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On Listening to Voices

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Imagine what it would be like for a conscious mind to be trapped inside an entity so twisted and defective that it could not convey the simplest thought to the outside world. Imagine also if that consciousness was permeated by detached voices that offered advice, gave directions and occasionally demanded compliance. Such is the case with many quadriplegic victims of cerebral palsy who have been classified as retarded since birth. Damage to motor areas of the brain prevents coordinated movement so that they cannot gesture or speak as such. Rather, they are eternally captured in a grotesque dance, writhing and grunting in desperate frustration. They seem to want to communicate but simply cannot. Not surprisingly, many of these people are abandoned to institutions where they are assumed to be only dimly conscious, without the power to think or understand. More specifically, they are assumed to lack understanding of words, coin of the realm for intelligent beings. In formal measures of IQ, testers invariably "discover" retardation and aphasia among them. As we shall see, this may tell us more about measures and testers than it does about our subjects' mentality.

Through a combination of serendipity and painstaking work, the authors were permitted a good look at the private mental world of these special people. The outcome was unexpected to say the least. In spite of obvious and extensive brain damage, they ponder sophisticated questions about interpersonal relationships, sexuality and the cosmic mysteries. Even more astonishing, they routinely hear voices which they sometimes attribute to supernatural agents.[1] In one case, it appears that a voice imparted accurate information about events that were taking place miles distant.

Our subjects were nine residents of a state institution for the emotionally and mentally retarded. All had been tested with standard measures of intelligence and found to have IQ scores within the bottom 2% of the population. Their personal hygiene and feeding is carried out largely with the help of hired attendants. Decisions about their abilities and appropriate care is the province of educated professionals.

On one occasion, a nursing assistant, Mrs. P., very casually told a staff psychologist that her quadriplegic patients regularly talked to her. She said that they had dozens of ideas on their minds and concerns to relay. Being skeptical, he nodded politely and later checked out her claim like a good scientist. He approached a patient and said, "Please tell Mrs. P. to call me tomorrow at three o'clock." On the following day at 3:00 p.m. his phone rang and Mrs. P. asked what she might do for him. This supposedly retarded and language-less patient had understood, retained and communicated an accurate message. The method of communicating was interesting in itself. If you could only use two words out of your entire vocabulary, which two would you choose? Mrs. P. correctly reasoned that even these limited persons could make discrete gestures for "yes" and "no." She could then elicit thoughts from the patients by following the trail of their "yes" responses. A sample conversation might go as follows:

Mrs. P.: "Would you like to talk to me?"
Patient: "Yes" (gestured).
Mrs. P.: "Is it about a person?"
Patient: "Yes."
Mrs. P.: "Is the person male?"
Patient: "No."
Mrs. P. "Does she work here?"
Patient: "Yes."

Having learned the technique, we were now free to explore the private mental labyrinths of our patients. These turned out to be far more sophisticated than anyone imagined. They were curious to know how ordinary people viewed them. In particular, "How would you feel if you were handicapped?". Several had questions about God and wondered about the possible benefits of afterlife to themselves. Each was aware of the moods and concerns of other quadriplegics and the fact that others heard voices although they obviously could not speak to each other. Two, a male and female, had somehow discovered romance and eagerly awaited the sight of each other. A graduate student, trained to communicate with the patients, was so astonished by the depth of their knowledge of each other that she asked the group if they could hear each other's thoughts. The reply was neither "yes" nor "no." They erupted in laughter. Was the concept ridiculous to them or had the student touched a bizarre secret? In one instance, a patient became distraught and painfully disclosed to the psychologist that she feared for her sister. The sister, she said, was under considerable stress. So certain was her conviction that the psychologist telephoned the sister to inquire. At first, the sister denied any unusual stress but later confirmed that she was in the middle of a painful divorce and was, indeed, very troubled.

There is great danger in extrapolating from anecdotes. Match an infinity of conjecture with subsequent real events and some will agree by chance alone. Even the worst two dollar bettors pick the right nags occasionally. Nonetheless, there was another strange dimension to this patient's conclusion concerning her sisters plight: the message was told to her by a voice. Auditory hallucinations are a familiar phenomenon in the literature of Psychology. They are prominent among schizophrenics and not unknown among hysterics and selected organic illnesses. Voices are occasionally heard by conventional people who are feverish, exhausted or suspended in the twilight between sleeping and waking. They had not, however, been reported among this population until 1985.[2] In all likelihood, no one had thought to ask.

As Van Dusen[3] points out, voices occurring in cases of mental pathology usually have a persecutory nature about them. Indeed, this is true of some voices reported by our patients. They are often ordered and harassed when they ignore the instructions and support offered by the voices. Most voices are benign and some are believed by the patients to be the voices of relatives.

Despite the routine presence of auditory hallucinations in schizophrenics, it is not clear that voices are pathological as such. Jaynes' provocative theory of the evolution of consciousness pivots heavily on the role of internal auditory instructions.[4] His major thesis concerns voices as a common ex-

perience of historical man. Noah, Abraham and others obeyed auditory commands with full confidence that they were being instructed by the gods themselves. In Jaynes' view, historical man did not plan and deliberate prior to acting as do some contemporary humans. Rather, solutions came to them full grown in the form of "divine" voices (albeit through a quirk of cortical circuitry). With exceptions, conventional people of today mistrust voices. Mention voices to a psychiatrist and a prescription pad will quickly materialize, if not a trip to a mental hospital.[5] Notable exceptions include William Blake, the poet, and the genius Emanuel Swedenborg who not only trusted in their voices but used them well in the process of creative flow.

Indeed, the experience of hearing voices is so common in the general population that it could qualify as normal behavior. Jaynes notes data indicating some 71% of a college population acknowledging at least a brief encounter with voices. The familiar phenomenon of the child's "imaginary playmate" in many cases translates nicely as "hallucinated playmate." These ethereal companions frequently speak in such a distinct fashion that subjects can remember the voice pitch and quality years later.[6] Popular actor Sherman Hemsley, who appeared in "The Jeffersons" has accepted a new role in a TV situation comedy, "Amen." With a voice "as clear as a bell" his mother has appeared to him offering advice on his new role. Mr. Hemsley is evidently very receptive to her counsel although she died some five years ago.[7] Like Hemsley, our quadriplegic subjects often identified their voices as belonging to relatives, usually of their own gender. Spoken messages are generally admonitions and constructive ones at that. Cooperating with a treatment program would do as an example of such an admonition. Why then are psychiatrists so eager to find pathology in voices? Perhaps a sampling error is at the heart of the problem. When data on voices is gathered in mental hospitals should we be surprised to find that those hearing them are deeply troubled?

If Jaynes' theory is correct, auditory hallucinations are not necessarily symptoms but manifestations of a larger process known as consciousness. In this context, voices become clues and yard markers in mapping the topography of the human mind. Voices impart opinions, instructions and perceptions to the receptive verbal areas of mental process. In some cases, it has been possible to evoke voices by surgically stimulating the biological wiring of the awake human cortex.[8] It is conceivable then, that nonverbal structures of the brain have their own programs for evaluating external reality. A message received in this fashion by the conscious, verbal area would be experienced in the only mode of which is capable: a statement. The source of that statement would seem to be external since it originated outside of verbal cognition. One point must be clarified here. The ultimate source of conclusions expressed by auditory hallucinations has not been established empirically nor is it likely to be. Tinkering with the printed circuits of a radio should convince us that electronic voices are impossible without the device. Nonetheless, that radio is not the source of the broadcast.

To argue, as some have, that retarded persons are simply broken devices is to create the climate for a costly mistake. Broken devices invite fixing and the "fix" in this case turns out to be heavy doses of antipsychotic medication. Indeed, our "retarded" patients are very cautious about revealing the existence of their voices. The phenomenon was shared with us only after considerable trust was established. "Fixing" by this method is to decide in advance that voices are pathological and worthless as clues. Antipsychotic drugs also condemn users to a host of mind-fogging side effects that these patients are eager to avoid. Ironically, the minds of brain-injured people are frequently capable of feats that conventional minds find impossible. Even mainstream scientific literature now contains case studies of apparently retarded persons who play music without training, solve multiplication problems instantly, maintain awareness of exact time without clocks and perform perpetual calendar tasks.[9, 10]

In this quarter at least, we regard the voices phenomenon as a window of discovery. Through lack of ordinary socializing or perhaps because of modified cortical wiring, these patients are able to hear internal speech. As to whether this phenomenon is pathology, the vestige of an ancient asset or something else entirely, remains to be seen. We recently completed a study which confirms the ability of these patients to report verbal ideas accurately. Now we are recording the content of prognostic material imparted by the voices. Readers are encouraged to "listen" closely for further developments.

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What Drs. Sappington and Hamilton are doing as described above should not be confused with the work of two other researchers from Harvard University who recently published an article in the American Journal of Psychiatry *(Vol. 144:2, p. 222-225).*

Briefly, Peter A. Bick, M.D., and Marcel Kinsbourne, M.D. in their published article "Auditory Hallucinations and Subvocal Speech in Schizophrenic Patients" stated the following: "Fourteen of 18 hallucinating schizophrenic patients reported that the voices they heard went away when they undertook a maneuver that precluded subvocalization.

"We carried out a pilot study of eight schizophrenic patients who complained of voices. Each patient was asked to perform two tasks, one of which, holding the mouth wide open, has been shown to prevent subvocalization in normal subjects. The other, a control task, was to clench the fists and squeeze tightly. Six of the eight patients reported that the voices disappeared when they held their mouths open but not when they clenched their fists....

"All the 18 psychiatric inpatients were taking psychoactive drugs. They all described hearing voices that spoke to them, gave them commands, or commented on their behavior.

"We found that mouth opening selectively dispels hallucinated voices."