**Soundless voices, silenced selves: Are auditory-verbal hallucinations in schizophrenia truly perceptual?**

*Background*

Auditory-verbal hallucinations (AVH) are frequently defined as sensory perceptions of speech without a speaker or external corresponding auditory stimuli. Although far from pathognomonic, AVH are key symptoms of schizophrenia-spectrum psychotic disorders and have been integral to their diagnoses. When accessing AVH in patients with schizophrenia, clinicians often ask the question 'are the voices you can hear as clear as I am talking now?' which infers features of externality, audibility and clarity/loudness. Reports that do not align with this narrowly defined concept may be deemed 'pseudo-hallucinations' and considered less diagnostically meaningful for psychosis. However, AVH that possess truly audible or perceptual features may be a minority rather than the norm of psychopathological experiences, especially when applied to schizophrenia.

*Methods*

Phenomenological investigation and synthesis.

*Results*

Despite decades of empirical research and centuries of attempts at conceptualising AVH in psychopathology, their precise nature (and even phenomenology perhaps) remains elusive. If clinicians and researchers continue to take the current definitions of AVH for granted in their training and practice, there is a real risk that patient experience will be diluted, if not dismissed, in the face of certain longstanding traditions in diagnosis and assessment that are entrenched in many and for a very long time.

Researchers, clinicians or even policy makers (e.g., those involved in the provision of early intervention for psychosis services) need to engage in a drastic rethink of how symptoms of schizophrenia, especially AVH, are viewed and treated against the backdrop of a person's wider phenomenology and being-in-the-world. All too often complaints about thought interference and disrupted agency or control of thinking processes that are not easily discernible from other more concrete symptoms are 'downgraded' to pseudo-hallucinations, outright dismissed, re-classified as personality disorder pathology or misinterpreted as attempts to garner the clinician's attention. Certainly, there is the risk of over-diagnosis and unnecessary treatment (false positives), however, the likelihood of under-diagnosis (false negatives) cannot be underestimated either. What the field of psychopathology needs is a refined definition of AVH and related symptoms as well as a renewed focus in the patients' first-personal experiences not only in the clinic but also in the wider context of an individual's unique characteristics from neurobiology and cognitive style to life history and social background.

*Discussion*

AVH are thoughts lost in consciousness that are devoid of self-agency and ownership, gaining new meanings and qualities by being reported as external sounds. External

sound features and personification seem to be the new agent given to such voices by patients, consciously or unconsciously, and this transitioning from thought-like to percept-like phenomenology (and vice versa) potentially captures the core of AVH which is nothing like the concrete perceptual entities many clinicians have come to believe. AVH are more than some perceptual abnormalities of the mind; they are produced by the mind yet do not have to always reside in the same mind or self when experienced by the entirety of one's being (and not just heard). AVH are the constant reminders of the unknown capabilities, potentials and dangers of every mind; they represent the very human and perfectly normal urge to make sense, to find meaning and to protect the integrity of one's self.