

## Hearing voices

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Hearing a voice no-one else can hear. Hearing the voice of your partner of fifty years, six months after they have died. Hearing a constant commentary on your every action. Hearing the voice of an abuser, decades after the trauma happened. Hearing God speak to you in your hour of darkness.

What's normal?

Our project *Hearing the Voice* begins by bracketing assumptions: about what counts as a 'hallucination', about the status of auditory hallucinations as 'symptoms', and about the rights and wrongs – conceptual as well as ethical – of distinctions between 'normal' and 'pathological' forms of voice-hearing.

Our touchstones instead are the 'what is it like' questions. Hearing voices is, above all else, an experience – something that registers in an individual's (consciousness of) body, self and world. We know that up to thirteen per cent of us will hear voices at some point during our lives and that there are fascinating connections with the inner speech and inner hearing of the everyday. And yet auditory verbal hallucinations are commonly regarded as the signature symptom of psychosis, poorly understood and horribly stigmatised.

Scholars and practitioners in the clinical disciplines are deeply invested in delineating the aberrant, diseased, dysfunctional or distressing from what we might call 'normal'. We believe that it's precisely by taking seriously the diversity of voice-hearing experiences – now and in the past – that we can move forward in supporting people for whom voices are distressing and who find themselves in clinical care. Stigma, secrecy and shame may be part of many voice-hearers' reality but there are powerful ways to make sense of and explore these experiences—not as something inherently pathological and frightening but as a meaningful and potentially even valuable part of what makes us human.

How, then, should you set about investigating voice-hearing? What would a medical humanities approach to the study of inner experience look and feel like?

The short answer is: exciting, risky and highly interdisciplinary. Our project

harnesses a whole range of methodologies – from the study of modernist literature to in-depth qualitative interviews with voice-hearers to studies in transcranial direct-current stimulation. And through processes of critical reflection, cross-fertilization and collaboration, *Hearing the Voice* seeks to develop these methodologies in new and creative ways. For example, we've run experimental design hackathons in which members of our Voice Club sit down to hunt out new scientific protocols, drawing on the techniques of philosophical phenomenology to develop new tools for the empirical investigation of experience, using approaches from the visual and performance arts to facilitate conversations among researchers, bringing our team together in regular, intensive research meetings which allow those conversations to flourish and – crucially – to be sustained over time.

While there are many styles and flavours of interdisciplinary research, for us there is something distinctive about situating our work in the medical humanities: the people. From the earliest stages of project design to our most ambitious plans for making a difference, we've listened to, learned from, collaborated with and endeavoured to empower people who hear voices. "Your project is certainly of interest to voice-hearers, but how will it be of benefit?" That question was posed to us by Jacqui Dillon, Chair of England's Hearing Voices Network, and it is one to which we keep returning. It's not that we insist that all research must be immediately applicable, instrumental, or operationalisable.

But Jacqui's question is a reminder that working in the medical humanities gives us the opportunity and the incentive to dismantle what's left of the walls of the ivory tower and engage with people whose lives, experiences and values lie beyond it.

*Hearing the Voice is an interdisciplinary project on the experience of auditory verbal hallucinations based at Durham University and funded by a Strategic Award from the Wellcome Trust.*

