social, cultural, historical, and political contexts. In contrast, cognitivism accounts for human experience and behaviour in terms of inner mental processes that represent external social reality. This divorces human experience and action from these contexts, and renders it meaningless. For example, cognitive models of auditory hallucinations relate voices to disturbances in discourse planning (Hoffman, 1986), or deficits in self-awareness due to a failure of the internal monitoring of thought (Frith, 1992). This removes the experience from the contexts in which they occur, and explains them in terms of disordered inner mental processes. Our recent work has shown the value of these contexts in understanding the possible meanings of voices.

For example, let us consider the case of Socrates and his daemon. The French protopsychiatrists applied their emerging understanding of hallucinations to Socrates' experience, claiming that he was mentally ill. Leudar (2001) has shown that Socrates' experience was situated in a culture (Athens, 4th century BC) in which the experience of daemons was controversial. Younger Athenians regarded the experience as superstitious and contrary to reason, whereas for Socrates it indicated that he was gifted to have such an experience. The important point here concerns how Socrates' experience was negotiated and situated in his culture. This is formulated in Leudar and Thomas (2000) as a question: What would Socrates have to relinquish of his own worldview if, as the protopsychiatrists claimed, his experience was a hallucination? We cannot answer this without considering the meaning that Socrates and his contemporaries attached to the experience. We have to conclude that if Socrates accepted his experience as a hallucination he would be forced to accept that there were no such things as Gods and daemons, because these beliefs were an integral aspect of his culture.

Our work with Peg Davies, a voice hearer, has shown that we can also understand the meaning of voices through the person's life history and spiritual belief system (Davies, Thomas, & Leudar, 1999; Leudar & Thomas, 2000). Peg had a diagnosis of paranoid schizophrenia, and heard voices for 25 years despite regular neuroleptic medication. Her life was constrained by her fear of her voices and their influence on her. She was puzzled by her experiences, and believed that if she could understand their meaning she could cope better with them. We used the Pragmatics of Voices Interview (Leudar, Thomas, McNally, & Glinki, 1996) to help her describe the identities of her voices in detail, while at the same time she wrote her life story. Consequently she was able to understand her experiences in terms of her strongly held Catholic faith (her voices' identities were of devils and angels), and her need for love and unconditional acceptance from others, which she related to the fact that she was adopted as a baby.

Two radically different conceptions of phenomenology

It should now be clear that we are dealing with very different ways of thinking about voices, and at this point we shall explore these differences more fully with reference to phenomenology. In psychiatry, phenomenology has come to be synonymous with the listing of symptoms and their nosological significance. In this sense it refers to the description of abnormal mental states, a view deeply influenced by the work of Jaspers (1963). Bracken (1999) has described the limitations of this view, which was heavily influenced by Husserl's early philosophy. Husserl intended phenomenology to be a rigorous science of human experience, an approach that involved bracketing out background contexts, and an intense form of self-examination. Husserl was immersed in the traditions of Cartesianism and its assumptions about the nature of the mind-world relationship, which divorces the inner world of mind and the external world. Phenomenology was an account of the structure of the representations realised through this method of internal reflection. The philosopher Hubert Dreyfus contrasts what he calls epistemological (or Husserlian) phenomenology, with ontological phenomenology. Rather than speaking of how the mind represents external reality, which is of course a key concern of cognitivism, ontological phenomenology attempts to understand how human beings relate to the world. Indeed, Dreyfus qualifies this because it implies that mind and world are separate entities. Thus, the phenomenologies of Heidegger and Merleau-Ponty replace the epistemological relationship of subject and object with the ontological "being-in-the-world". The emphasis here is on human contexts in which objects and events stand out and make sense to us. For Heidegger the context arises out of culture, which provides a shared understanding of what is real, and what counts as being human. Understanding Being creates a space or clearing (*Lichtung*) in which events or phenomena stand out as meaningful for us. Merleau-Ponty compares this clearing with the light in a room. We may not be able to detect its source, but its presence makes objects in the room stand out for us. This is important because reality is not determined universally in terms of distinctions between inner and external worlds, but is influenced by cultural factors that make it possible for us to understand and make sense of our experiences in particular ways. This view of phenomenology differs markedly from that adopted by psychiatry, which is largely (though not exclusively) influenced by epistemological phenomenology. In this sense the ontological phenomenology of Heidegger and Merleau-Ponty represents an alternative to reductionist and positivist accounts of human consciousness. In *Being and Time*, Heidegger (1962) broke free of the influence of Husserl and developed a hermeneutic approach to phenomenology. Experience can be understood precisely because being-in-the-world is contextualised and engaged in the everyday, social world. Heidegger attempted to unite phenomenology and hermeneutics,

that aspect of philosophy concerned with interpretation in human affairs, work which inspired existentialism and critical theory. These movements are influencing psychiatry through the use of narrative in qualitative research and the theoretical grounding of a critical sociological approach to psychiatric practice. Ontological phenomenology questions the assumption that it is possible to explain experience or predict behaviour through causal accounts of mind. It also questions whether this is to be desired. In other words, it raises political and ethical concerns. It has close affinities with the sociocultural approaches to mind that informed our recent work on voices (Leudar & Thomas, 2000).

Merleau-Ponty and Embodiment

In *Phenomenology of Perception*, Merleau-Ponty (1962) draws on the experience of people with neurological disorders such as anosognosia and phantom limb pain to delve in depth into the problems of body-mind dualism. He argues that neither neurological nor psychological accounts of these experiences can fully account for the complexity of these experiences. We might be able to explain phantom limb experiences in terms of neurological or psychological disturbances, but the Cartesian split between the “psychological” and “neurological” is so profound that we simply cannot understand experience by adding the two together. To put it another way, if we reduce human experience to fragments of behaviour or perception in order to explain how the mind represents the external world, we simply cannot recreate experience by reassembling the fragments. He proposes a phenomenological approach that situates human experience *between* the physiological and the psychological, which he finds in being-in-the-world and embodiment. For example, phantom limb experiences sometimes reappear as memories are recalled to the amputee. How might this happen? Merleau-Ponty proposes that memory operates not through association, but because it reopens the time lost to us and invites us to recapture the situation evoked. He puts it the following way:

In so far as emotion and memory can call up the phantom limb, this is not comparable to the action of one *cogitatio* which necessitates another *cogitatio*, or that of one condition bringing about its consequences. It is not that an ideal causality imposes itself on a physiological one, *it is that an existential attitude motivates another and that memory, emotion and phantom limb are equivalents in terms of being-in-the-world.*

(Merleau-Ponty 1962, p. 86, emphasis added)

Occasionally, amputees appear to be unaware of the physical loss of a limb, and attempt to walk on a phantom limb as they would a real one. We can understand this through embodiment. Having a body is to exist in a particular culture for a particular time, and to identify with and commit oneself to particular projects. Our bodies define our spatiality and draw us into the physical

world. Our bodies also define our temporality, especially our finitude. The body is the locus of past, present, and future. The amputee in projecting his/her past embodiment into the present may be prompted to walk on his/her amputated leg. Merleau-Ponty uses the expression “quasi-present” to refer to this projection of past embodiment into the present. It is because we carry the past with us, as Langer (1989) puts it “sedimented” in our bodies, that we may be haunted by past experiences.

Ontological phenomenology situates human experience in personal, historical, and cultural contexts, and it is through these contexts that experience can be understood as meaningful. This can be seen in the work of the anthropologist Csordas, and the social psychologist Blackman, both of whom have used Merleau-Ponty’s philosophy to explore hermeneutic approaches to the experience of hearing voices. Csordas (1994) considers the experience of a young Navajo Indian, Dan, who developed a psychosis after the removal of a left temporal-parietal astrocytoma. In addition to hearing voices, he also developed a pronounced expressive aphasia. Dan’s first language was English, and although he regained the ability to use English, he lost what little Navajo he had. He coped with this through his relationship with the “Holy People”, who wanted him to address a younger Navajo generation who were unable to understand prayer in Navajo. Dan describes coping with these problems in what he calls the “Navajo way”, by becoming a medicine man (traditional healer). His own attempts to overcome his expressive language problems were ineffective, but by attending to the words of the Holy People (his voices), his speech was inspired, and he was able to make himself understood to others in his community. Peyote ingestion played an important part in this process. From Dan’s account, his inspiration arose from having the peyote spirit enter him, and the Holy People who put the words to him. Csordas suggests that there was a phenomenological fusion of what Dan heard (the voices say) to what he said. In other words, for Dan, becoming a medicine man and developing the power of prayer allowed the “domestication” of his experiences into intentional utterances. So, we might understand it as a coping mechanism. Csordas provides a particularly interesting view of the boundaries between neurology and phenomenology (pp. 278–285). Language disturbances and “hyperreligiosity” are not infrequently observed clinical features of people with epilepsy, as are verbosity and circumstantial speech. It has been argued that such speech is actually a coping mechanism to deal with expressive aphasia. This means that verbosity is neither a direct effect of the lesion, nor part of a “personality change”, but may better be understood as part of a series of processes that are reconstitutive of the self. In other words, it is important that we consider the part played by human intentionality in understanding “symptoms”. This is particularly important in understanding how people cope with symptoms and recover from illness.

For Blackman, Merleau-Ponty’s philosophy is a powerful way of combating determinism, whether biological, psychological or cultural. Like Csordas, she

finds in embodiment a valuable way of thinking about how we might integrate experiences such as hearing voices into our lives. She is concerned with the situatedness of such experiences, their contexts, and how these contexts render the experience admissible or inadmissible. This has ethical implications. For example, the work of the Hearing Voices Network (Romme & Escher, 1993) offers an alternative ethical context in which voice hearers may share their different understanding of their experiences. Local understandings of voices in hearing voices groups would be regarded as pathological within psychiatric discourse, but become an “ethic of expansion” in such situations.

Voices in bereavement

Merleau-Ponty’s work indicates that the experience of neurological disorders is understandable in terms of the individual’s life history, because memories of our past experiences are embodied. Embodiment entails an awareness of past and present action, as well as possibilities for future action. If “To have a phantom arm is to remain open to all the actions of which the arm alone is capable . . .” (Merleau-Ponty, 1962, p. 81), then can we extend this to hearing voices? Can we think of voices, like phantom limbs, as “quasi-presents”? Can we, as Blackman (2001) suggests, use embodiment and the situatedness of these experiences as a way of opening up the possible meanings of voices? Our earlier work has shown how the experience of hearing voices is situated socially and culturally. In the following account taken from an interview with a subject in Leudar and Thomas (2000, Ch. 9), we re-examine the transcript from the perspective of Merleau-Ponty’s philosophy. Although the purpose of the original interview was to describe the interactions between voice hearer and voices, not to explore voices and embodiment, the subject’s experiences are moving and meaningful and show the value of an embodied approach to voices.

Sue is a 46-year-old woman with three children, interviewed by PT and IL. Her partner, Alan, died suddenly 7 years prior to the interview, after a heart attack. They had lived together for 14 years. She described her relationship with Alan as difficult. He was a domineering man who was critical of the way she brought up the children. Shortly after his death she began to sense his physical presence, an experience that comforted her. But later, when she started to hear his voice, his words brought alive difficult aspects of their past relationship in her present. This is her response to a question about the sort of things that Alan’s voices tells her not to do:

Sue: Well, it changes. Initially, just after he died, it was always, it was like a comforting voice I thought thought initially perhaps that was me projecting, wanting him to comfort me. But then he would do it in anger and he he was a very angry man and he’d be angry and irritated by me and say “you’re being stupid”.

For Sue, experiencing the past negative aspects of her relationship with Alan was vivid. His hallucinatory voice carried for her what were the most important hallmarks of his disapproval and criticism of her, when he was alive:

PT: How does Alan's voice respond to your attempts to challenge or defend yourself?

Sue: It'd be like a gasp. I'd hear him, not so much saying anything, but it would be a (sharp intake of breath) kind of sound, where, it would be his, because his would always end on a "tut"

PT: Right, so is that

Sue: so it would be ("ahh, tut")

PT: and is that

Sue: kind of sound

PT: Right, right. And is that how he was in real life?

Sue: Often.

PT: Right, not always.

Sue: No, often.

It is worth noting that in real life it was a nonverbal gesture (a sharp intake of breath and a "tut") that signified Alan's disapproval so powerfully for Sue. His hallucinatory voice had exactly the same feature, and was associated with the same sense of being criticised. The following passage indicates that this aspect of her past relationship with Alan is still very much alive for her in the present. For now, in situations where she felt he would have criticised her in the past, especially where her children are concerned, she experienced his critical sigh and "tut". In other words, her experience of Alan's voice is situated. His responses to her lived experiences in the present are socially situated, and they are exactly as they would have been had he been there:

Sue: Erm, in the, more, more recently erm I got into trouble erm in the last three weeks and I actually, Alan, oh wrong, Stephen, my son said to me "Dad wouldn't have been impressed with this would he?" and I heard him say "No, I wouldn't"

PT: Oh right, so he does sometimes comment on other things that people say to you.

Sue: Yeah, and I didn't you know, apart from Stephen reminding me of that, he would never even come into my mind but I heard him say it.

PT: Right,

Sue: "No, I wouldn't" and it was the "ahh tut" at the end of it. Heh.

PT: So it was just, just, almost like he was there?

Sue: Yeah.

Sue also hears Alan's voice when she is trying to deal with a problem. It draws her attention to aspects of the situation that she is not handling well, and this

appears to trigger a conflict in her own mind. If she agrees with what he is saying she may have to modify what she is doing, something she is reluctant to do.

Sue: Other times when I'm getting angry with, I know that he's, he's saying "look this is not right, you're not doing this" erm I would try and qualify it to myself but then sometimes I think "well, I don't know, he's right" and then I find I'm drawn in then to something that I'm not prepared to take on.

Alan's past disapproval and criticism is experienced most vividly in regard to Sue's present struggle bringing up her children as a single parent:

Sue: And I say, well wait a minute, you know I'm the mother now you've fucked off. You're not part of this.

IL: That's interesting, so he's not stuck seven years ago, so he's

Sue: *He's moved with us yes.* I often, I try and qualify it sometimes, thinking OK, he's my conscience, you know, I'm like, I'm bringing up two teenagers on my own, it's very difficult, I want a balance. There is no balance and I used to try and qualify it by saying "I've invented him, I've brought him into my life". But I don't want him there, because he, he causes me a lot of hassle, a lot of problems, and a lot of preoccupation at times, and I don't want him there.

Again, the ambivalence of her relationship with Alan emerges in her relationship with his voice. After his death his presence in her life was a comfort, but now his words are negative. This passage indicates that Sue's experience of Alan is not bound to their shared distant past. His voice is not simply restricted to commenting on things that occurred between them when he was alive. His presence has lived on for her in such a way and with such power that he now comments critically on events that in his life he had no knowledge of. He does so in exactly the way in which he would have done were he actually witnessing the events unfold in the family. She recognises this and attempts to explain it by saying that he is part of her conscience. But she resents his presence and tries to handle it by saying that she is responsible for bringing his presence into being in her life now ("I've invented him, I've brought him into my life"). This suggests that for Sue, Alan's voice is embodied, her past in her present. In this sense we can regard Alan's voice as a quasi-present.

CONCLUSIONS

Sacks (1986) writes as follows in *The Man Who Mistook His Wife for a Hat* (pp. 18–19):

Of course, the brain *is* a machine and a computer—everything in classical neurology is correct. But our mental processes, which constitute our being and life,

are not just abstract and mechanical, but personal as well—and, as such, involve not just classifying and categorising, but continual judging and feeling also.

Like Merleau-Ponty the philosopher, Sacks the neurologist recognises the limitations of accounting for experience narrowly in terms of either bodily or psychological processes. Alone, neither neurological nor psychological is capable of accounting for meaning. We have used Merleau-Ponty's ideas to augment our work, and to show that voices have meaning by exploring the situated and embodied features of voices. We are now using this approach with descriptions of the voices experienced by people who have a diagnosis of schizophrenia, and our early results indicate that they are every bit as meaningful. Most people who hear voices, whether in schizophrenia or as part of a bereavement reaction, struggle to make sense of the experience. Ultimately, whether or not we choose to understand voices and the other experiences of psychosis is an ethical decision. We should beware of accounting for voices only in terms of biology, psychology or culture. We should also beware of practices that identify experiences like voices as evidence of disorder, deterioration, and degeneration. A concern with meaning makes it possible for us to wonder at how the person integrates puzzling and distressing experiences within his or her life. We may then understand how some people cope with their experiences, and others do not. From this point on recovery becomes a possibility.

Manuscript accepted 17 January 2003

REFERENCES

- Baker, M., Kale, R., & Menken, M. (2002). The wall between neurology and psychiatry: Advances in neuroscience indicate it's time to tear it down. *British Medical Journal*, *324*, 1469–1470.
- Blackman, L. (2001). *Hearing voices: Embodiment and experience*. London: Free Association Books.
- Bracken, P. (1999). Phenomenology and psychiatry. *Current Opinion in Psychiatry*, *12*, 593–596.
- Bracken, P., & Thomas, P. (2000). Cognitive therapy, Cartesianism and the moral order. *European Journal of Psychotherapy, Counselling and Health*, *2*, 325–344.
- Bracken, P., & Thomas, P. (2001). Postpsychiatry: A new direction for mental health. *British Medical Journal*, *322*, 724–727.
- Bracken, P., & Thomas, P. (2002). Time to move beyond the mind-body split. *British Medical Journal*, *325*, 1433–1434.
- Csordas, T. (1994). Words from the Holy People: A case study in cultural phenomenology. In T. Csordas (Ed.), *Embodiment and experience: The existential ground of culture and self*. Cambridge, UK: Cambridge University Press.
- Davies, P., Thomas, P., & Leudar, I. (1999). Dialogical engagement and verbal hallucinations: A single case study. *British Journal of Medical Psychology*, *72*, 179–187.
- Dreyfus, H. *Alternative philosophical conceptualizations of psychopathology*. On http://socrates.berkeley.edu/~hdreyfus/html/paper/_alternative.html
- Frith, C. (1992). *The cognitive neuropsychology of schizophrenia*. Hove, UK: Psychology Press.
- Harré, R. (1979). *Social being*. Oxford, UK: Blackwell.

- Harré, R., & Gillett, G. (1994). *The discursive mind*. Sage: London.
- Heidegger M. (1962). *Being and time* (J. Macquarrie & E. Robinson, Trans.). Oxford, UK: Blackwell.
- Hoffman, R. E. (1986). Verbal hallucinations and language production processes in schizophrenia. *Behavioural and Brain Sciences*, 9, 503–548.
- Jaspers, K. (1963). *General psychopathology* (J. Hoenig & M. W. Hamilton, Trans.). Manchester, UK: Manchester University Press.
- Langer, M. (1989). *Merleau-Ponty's phenomenology of perception: A guide and commentary*. Basingstoke, UK: Macmillan.
- Merleau-Ponty, M. (1962). *Phenomenology of perception* (C. Smith, Trans.). London: Routledge & Kegan Paul.
- Leudar, I. (2001). Voices in history. *Outlines*, 1, 5–18.
- Leudar, I., & Thomas, P. (2000). *Voices of reason, voices of insanity: Studies of verbal hallucinations*. London: Brunner-Routledge.
- Leudar, I., Thomas, P., McNally, D., & Glinki, A. (1996). What can voices do with words? Pragmatics of verbal hallucinations. *Psychological Medicine*, 27, 885–989.
- Romme, M. A. J., & Escher, A. D. M. A. C. (1993). *The new approach: A Dutch experiment*. In M. A. J. Romme & A. D. M. A. C. Escher (Eds.), *Accepting voices* (pp. 11–27). London: MIND publications.
- Sacks, O. (1986). *The man who mistook his wife for a hat*. London: Picador.

