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"Inner Voices"

Phenomenological and Clinical Aspects

By G. SEDMAN

Introduction

The experience of hearing a "voice" or "loud thoughts" within the head or some other part of the body is not infrequently reported by psychiatric patients. Schneider (1959) has stipulated that "certain modes of hearing voices are of special diagnostic importance for assuming a schizophrenia: hearing one's own thoughts (or thoughts being audible), voices conversing with one another, and voices that keep up a running commentary on the patient's behaviour". This paper is primarily concerned with the phenomena of "loud" or "audible" thoughts, "inner voices" and similar experiences. It attempts to show that various phenomena superficially resemble the schizophrenic experience of "thoughts becoming audible", but that distinction is possible on phenomenological grounds.

Brief Historical Survey of Literature

This brief survey of the literature is intended to illustrate some of the difficulties that earlier workers have had in their attempts to categorize "loud" or "audible thoughts", "inner voices", etc. One of the cardinal points has been the differentiation of hallucination proper from various forms of imagery and pseudo-hallucination. Thus Baillarger (1846) described, under the term "psychic hallucinations", a variety of phenomena which might today be considered as schizophrenic thought disorders, obsessional thought disorders, "voices of conscience", pseudohallucinations and hallucinations proper. Séglas (1892) attributed such "psychic hallucinations" to excitation of the motor centres for speech. He distinguished those voices which were not accompanied by any tongue or lip movement and appeared quite divorced from the ego (psycho-sensory, i.e. hallucinations proper) from inner voices which were so accompanied (psychic hallucinations). In a later paper (1900) he recognized the latter to be akin to the pseudohallucinations described by Kandinsky (1885), that is they were a form of vivid mental images which appeared as "mental conversations", but which differed from ordinary thoughts by the fact that they were more distinct and audible. Lugaro (1903) regarded voices located by the patients in the epigastrium as being a form of pseudo-hallucination accompanied by abnormal sensations in the viscera. He pointed out that pseudo-hallucinations were accompanied by the sensation of vocalization, and this separated them from the phenomenon of *Gedankenlautwerden* (thought becoming aloud) which he considered to be a form of hallucination proper. Along with other workers of the period, Tamburini (1899), Probst (1903), he considered these forms of hallucination to be due to excitation of the speech centres of the brain. The view that auditory hallucinations are a disorder of speech rather than of perception was taken up again more recently by Gould (1949).

Bleuler (1911) pointed out that schizophrenics might allude to their inner voices as "voices of conscience" when the hallucinatory voices represented well-founded criticism of their delusional thoughts and pathological drives. Thus, when schizophrenics experienced their thoughts becoming audible, this was accompanied by delusions, e.g. that the telephone took up their thoughts or that such thoughts were accompanied by other voices which were associated with the thoughts in a special way by the patient. He showed how this shaded over into various forms of "thought echoing". Bleuler considered that familiar voices may be located in the heart or chest, but that a basis for localization was not always discoverable.

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He demonstrated that the patient might complain of voices from their clothing or that the voices might be divided between the two sides of the body. He recognized that there were transitions between "voices" and "audible thoughts", and whilst there were many possible nuances of projection of auditory hallucination, in the main there were two distinct classes, those projected outside the body and those designated as "inner voices" which he acknowledged to be the same as Baillarger's "psychic hallucinations".

Jaspers (1911), in a study which provided the basis for the remarks on hallucination in his *General Psychopathology* (1913–46) considered that hallucinations proper are perceptions that spring into being in an original fashion and are not transpositions of any genuine perceptions. He clearly differentiated perceptions (and hence hallucinations proper) from imagery on phenomenological grounds, and he described in detail phenomena "which were for a long time confused with hallucinations". He added: "Looked at closely they prove to be not really perceptions but a special kind of imagery. Kandinsky has described these phenomena very fully under the title 'Pseudo-hallucinations'." In respect of auditory experiences Jaspers differentiated "inner voices" ("voices of the mind") that is pseudo-hallucinations from "voices proper". He quotes a schizophrenic patient of Kandinsky's who heard voices that talked directly from outside, and also voices which he heard inwardly and were forced on him by his persecutors by means of a current. The patient distinguished the latter from "made thoughts", which were unaccompanied by an inner hearing and which were directly conducted into his head. Here Jaspers seems to have regarded a schizophrenic "passivity experience" as a pseudo-hallucination.

The Phenomenology of Various Types of "Inner Voices"

The phenomenology of "inner voices" is now illustrated by some personally observed cases. A preliminary differentiation of the experiences reported by patients was made following Jaspers into phenomena regarded as (1) auditory imagery and the special form of imagery termed pseudo-hallucination, (2) hallucination proper.

(1) *Auditory Imagery and Auditory Pseudo-hallucination*

Patient 1. (*Female, aged 46.*) This lady suffered from recurrent attacks of depressive psychosis which had begun at the age of 39 and were accompanied by biological features (i.e. loss of weight, poor appetite, early morning wakening and diurnal variation of mood), ideas of guilt and self reproach, depersonalization and hypochondriacal ideas. She was observed in her fourth attack. She complained of a voice which she localized in her chest; though at times she experienced it as a thought rather than a voice. She recognized that it was her thought or voice, and she believed it to be her conscience talking to her. She never expected anyone else to hear it, despite the fact that it appeared to her quite loud and clear. During the phase of depression the experience occurred frequently, and the content was always of such phrases as "You will have to pull yourself together, Mildred". At no time had schizophrenic symptoms been demonstrated. It might be mentioned that her normal capacity to "imagine" in the auditory sphere was localized by her as being in her "mind" and not in her chest. She recovered from this attack but subsequently relapsed.

Patient 2. (*Female, aged 40.*) This lady suffered from a schizophrenic illness of a year's duration when first seen. She heard the voices of her neighbours criticizing her, calling her names or passing remarks such as "She is a dirty madam". Whilst in hospital she believed that there were microphones listening in to her and that one of the doctors was hypnotizing her. During the latter months of her illness she experienced on one occasion a voice which she said she "heard with her mind". She was cleaning a carpet at the time, and the voice which sounded very much like her grandmother's of whom she had been thinking, said "Never mind, it will get done". She recognized that this was her imagination, in contrast to the symptoms mentioned above, which she regarded as real events.

Patient 3. (*Female, aged 35.*) This lady was diagnosed initially as a primary obsessional personality, reacting obsessionally to difficulties with her husband. Ever since her marriage she had a dread of something happening to her husband and would ruminate "What would I do if anything happened". Such thoughts were experienced as irrational and were resisted, but tended to recur. About a year before she was first seen she experienced a voice inside her head which was definitely her own voice and as loud as her natural voice, but heard "within her mind". The voice would say "Don't go into that shop or something will happen to your family" and she would have to obey and so would be unable to complete her purchases. She began to feel she was going mad. She never at any time attributed her symptoms to any external agent; its location was somewhere within her mind. If she tried to control the voice, she found it impossible, and this

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would make her very anxious. She would resist the voice, but without effect, for it would return and plague her with remarks such as "Don't read today". The voice urged her to become pregnant and so without telling her husband of her experiences she persuaded him that they should have another child. She conceived and then became acutely depressed and suicidal. She continually ruminated "This is the baby I had because the voice told me, I can't think it's ours". She first came under psychiatric care at this time, and a therapeutic termination of pregnancy was advised and carried out. Immediately there was a lightening of mood, but she began to feel guilty that she had killed her child. The voice continued to trouble her only when she was tired in the evenings, during the daytime she could control it and resist it successfully. Over the following months biological features suggestive of a psychotic depression appeared. Treatment with imipramine was strikingly successful. Indeed, she was no longer troubled by the voice, and her marital life, which had been severely disrupted, again became harmonious. She eventually had another child, and when last seen three years after the initial breakdown she was completely well. Schizophrenic process symptoms were never demonstrable.

Patient 4. (*Female, aged 36.*) This patient was first seen during her first attack of depressive psychosis, which was accompanied by marked biological features (as in Patient 1), ideas of guilt and self reproach and obsessive-compulsive thoughts. Her mother and one sibling also suffered from affective disorder. She complained about thoughts or a voice inside her, the content of which related to her not wanting her husband, whom she had recently married. "It began with a thought about not wanting my husband. It was my own voice speaking to me . . . from within my head . . . not from a special part, but I've felt that my head has been divided into two, and at times I've felt that I'm my proper self at the back of the head, and these thoughts have all been at the front of my head . . . It was like my own voice, which you can hear now—it was like that inside my head—other people couldn't hear it because I felt it within me . . . It doesn't sound as though it's outside—I feel it. I feel as if there is a skin between the front and the back—something I've had to break down . . . I seem to have a battle between the two parts."

She responded to imipramine treatment, but a few months later relapsed again into a severe depressive state which became intractable despite further treatment with E.C.T. and anti-depressant drugs. At no time were any schizophrenic symptoms present, and she always maintained that the "voice" or "thoughts" were part of herself and that she considered them irrational and resisted them.

Patient 5. (*Female, aged 36.*) This patient suffered from a schizophrenic illness of two years' duration. She believed that her thoughts were being read by telepathy and she heard voices accusing her of being bad and commenting on everything that she was doing. Although her native tongue was Polish the voices always spoke in English and indeed the patient always thought in English. In addition to the voices which came from outside, she experienced another type of voice . . . "Somehow they seem to come from my memory—the ones from my memory I can control—the ones from outside I can't control . . ." The voices from her memory were in contrast always pleasant; indeed she liked to conjure them up in order to gain comfort, and she recognized them as part of her imagination.

Patient 6. (*Female, aged 42.*) This lady was considered to have a hysterical reaction; she complained of pain and increased sensitivity all over her back, which was so great that she could not bear the slightest touch. The psychogenesis was related to psychosexual difficulties with her husband. She had numerous visual pseudo-hallucinations, and also auditory experiences which she described as follows: "I've heard the voice of a psychiatrist at Burnley [who had treated her by abreactive techniques]. I used to be working at Joseph Lucas at Burnley and I'd be paying money out and in my mind it would come —I would hear it in my head, even though I might be reckoning up—I could hear the voice asking these questions . . . I wasn't even thinking about it. It wasn't his normal voice, they were about sex. He said, 'I am going to touch your spine' and I never felt it—it didn't pain me —the drug had taken all feeling from me. It was like a memory, forcing itself through, even though I hadn't even thought of it."

Patient 7. (*Male, aged 24.*) This young man, a Pakistani, suffered from a depressive psychosis with accompanying biological features and marked depersonalization. He had always been a rather obsessional individual and he continually ruminated about his feelings of unreality. He described a "voice of conscience" which was located in his chest over his heart, the content of which related to ideas of guilt that he had let his family down by not continuing his studies. The "voice" appeared to him like a "loud or strong thought" and was accompanied by a feeling of palpitation; it was always recognized as something that was part of him and could not be heard by others. During the period of most severe depression he stated that "his conscience had frozen away" and was replaced by "a feeling of emptiness" in his chest.

Patient 8. (*Female, aged 40.*) This lady suffered from psychogenic attacks which she described as "blackouts". Following her mother's death she developed the conviction that she was possessed by her mother's spirit. This experience of being possessed only occurred under anxiety-producing situations and induced in the patient a feeling of tranquillity. At these times it seemed to her as if her mother commanded her actions. She heard her mother's voice, quiet but clear, as if coming from within the right side of her head; it would say, "Stella, don't go so quick" and give some simple command which she felt she must obey. The voice was "within her mind" and could not be heard by anyone else. The possession experience was considered to be a hysterical manifestation; the patient reported many other visual pseudo-hallucinations, and she had been sexually frigid in both her marriages. No schizophrenic symptoms were ever elicited.

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(2) *Hallucination Proper*

Patient 9. (*Female, aged 32.*) This lady was considered to have recurrent attacks of schizo-affective psychosis. Prior to the admission in question she had suffered from three attacks of depression accompanied by anergia, retardation, loss of appetite and weight and early morning wakening. In the third attack the diurnal variation was so pronounced that she was deeply depressed in the mornings and hypomanic in the evenings. During the present (fourth) attack depressive features were present, but there were also schizophrenic symptoms of first rank importance (interruptions of thoughts by other people, delusional percepts, newspapers making veiled references to her) and auditory hallucinations. The voices came, she said, from within her head in the region of her left temple. There were a number of voices, all feminine, having a conversation about her and accusing her thus: "You are a bad mother", to which she felt obliged to answer back in sad but convinced tones of denial. She felt that the voices were generated in her head and that she was not responsible for them, though she was at a loss to explain them. Sometimes the voices were mere whispers about herself and she could not quite make out the exact words. The patient did not liken the experience to her "conscience" which in her case never took on a hallucinatory form.

Patient 10. (*Female, aged 54.*) This patient was considered to have suffered from an atypical psychosis (schizo-affective). Following treatment for hypertension with reserpine she became depressed, lost weight and began to waken early in the morning. She became very agitated and expressed delusional ideas of self reproach. Following E.C.T., she became elated, overactive, talkative and restless. She believed that she was receiving messages from the radio and newspapers and that people were taking her thoughts away from her. No evidence of clouding of consciousness was demonstrable by routine clinical methods. During this phase she heard voices which she claimed were "neither male nor female"; they came from a particular part of her head and said, "You take care—you watch what you're doing". The schizophrenic symptoms disappeared after treatment with chlorpromazine, though she remained in a "mixed state" (depressed in the mornings and elated at night) for some months until her death by suicide.

Patient 11. (*Female, aged 55.*) This lady suffered from a schizophrenic illness of one year's duration. She complained of a form of "thought broadcasting" in that no matter what she thought, a voice repeated aloud for everybody to hear the exact words of the thought she had just experienced. The voice she recognized as that of a neighbour, and she considered that it was all brought about by radio waves from a research station that was connecting her up with her neighbour's thoughts. She felt, too, that everything she read was repeated by the voice; on one occasion when she read the words "sectional pieces" the voice kept repeating "sexual intercourse" over and over again. She complained too, of a "hissing electrical note" which was like a halo round her head and which she thought was due to radio-active fallout.

Patient 12. (*Male, aged 31.*) This patient suffered from a chronic schizophrenic illness of eight years' duration. He complained of a number of "inner voices". One was a male voice with a rough tone which he thought came to him by manipulation of his vocal chords by some of his neighbours. This voice continually repeated what he had just thought or heard other people say. It seemed absolutely real, and although he located it within his head he could hear it with his ears. He believed that his neighbours were trying to "drive him crazy". Another voice, this time feminine, he localized in a spot over his heart. This voice talked about him, repeating continually "Cyril's barmy", "He's barmy" or "Cyril's been hitting someone". Again, he thought his neighbours responsible for this voice, but not by manipulation of his larynx—for as he put it "there are no vocal cords in the heart". Despite the inner location of the voice, it was never "felt" within, and was always heard with his ears. This voice at times also repeated what he thought, and he believed that people in his own district could always receive it.

Patient 13. (*Male, aged 22.*) This patient suffered from a schizophrenic illness with marked affective features. Details of his religious experiences have been reported elsewhere (Sedman and Hopkinson, in press). He described a type of thought transference, which was interesting in that the thoughts he received "stood out" in their intensity and loudness compared to his normal thoughts. " . . . often I had the feeling that I was simply receiving thoughts from God—as though these thoughts weren't self-generated, but they were simply received and then one could think about them and meditate on them. I had the sensation that I had perhaps been a receiver, and the thought had come from a transmitter, which you could call God, from his mind to my mind."

Patient 14. (*Female, aged 45.*) This lady suffered from a chronic schizophrenic illness with marked religious preoccupation. She complained of "thought intrusions" which she likened to the experiences of Christ. "Just as Jesus Christ heard them reasoning within him, so do I." She described it thus: "Intrusions of words into my head which are coming from beyond my conscious mind . . . these words keep flooding my head . . . I think the thalamus is unsealed—they say 'Through that door girl, through that door, at that top table girl. Nora, will you listen to me' and in temper at the intrusion I would say, 'Well, I'm listening to what you have to say'." She found it difficult to describe the "intrusions", at times referring to the experience as "thoughts" and at other times as a "voice" or just "them".

Discussion

In all the observed cases reported above, it was possible to make a distinction on phenomenological grounds between "inner voices" considered to be imagery (including pseudo-hallucinations) and those considered to be hallucination proper. Whilst it is possible to

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make fairly clear distinctions between imagery and pseudo-hallucinations in respect of visual experiences, the criteria used by Jaspers cannot easily be applied in relation to auditory experiences which have a location within the body. Jaspers has pointed out there is an infinite variety of image-phenomena ranging from normal imagery to fully developed pseudo-hallucinations, a view substantiated by a comparative study of imagery and pseudo-hallucinations (Sedman, 1966), and hence, for practical purposes, they might be considered as one. It might be useful at this point to summarize the characteristics of those "inner voices" designated as Imagery (including Pseudo-hallucinations) and then in turn contrast them with the characteristics of those considered as hallucination proper.

The "inner voices" designated as imagery in general satisfy the criteria laid down by Jaspers. Thus they have the character of subjectivity, the "voice" or "loud thought" is heard "within the mind", i.e. occurs in inner subjective space; it is the subject's "own thought" or "own conscience" and he or she feels responsible for its genesis. The latter applied even in the case of Patient 4 (cited above) who spoke of her mind being in two compartments and separated her "loud thoughts" from her ordinary thoughts. There was never any doubt in her mind that the "loud thoughts" were not hers, even though she was upset by their content.

In a number of instances the "loud thought" or "inner voice" appeared to be experienced in an obsessive-compulsive manner; the "thought" or "voice" was recurrent, compulsive, regarded as irrational and resisted by the individual. This type of "loud thoughts" recurring in obsessional patients was described many years ago by Gadelius (1896) in respect of what he termed "contrast thinking".

A number of patients regarded the experience as part of their memory, as in the case of the schizophrenic Patient 5, who clearly separated voices arising from her memory or imagination, which she could conjure up and control, from voices which were outside herself and commented on her in a derogatory manner.

The location of the "inner voice" varied in these patients; it was generally within the head or the chest; in one patient it was in the epigastric region.

The patients varied in their description of the same experience: at times they referred to "loud" thoughts and at other times to an actual voice which appeared quite loud and clear. Despite the latter, none of these patients expected the "thought" or "voice" to be received or heard by others or to come from others. In other words the experience does not become a schizophrenic "passivity experience". A similar point was made by Stengel (1944) in respect of the transformation of obsession into delusion: "No case has yet been reported in which the patient felt that the thoughts previously experienced as products of his mind were made outside his ego."

The above type of experience occurred in a diagnostically heterogenous group, in contrast to those experiences considered to be a form of hallucination proper, which occurred only in patients suffering from either schizophrenia or schizo-affective psychosis (in all instances the other symptoms regarded as being of first rank importance in the diagnosis of schizophrenia, i.e. passivity experiences, delusional perceptions, schizophrenic thought disorder and certain types of auditory hallucinations (Schneider, 1959) had been demonstrated). The characteristics of "inner voices" considered as hallucination proper were that the patients experienced them as something divorced from their ego; despite the inner location they were really arising in external subjective space. They were certain that they were not responsible for conjuring up the thought or voice, and were either at a loss to explain how it came about or put a delusional interpretation upon the event. Thus in Patient 11 the "voice" was the voice of a neighbour repeating the patient's thoughts as a "thought echo" and was brought about by radio waves from a research station connecting her thoughts with those of her neighbour. Or, as in Patient 14, they were due to "thought intrusion" because her "thalamus was unsealed".

Conclusion

There are a number of phenomenologically different experiences which may be included

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under the term "inner voices". On the one hand such experiences may be a form of imagery or of the special type of imagery known as pseudo-hallucination. Such experiences may range from "loud thoughts" to "voices", but are, nevertheless, entirely subjective experiences which the individual recognizes as part of his ego. They may occur in a diagnostically heterogenous group of patients, including schizophrenic patients. In some cases the experience of the "inner voice" appears to be an obsessive-compulsive symptom. In contrast, when the "inner voice" is an hallucination proper it is alien to the person's experience. Again, there may be a range of intensity from "loud thoughts" to "voices", but here the split from the ego is final; thus the "loud thoughts" are alien to the subject and are picked up or heard by other people, or the subject feels that the voice controls him, directs him, or converses about him. It is only such veridical hallucinations that are characteristically schizophrenic. Thus the views of Schneider (1959) that "thoughts becoming aloud" is a symptom of "first rank importance" in the diagnosis of schizophrenia does require qualifying, and in this respect the question of "ego-involvement" appears to be the vital issue.

Summary

This paper is concerned with the phenomenology of "inner voices", "loud" or "audible thoughts" and similar experiences. It attempts to show that various forms of auditory imagery, often experienced in an obsessive-compulsive way, may closely resemble the schizophrenic experience of "thoughts becoming aloud", but that distinction is possible on phenomenological grounds.

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G. Sedman, M.D., D.P.M., *Lecturer in Psychiatry, Whiteley Wood Clinic, Woofinden Road, Sheffield 10.*

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