
Introduction

1.1 Swallowing Candy

I'm 56 years old, stand 5 feet, 11 inches in my socks, weigh 165 pounds stripped, and am, so to speak, inside your head at the moment and speaking these words. I want you to get rid of the candy in your mouth. Did you hear that noise? That is the sound of candy—your candy—being swallowed. You have very good manners. Other people I know would have refused to follow instructions.

This book is about *that*. That is, it is about what happens when people think like the above: when they have the sense that someone else speaks or thinks within their minds.

What happens in such situations differs in an important way from the standard or normal experience of introspective awareness. "The universal conscious fact," wrote William James in the *Principles of Psychology* (1918, p. 226), "is not, 'Feelings exist,' or 'Thoughts exist,' but 'I think' and 'I feel.'"

According to James, introspection is standardly or normally a self-conscious experience. It involves more than noting the occurrence of particular thoughts or feelings. It involves being

aware of thoughts and feelings *as one's own*: as things that I myself think or feel.¹

Suppose that you are reading this book, attending to every word, and suddenly you shift attention from the object of your visual experience (the book) to *your* experience of reading. Suddenly, suppose, it seems to you that you dislike the book, that you had expected from the subtitle (“Alien Voices”) to read a book on the role of alien space invaders in disturbances of consciousness. You feel disappointed, maybe even cheated. This is an example of being aware of your own feelings as your own. You are conscious of yourself as reading, as feeling disappointed, and as cheated. You are, in James’s sense, self-conscious.

The experience of self-consciousness is universal (we all have it) but not communal (we never share it). No one can join you in your self-consciousness. You cannot join others in theirs. However, it certainly seems, when we turn to clinical psychiatric phenomena, as if things can and sometimes do become confused in introspective experience. To put matters provocatively: sometimes, when self-consciousness breaks down or becomes disturbed, it appears to the self-conscious person as if *other* selves or agents are involved in his or her stream of consciousness. Within introspective awareness, other persons seem to speak or think. Another’s voice is heard: the voice of a 56-year-old in socks. Such provocation wants clarification.

A major part of developing a philosophical theory of self-consciousness is identifying the elements or dimensions of self-conscious experience. With some exceptions, the strategy

1. Occasionally, for stylistic purposes, we use the authorial first person pronoun.

employed by philosophers in developing the theory has been to examine self-consciousness under circumstances in which there is little or no stress or serious disturbance within a self-conscious person.² However, as William Bechtel and Robert Richardson note in *Discovering Complexity* (1993), unstressed or orderly psychological activities often conceal their component structures or elements. Overtaxed or disturbed activities, by contrast, may be more revealing of their constituents. “The breakdown of normal functioning,” write Bechtel and Richardson (*ibid.*, p. 18), “often provides better insight . . . than does normal functioning.” So, examining self-conscious experience under conditions of stress or when it is disturbed may serve as an illuminating guide to components of self-conscious experience.

Studying the clinical literature on psychopathology raises questions about just what happens when self-conscious experience is disturbed. *Fish’s Schizophrenia*, a clinical handbook, echoes James:

Thinking, like all conscious activities, is experienced as an activity which is being carried out by the subject. . . . There is a quality of “my-ness” connected with thought. (Fish 1962, p. 48)

However, Fish goes on to observe that, under certain conditions, this quality of my-ness vanishes, though introspective awareness of the thought itself remains:

In schizophrenia this sense of possession of one’s own thoughts may be impaired and the subject may suffer from alienation of thought. . . . The patient is certain that alien thoughts have been inserted into his mind. (*ibid.*, p. 48)

2. For representative examples, see Chisholm 1976, Chisholm 1981, and Shoemaker 1986.

In cases of this phenomenon (referred to in the literature as delusions of “thought alienation” or “thought insertion”), the subject reports that another’s thoughts occur in his mind or stream of consciousness. To persons undergoing delusions of thought insertion, the experience of thinking is not “I think” but “Someone else is putting their thoughts in my head.”

Nor is thought insertion the only, or the most common, case in which people experience their own thoughts as somehow alien. Sometimes subjects experience their own thinking or inner speech as “voices” or “verbal hallucinations.” Here “I think” or “I say to myself” gives way to “I hear another speaking.”

Thought insertion and verbal hallucinations are examples of what we wish to call *alienated self-consciousness*. By this expression we mean that they are experiences in which the subject is directly or introspectively aware of some episode in his or her mental life, but experiences the episode as alien—that is, as somehow attributable to another person rather than to the subject. No doubt there are other sorts of instances of alienated self-consciousness. Persons report alienated experiences of moods, emotions, and impulses. However, these two, and particularly verbal hallucinations, are by far the most widely studied and extensively described in the literature. For this reason, we shall make them the focus of discussion in this book.

1.2 What Is This Book About?

In this book we explore two sorts of questions about verbal hallucinations and thought insertion. The questions of the first sort concern what philosophers and others call *phenomenology* (in the broad and uncontroversial sense of this term). That is, they concern what experiences of alien thoughts in verbal

hallucinations and thought insertion are like for their subjects. In what does their experienced alien character consist? How does the experience of an alien thought differ from the experience of a thought which a person regards as unproblematically his or her own? The questions of the second sort concern the implications of alienated experience of thoughts for our general understanding of self-consciousness. What features of self-consciousness make alienated experience possible? What, if anything, do verbal hallucinations and thought insertion reveal about self-consciousness, generally? Do they tell us anything about whether there are different dimensions or strands to self-consciousness, different otherwise normally unified elements in self-conscious experience?

We are philosophers. We don't see patients. Thus, in answering those questions we will draw freely and rely heavily on clinical and experimental literature in psychopathology, and not only for data (such as patients' self-reports and clinical descriptions) but also for theoretical analysis and insight. There are extensive overlaps, at least, between the two questions we ask and questions asked by mental health professionals. It is probably accurate to say that our concerns form a subset of the concerns raised in the literature on psychopathology about alienated self-consciousness.

Our concerns form a proper subset. The psychiatric literature addresses all the questions we raise, but we do not discuss all the many issues addressed in that literature. We say little about neurology and nothing about psychopharmacology. Although we discuss the general features of human self-consciousness that make possible alienated experience of one's thoughts in verbal hallucinations and thought insertion, we don't discuss the epidemiology or the social risk factors of the disorders. Nor do we advise doctors or patients about therapy or treatment.

More generally, our discussion differs in emphasis from most discussions of thought insertion and verbal hallucinations in the psychopathology literature. Those discussions typically deal with these phenomena in the context of mental disorder or disease. Does their presence serve as a reliable indicator of the presence of underlying pathological processes? What do they reveal about the nature of such processes? Do they provide useful guidance for differential diagnosis of, for example, schizophrenia or multiple personality disorder?³

It is not part of our project to criticize the medical approach to the study of thought insertion and verbal hallucination. We adopt a different but not competing or incompatible perspective. We are interested in what verbal hallucinations and thought insertion reveal about the underlying psychological structure or processes of human self-consciousness, not in what they reveal about the underlying pathology of mental illness. Whether the processes revealed are pathological, or whether they are characteristic of specific forms of psychopathology, is simply not close to our intellectual hearts in this book. In our discussion of the psychological processes that result in verbal hallucinations, we defend the view that verbal hallucinations do not occur exclusively in connection with mental illness. As we read the medical literature, this is a fairly uncontroversial position, and it is

3. There may also be differences in the vocabulary which we use to discuss thought insertion and verbal hallucinations and the language of some discussions of psychopathology. For example, where we speak of alienation, the psychopathology literature sometimes prefers to speak of “dissociation,” although it is becoming increasingly clear in this literature that a concept like dissociation is too loose and semantically various to capture the unique features of alienated self-consciousness.

compatible with a variety of proposals regarding the significance of verbal hallucination for differential diagnosis.

1.3 Overview of Main Ideas

When William James—himself interested in philosophic implications of mental disturbance—contrasts my awareness that a thought exists or occurs with my awareness that *I* think the thought, he can plausibly be interpreted as distinguishing my mere introspective awareness of a thought from my experience of the thought as mine. So, what is it for me to have the sense that a thought is mine? One answer to this question is that for me to sense or experience a thought as *mine* is for me to recognize that I am the *subject* in whom, or in whose psychological history, the thought occurs. The issue here is distinguishing what occurs in me—within the “boundary of my ego”—from what occurs outside of me.

My sense that something occurs in me, within my ego boundary or psychological history, rather than outside me, is what we call my *sense of subjectivity*. Philosophers, psychologists, and other students of self-consciousness have long recognized that it is important for us as persons to distinguish what goes on within our mind or self from what goes on outside. They have speculated about how we manage to make this distinction correctly. They have discussed the possibility that we sometimes fail to make the distinction correctly. We might suffer “loss of ego boundaries” or “internal/external confusion,” mislocating things internal to the self in the external environment or vice versa. Though this has been a point of controversy, it has seemed plausible to some theorists that mere introspective awareness of a thought might

persist in the absence of the sense of subjectivity regarding the thought. If so, this would explain how I could be aware of my own thought and yet fail to recognize it as mine. Thus, it is tempting to believe that verbal hallucinations and thought insertion involve a split, as it were, between introspective awareness and the sense of subjectivity. Indeed, this account is suggested when these phenomena are conceptualized as loss of ego boundaries or as internal/external confusion.

We shall argue that neither verbal hallucination nor thought insertion is adequately explained on the loss-of-ego-boundary model. According to that model, subjects are introspectively aware of voices and inserted thoughts but have lost their sense that the relevant thoughts occur within themselves. The short answer as to why the model fails to account for the phenomena in question is that in both cases subjects clearly recognize that they are the subjects in whom the relevant alien episodes occur. That is to say, they correctly locate thoughts relative to their ego boundaries. Thus, the possibility that the sense of subjectivity might split off from introspection turns out to be irrelevant to the alienated self-experience involved in verbal hallucinations and thought insertion.

The possible contrast between introspection and the sense of subjectivity is the wrong conceptual distinction through which to understand thought insertion and verbal hallucination. But what else is involved in self-consciousness? What more could be involved in recognizing a thought as something that I think, than in having a sense of its subjectivity? Recall Fish's remark about the quality of my-ness connected with thought: "Thinking is experienced as an activity which is being *carried out* by the subject" (emphasis added). My sense that *I think* a certain thought involves more than the sense that the thought occurs in me. It

also consists in a sense that I am author of that thought, that I carry out the activity of thinking. This sense of agency regarding my thinking is, we maintain, a normal component or strand in our experience of thinking. It is normally phenomenologically intertwined with introspective awareness as well as with the sense of subjectivity. However it is conceivable that self-consciousness should be disturbed and unravel in such a way that I retain my sense that I am the subject in whom a thought occurs but no longer have the sense that I am the agent who *thinks* or carries out the thought.

One might note that such a separation of the sense of subjectivity from the sense of agency would account for a way of experiencing my own thoughts that is more familiar and less alarming than verbal hallucination or thought insertion. Sometimes I feel passive with respect to my thoughts. I experience them as things that happen to me rather than as things that I do. However, this felt passivity could hardly explain the alien quality of some thought—i.e., my sense that it is someone else's thought. Consider, by analogy, the distinction (famous in philosophy) between my arm's going up and my raising my arm. I might have the sense that my arm has gone up without my raising it. However, this is certainly not the same as my thinking that someone else raised my arm. Meanwhile, it is possible for my arm to go up because somebody else raised it. Another person might be the agent who caused my arm to go up, in which case raising my arm would be his action rather than mine. It would be something that he carries out.

In the real world, an agent who raises someone else's arm is likely to accomplish the feat by such unsophisticated means as grasping the other's wrist and lifting. Still it is conceivable that the agent may employ more covert methods, such as applying

electrical stimulation to the person's muscles or brain. Notoriously, there are people who entertain delusions to the effect that the movements of their body are controlled by agents employing similar or even more mysterious means. We suggest that one might likewise have the impression that another agent controls the "movements" of one's mind: that thoughts occur in one's mind through another's agency. Another person is the author of such thoughts, and they are, accordingly, his thoughts rather than one's own. Something like this is how we believe subjects experience alien thoughts in delusions of thought insertion and in at least some cases usually described as verbal hallucination.

Obviously this hypothesis requires stage setting and explanatory detail. We need to make the case that the sense of agency is a distinctive element in self-consciousness. Making that case requires us to confront various objections raised by philosophers to the very idea that thinking can be considered an intentional activity or action. We then need to make the case that the sense of agency is at issue in verbal hallucination and thought insertion. Our case will require arguing that delusions of thought insertion are, in some respects, less bizarre and more coherent than they otherwise appear. It also requires, for reasons which will be discussed, arguing that verbal hallucinations are a stranger and less readily comprehensible phenomenon than the standard account in the psychopathology literature might lead one to expect. Indeed, we shall argue that at least a substantial percentage of what are called verbal hallucinations aren't really hallucinatory in the usual understanding of that term. Many persons who are said to believe that they hear voices really don't believe that they *hear* voices at all. This is true even of people who are firmly convinced that the voices are alien and represent communication from

another agent. We also will need to say something about just what the sense of agency *is*—i.e., what it is to experience oneself as the agent or author of thoughts. And we will take a stab, however speculative and tentative, at explaining how a subject could arrive at the conviction—no matter how delusory—that somebody else is doing his thinking in the subject's head.

We shall attempt all of the above in the context of a critical examination of verbal hallucinations and delusions of thought insertion, as these phenomena are understood in the contemporary literature on psychopathology. We want to do justice to the clinical facts (as we can best make them out) and to the most interesting theoretical approaches to explaining them.

If nothing else, we want this book to serve as a useful guide to some of the work that is being done in psychiatry on verbal hallucinations and thought insertion. We will also consider what philosophers have had to say about the issues that arise in the course of our discussion of verbal hallucinations and inserted thoughts.

In recent years, work by philosophically informed clinicians and mental health professionals and by philosophers sensitive to clinical data has shown how philosophical psychology can illuminate and be illuminated by the study of psychopathology.⁴ We

4. Some philosophically informed clinicians and mental health professionals: Eagle (1988), Frith (1992), Fulford (1989), Gillett (1986, 1991), Hoffman (1986), Sass (1992). Some philosophers sensitive to clinical data: Braude (1995), P. S. Churchland (1983), Dennett (1991), Flanagan (1992), Radden (1996), Wilkes (1988). Our intellectual debts to these and other authors go substantially beyond what is indicated in specific citations in the text. For a fuller discussion of work at the intersection of psychiatry and philosophical psychology, see Graham and Stephens 1994.

hope to contribute to this ongoing interchange. We believe that a critical, “philosophical” examination of the clinical literature on verbal hallucinations and thought insertion will yield a more precise understanding of the alienated experience of self involved in these phenomena. Understanding how self-consciousness breaks or is disturbed when we hear voices and confront alien thoughts will give us some empirical leverage on the question of how self-consciousness works.