



## ORIGINAL ARTICLE

### **Pseudohallucinations: a critical review**

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*Pseudohallucinations have remained a contentious phenomenon in clinical psychopathology. Here following a review of the history and current conceptualisation on pseudohallucinations, they have been critically reviewed with regards to their defining characteristics especially their quality, location and patient's insight into them. It is argued that the insight and location criterion are not able to distinguish pseudohallucinations from hallucinations. The quality of the perception is a better guide in this distinction.*

**Keywords:** pseudohallucination, hallucination, psychopathology, insight

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#### **INTRODUCTION**

Pseudohallucinations are one of the less understood phenomena in psychopathology (Oyebode, 2008). Their nature has been debated and their clinical importance questioned. Nonetheless they continue to appear in the psychiatric discourse. Unfortunately there is a lack of consensus on how to define pseudohallucinations. By and large there are two trends in defining pseudohallucinations. In the first one proposed by Jasper, based mainly on works by Kandinsky, pseudohallucinations are considered as very vivid sensory images which are different from hallucinations as they lack the characteristic of objectivity and reality (Kraupl Taylor, 1981). The second definition puts the emphasis on the insight into the phenomenon and defines self recognised hallucinations as pseudohallucinations (Hare, 1973). In the following article the two definitions will be explored from a psychopathological point of view.

#### **HISTORY**

The term pseudohallucination was introduced by Hagen in 1868, but as Berrios points out, the concept predated the term by years (Berrios, 1966). The current understanding of pseudohallucinations is mostly based on the work of Karl Jaspers. Nonetheless, as Berrios affirmed, there had been a long trend of discussion of the concept of pseudohallucinations in the French psychiatry

dated back to early 19<sup>th</sup> century. The term “psychic hallucinations” was used by Baillarger in 1846, which as suggested by clinical examples, refers to pseudohallucinations (Berrios, 1966). There has been intense debate in France on the questions of if all hallucinations were abnormal, and whether location and insight were relevant in their definition. These debates culminated in the 1855-56 debate at Societe Medico-Physiologique where the different elements of abnormal perceptual experiences were examined in detail. The French influence was acknowledged by Hagen but not Jaspers who based his discussion on pseudohallucinations on Kandinsky's work. Kandinsky wrote in detail about pseudohallucinations, partly on basis of his own experience of mental illness. After Jaspers several authors have written on this topic, but the main empirical study of pseudohallucinations is the case-series by Sedman (1966 a,b,c). His case series consisted of 72 in-patients and day patients and he investigated hallucinations, pseudohallucinations and imagery and classified them according to clarity of consciousness and diagnosis. He found in clear consciousness, personality factors played a role in production of imagery and pseudohallucinations and not hallucinations and concluded the latter was of a different order. Sedman emphasises the role of insight in defining pseudohallucinations and considers them

to be phenomena which are perceived through senses but recognised by patient not to be true perceptions (Sedman, 1966 a,c). The concept was examined by Hare (1973), Kraupl Taylor (1981) and van der Zwaard and Polak (2001). While the first two authors find some usefulness for pseudohallucinations the last two preferred the term nonpsychotic hallucinations.

## QUALITY

Before commenting on the qualities of pseudohallucinations one needs to first focus on real percepts and imagery and use their qualities as a framework. According to Jaspers perceptions, as well as hallucinations (Jasper, 1963):

1. Are of concrete reality and have character of objectivity.
2. Appear in external objective space.
3. Are clearly delineated and stand before us in a detailed fashion.
4. The sensory elements are full and fresh e.g. colours are bright.
5. Are constant and remain unaltered.
6. Are independent of our will. They can't be voluntarily recalled or changed and are accepted with a feeling of passivity.

Images, on the other hand:

1. Are figurative and have a character of subjectivity.
2. Appear in inner subjective space.
3. Are not clearly delineated and come before us incomplete, only individual detail evident.
4. Though occasionally sensory elements are individually the equal those of perception, most are relatively insufficient.
5. Dissipate and always have to be recreated.
6. Are dependent on our will. They can be conjured up and deliberately altered. They are produced with a feeling of activity.

Jaspers believes the only absolute difference between pseudohallucinations and sense-perceptions (and hallucinations, by definition) are points 1 and 2. Pseudohallucinations are not concretely real, are figurative, have a character of subjectivity and appear in inner subjective space. He believes these two categories divide perception from imagery by "a gulf". The character of objectivity plays a pivotal role here. It has been defined as "quality of being an object

phenomenon of one's private consciousness and not having the more usual meaning of indicating the quality of public observability" (Kraupl Taylor, 1981), which is appropriate as the quality of public observability would, by definition, exclude hallucinations as non-objective. The difference between pseudohallucinations and imagery is mainly in points 3 to 6, although Jaspers does not make a clear cut distinction.

Unfortunately what meant by Kandinsky and Jaspers might have been lost in translation. The word objectivity is the translation of the German word *Leibhaftigkeit*. *Leibhaftigkeit* has been translated as "actuality" or "concrete reality" by Hamilton and Hoening, "substantiality" by Fish and "corporeality" by Kraupl Taylor (1981). Kraupl Taylor suggested that this word should remain untranslated because of the special meaning given to it by Jaspers. Jaspers used *Leibhaftigkeit* opposite to *Bieldhaftigkeit*, the former referring to perceived and hallucinated objects and the latter to images and pseudohallucinations. In an analysis of Jaspers' descriptions, Kraupl Taylor comments *Leibhaftigkeit* is the exclusive property of phenomena experienced in perceptual or objective space, all perceived objects, whether they are flat or corporeal, heard, touched or seen. He finds the most adequate translation of *Leibhaftigkeit* to be extrocepted or introcepted perceptual quality (Kraupl-Taylor, 1981). Similarly the most adequate translation for *Bieldhaftigkeit* will be imaginal quality.

Jaspers speaks in detail on concept of reality. He divides it into external reality, which is outside the subject and the subject makes contact with by perception, and inner reality which is located in subjects mind and the subject "intuitively" takes it as consciousness (Sedman, 1966c). Percepts and hallucinations appear in the former while pseudohallucinations and imagery in the latter. They correspond with *Leidhaftigkeit* and *Bieldhaftigkeit* respectively. Based on this differentiation Jaspers infers pseudohallucinations and imagery are separated from hallucinations.

## LOCATION

One of the criteria for distinguishing pseudohallucinations from hallucinations involved the location of the experience. Unlike hallucina-

tions, pseudohallucinations are believed to occur in internal subjective space rather than the external objective space. Kraupl Taylor includes both extroceptive and introceptive objects and events e.g. sensation of phantom limb, in defining hallucinations (Kraupl Taylor, 1981). Jaspers believed pseudohallucinations occurred in introspected imaginal space while hallucinations in extrocepted perceptual space. He defined them as being two different phenomenological spaces which would “strictly distinguish them” (Kraupl Taylor, 1981). In his study of inner voices Sedman comments on their location compared to hallucinations. In hallucinations, he stated, patients experienced them as “divorced from their ego” (Sedman, 1966b). Some of his subjects located the voice in their head or chest. He concluded the divorce from ego was the final deciding factor and despite inner location the voices were in external objective space.

The relationship with location and hallucinations has been investigated more thoroughly in empirical research. In a study by Nayani and David 38% of the 100 patients involved heard their auditory hallucinations in the internal space (Nyani and David, 1996). They further tried to elicit the topographical relations of the voices to patient’s thoughts but the majority of patients found it difficult to locate their thoughts which the authors presumed to be a normal difficulty. In another study by Copolov et al., 34.5% of 197 patients located their auditory hallucinations in their head (Copolov et al., 2004). They questioned the clinical relevance of location and the conceptual clarity of pseudohallucinations. Junginger and Frame found out that 41% of the cohort of 52 patients located the hallucinations inside their heads (Junginger and Frame, 1985). Oulis et al found out that 23% of the 60 patients they studied located their hallucinations inside their head (Oulis, 1995). In another study by Oulis et al one third of 100 patients located their hallucinations inside their heads (Oulis, 1997).

Only Nayani and David’s study found an association between perceived reality of the hallucinations and the location.

It has been argued that the internal localisation cannot discriminate between hallucinations and pseudohallucinations, and between patients

and non-patients (van den Zwaard and Polak, 2001). Looking at the studies on hallucinations it can be argued that it is the case.

Part of the problem is the difficulty in distinguishing the difference between the internal subjective space and having the perception in or out of the head. While they are used interchangeably their frame of reference is different. Inner subjective state is not the space in one’s skull. Here the use of the language poses problems in phenomenology and also makes the clinical application of the location criterion complicated. While one can theoretically distinguish between inner subjective and external objective space it is questionable how much one can elicit relevant data from the patients.

## **CONTINUITY WITH HALLUCINATIONS AND IMAGERY**

The question of whether pseudohallucinations, imagery and hallucination are on a continuum has been a matter of debate. Jaspers believed pseudohallucinations and imagery belong to the same group with regards to their quality and they are separated from hallucinations by “an abyss”. One of the distinguishing features of hallucinations and pseudohallucinations, according to Jaspers is the location as discussed above. He asserts that “it is a fact that one cannot have experiences in both [perceptual and imaginal] spaces at the same time. There is not transition from one space to another, only a jump” (Kraupl Taylor, 1981). Jaspers, though, does not deny that there can be a transition from pseudohallucination to hallucination. The nature of this transition is left in the dark (Hare, 1973). Nonetheless Jaspers accepts that “this does not prevent us from finding actual ‘transitions’ in that pseudohallucinations can change into hallucinations” (Jaspers, 1963, p. 70). It seems he believes although phenomenologically the transition is not possible, in clinical setting one can see some forms of ‘transition’ between the two. It is not clear what makes the two transitions different. Interestingly in 1915 Pick suggested continuity between hallucinations and pseudohallucinations (Sedman, 1966c).

In his study of 72 patients Sedman found imagery and pseudohallucinations were related to

certain personality types, namely self-insecurity, (anankastic and sensitive traits) and attention-seeking traits, while hallucinations were not. He concludes that hallucinations are “experiences of a different order” (Sedman, 1966a). Oulis suggested internal hallucinations to be a mixture of hallucinations and pseudohallucinations (Oulis, 1997).

There has been another view which claims they are all on the same spectrum with differences along dimensions of vividness and reality testing (van der Zwaard and Polak, 2001). van der Zwaard and Polak assert that there is a continuum which is best conceptualised as overlapping circles rather than a straight line (van der Zwaard and Polak, 2001). Nonetheless they acknowledge that the continuum hypothesis leaves some questions unanswered like explaining why pseudohallucinations always refer to vision and hearing. The answer may lie in the similarities of pseudohallucinations and imagery. Imagination is mainly described in auditory and visual modalities. One can imagine the circumstances of having an olfactory, tactile or painful experience but to truly conjure up the image in isolation is hardly, if ever, comprehensible. That can be the reason for pseudohallucinations being described mainly in auditory and visual modalities.

## INSIGHT

Insight, or lack of it, has been a matter of controversy in determining what constitutes pseudohallucination. By insight it is meant the reality judgement i.e. whether the experience is acknowledged as morbid. As Sedman put it, it is “the result of thoughtful digestion of direct experiences” (Sedman, 1967). In the debates in *Societe medico-Physiologique* in 1855-56 it was debated whether hallucinations were compatible with reason (Berrios, 1966). The analysis was in terms of insight. One of the factors influencing emphasis on the role of insight was the assertion that hallucinations were pathognomonic of mental illnesses and could not happen in sane people. The presence of insight implied reason on the subject’s behalf which in turn excluded insanity. Therefore if there was insight into hallucinations there would be a paradox which could be resolved by labelling the hallucinations with

insight something different. The use of insight in defining pseudohallucinations was also proposed by Goldstein who defined pseudohallucinations as perceptions with complete sensory clearness and normal localisation of which the deceptive character is noticed (van der Zwaard and Polak, 2001). This view was rejected by Jaspers who did not see a role for insight as a criterion in judging the nature of pseudohallucinations. Jaspers separated the appraisal from the intrinsic qualities of a percept. Sedman in his study of 72 patients used insight as one of the criteria in distinguishing imagery, pseudohallucinations and hallucinations from each other. Hare also considers pseudo hallucinations as self-recognised hallucinations. He defines hallucination as ‘a subjective sensory experience which is of morbid origin and interpreted in a morbid way’ (Hare, 1973). The fact that the experience is recognised by the patient as morbid put it under category of pseudohallucination.

The definition of pseudohallucinations is largely interdependent with that of hallucinations. As Taylor stated based on what definition one chooses either of the arguments sound valid. If hallucinations are percepts without objective based and mistaken by patients with reality then acquisition of insight moves them to the realm of pseudohallucinations. And there lies the main problem of if one may and should include insight in definition of hallucinations, and consequently pseudohallucinations. The question is what quality does decide between the two, insight and interpretation or the inner quality of the experience? Does sudden acquisition of insight reduce the experience from hallucination to pseudohallucination? According to Leonhard (quoted in Hare, 1973), it does. Hare identifies the problem in this kind of interpretation, where hallucinations are later identified as pseudohallucinations by virtue of patient’s retrospective insight (Hare, 1973). In these cases the distinction cannot be made until the case is finally closed. In some cases that might never come. Moreover this approach reduces the value of description of symptoms in descriptive psychopathology in a way that an accurate description of psychopathology can be surpassed by a future interpretation which can be the consequence of

different factors. It should be also noted that lack of insight is an intrinsic component of schizophrenia and other psychoses where a majority of patients also suffer from hallucinations. Those patients are the ones in whom the psychopathology has been described and investigated. Including insight in definition of hallucinations and pseudohallucinations risks merging two different psychopathological phenomena into one. Insight is an important component of psychotic illnesses and significant clinical usefulness and some prognostic value but that should not be a reason to use it as a criterion in defining pseudohallucinations. Hare rightly points out that insight is a difficult concept and can be partial and fluctuating.

This also poses a bigger question of how much should one value insight in affirming if an experience is a morbid one. A patient at early stages of dementia can have full insight into his memory loss but that insight does not render the memory loss any less morbid. The patient's interpretation of his/her experience is an important factor in assessment and diagnosis but it must be emphasised that it involves another domain of descriptive psychopathology. There are instances that perceptions are interpreted in a delusional way. In these cases the interpretation is clearly morbid but to decide if the perception is a genuine one, or hallucinatory or pseudohallucinatory is independent of the delusional interpretation.

In the study by Nayani and David on patients with hallucinations the level of insight was relatively high. They also found out that there was a weak negative association between ascribing reality characteristic to the voices and insight i.e. patients may ascribe reality characteristics to hallucinations and still lack insight into them, implying high degrees of independence of quality of the perception and insight.

## CONCLUSION

The concept of pseudohallucination remains an elusive one. It seems after two centuries of debate there is a lack of consensus over how to define the phenomenon. This is partly the result of the problems in defining hallucinations. In this article it was attempted to find a common psychopathological ground in establishing what is meant by the word pseudohallucinations. The

main characteristic which can help in defining pseudohallucinations is their quality. It was shown that the location cannot be a reliable way to distinguish pseudohallucinations from hallucinations. It can be because of the difficulty to eliciting the presence in inner subjective state as opposed to inside the head. It is argued that the acquisition of insight would also be a poor guide in determining the presence of hallucinations. It is of importance to be specific about insight. Does it mean identifying the experience as morbid or ascribing quality or reality to it? Pseudohallucinations show the importance of the detailed psychopathological inquiry and clear description of the phenomena in clinical and research settings.

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