

## Control and Sense of Agency in Auditory Verbal Hallucinations

Auditory verbal hallucinations (AVHs), broadly defined as experiences of hearing voices in the absence of an actual speaker (APA, 2022; David, 2004; Slade & Bentall, 1988), are phenomena common in both clinical and non-clinical populations (de Leede-Smith & Barkus, 2013; Baumeister, 2017). AVHs are clinically and philosophically important because they raise key questions about the nature of hallucinatory experiences, mental agency, and the formation of certain delusional beliefs (Connors et al., 2016; Stephens & Graham, 2000). I propose that a key aspect of AVH experiences that can help answer some of these questions and overall more clearly understand this phenomenon is *control*. Because the clinical literature has conceptualized control in heterogeneous ways (Swyer & Powers, 2020; Kern et al., 2015; Haddock et al., 1998), a more specific suggestion is to focus on control conceptualized as an *ability* and the *exercise of the ability to be in control*.

Control so-understood already features prominently in three important debates. One such debate is on how to define hallucinatory experiences, including AVHs. Most diagnostic manuals and clinicians which consider control to play an important role within their definitions of hallucinations, tend to characterize AVH as a phenomenon over which voice-hearers have no control (APA, 2022; Slade & Bentall, 1988). A second debate is about the nature of hallucinatory experiences. Some researchers have taken empirical findings that voice-hearers lack control over AVHs to indicate that AVHs are non-veridical perceptual as opposed to thought-like experiences (Aleman & de Haan, 1998). Specifically, those who distinguish between AVHs that are subjectively indistinguishable from veridical auditory perceptions and AVHs that are not, maintain that it is the lack of control that differentiates subjectively distinguishable AVHs from other inner experiences such as auditory mental imagery (Farkas, 2012; Knappik et al., 2022). The third debate relates to the etiology of AVHs. Some theorists argue that the reason why voice-hearers experience internally-generated phenomena (e.g., memory, imagination) *as AVHs* is also because they lack control over the onset, offset, and all features of the content of such episodes (Wu, 2012); others propose different causes for AVH experiences, but still posit that voice-hearers *cannot* voluntarily initiate AVH episodes (Jones & Fernyhough, 2007; Langland-Hassan, 2016).

In response, I want to make two suggestions. First, I suggest that a more careful consideration of the clinical literature on control shows that empirical findings are in contradiction with the views I just presented. Clinical data show indeed that voice-hearers possess the *ability to be in control*. More specifically, empirical findings suggest that when exercising control, voice-hearers *want* and *are able* to generate, inhibit, and change some of the features of AVH episodes (Moritz & Larøi, 2008; Nayani & David, 1996). Against the abovementioned views (Aleman & de Haan, 1998; APA, 2022; Slade & Bentall, 1988; Farkas, 2012; Knappik et al., 2022; Jones & Fernyhough, 2007; Langland-Hassan, 2016; Wu, 2012), and in line with both David's (2004) suggestion and empirical findings, I propose that voice-hearers lack the *feeling* or *experience* of control, but not the *ability*. Specifically, the suggestion is not that all AVH episodes are under the control of voice-hearers. The claim is rather that voice-hearers occasionally voluntarily generate, inhibit, and change some of the features of their AVH episodes. Nonetheless, despite the exercise of their *ability* to be in control, voice-hearers still lack the *feeling* of having done so.

My second suggestion is that, in addition to disconfirming some views, empirical data can help to answer some important philosophical and clinical questions. For one, they allow for a clearer understanding of the process underlying AVH experiences and, by extension, also of the process that allows one to experience one's thoughts or thought-like experiences as self-

generated, standardly known in the clinical and philosophical literature as *sense of agency* (Gallagher, 2004; Braun et al., 2018). A suggestion commonly put forward by several clinicians and philosophers in fact is that AVHs are internally-generated phenomena that are experienced as non-self-generated due to a disrupted *sense of agency* (Jones & Fernyhough, 2007; Stephens & Graham, 2000). In light of the proposals that voice-hearers have the ability to voluntarily generate AVH episodes and that AVHs are the result of an impaired sense of agency, a more specific suggestion is that empirical findings indicate that the process underlying the *sense of agency* might be one voice-hearers have some control over. In addition, the ability and exercise of control over some of the features of AVH episodes (e.g., the content, volume, etc.) also indicate that the mental phenomenon that the voice-hearer experiences as non-self-generated is a phenomenon which one can normally exercise some control over (e.g., inner speech, imagination, etc.) (Gregory, 2016; Langland-Hassan, 2016), and not an auditory perceptual experience as suggested by other theorists. For another, empirical findings also seem to support the hypothesis that the exercise of control is not always accompanied by the *feeling* of exercising control (David, 2004).

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