True hallucination as conversion symptom -A case report

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Summary
The concept of conversion hallucination is a relatively new one, however there have been several articles written on this phenomena, some attesting to it being a special form of hallucination while others dismissing it altogether. But currently this concept is slowly being accepted among psychiatrists and as such it is important for us to understand some of the concepts. In this case report, the patient presented with clear conversion hallucinations. The case is followed by a discussion on true and pseudohallucinations, previous case reports and finally a discussion of conversion hallucinations, viz. the clinical features and the conversion hypothesis.

Introduction

True hallucinations occur in the absence of sensory stimulation and are perceived as true experiences. They are usually considered as psychotic in origin and while their presence is strongly suggestive of schizophrenia, they do not provide by themselves, a clear basis for a firm diagnosis of this psychotic disorder. This distinction is important since it will preclude the long term use of antipsychotic medication. A case is reported in whom true hallucinations were present over a period of three years, in the absence of any psychotic disorder.

Key Words: True hallucinations, Pseudohallucinations, Conversion hallucinations, Conversion Disorder,Conversion hypothesis

Case report

F M a 26 year old single Malay female clerk was admitted to the University Hospital with suicidal intent. She complained of insomnia and depression for 6 years and claimed that her life had been unhappy since childhood. Approximaetly 6 years ago she was involved with her first boyfriend who was a Chinese waiter. She was sexually intimate with him and became pregnant three times but aborted each pregnancy. After a lot of family pressure she gave him up; immediately afterwards she became involved with her second boyfriend, a Malay man who was married with three children. Again she was sexually active and without effective contraception had to abort three more times. The father again objected to this relationship and she had to leave him. Soon after, she met her third boyfriend a Punjabi convert. He was a successful businessman and had actually proposed to her but her elder sister was also in love with the third boyfriend. This resulted in a big argument which was in part responsible for her suicidal threat.

However, even before that she had frequent quarrels with her parents and elder sister. The father described her as a self-centred, pleasure seeking person who did not care very much for her family. She was aloof with siblings and rude to her parents, frequently using four-letter words in

confrontation with them. It was after one of these quarrels that she was asked to move out of the house. The father also felt that her life-style was a burden on him and the rest of the family, and claimed that he had to bear the cost of all her abortions.

Besides the social problems above, the patient also claimed that she has a strange experience for the last three years. She described that initially about three years ago, while she was about to go to sleep, she saw a vision of a tall black man who came and tried to molest her. She was afraid initially but later she began to enjoy it as it was repeated every night. At times she claimed to have conversations with the man before proceeding to have sex with him. She described in detail how he would undress her, caress her and then proceed to the love act. The next day, she would notice bruises over her body, mainly in the upper arm or thighs. Sometimes it occured in the daytime while she was resting or watching television, when family members would sometimes notice that her body would start shaking and she would be talking to herself. This man was not seen by anyone else. Also she had no voluntary control over the episodes i.e. the 'visions' came even when she did not want them to happen or if there were people around. However she never had such episodes in the office; these occured mainly at night and usually when she was alone. Her emotional response was positive. She enjoyed her experiences and the orgasms which sometimes occurred during these episodes.

The mental state examination revealed a young Malay lady, heavily made-up with mascara and thick eye shadow. She wore a short revealing skirt with black stockings. She was extremely cooperative but at times was depressed and tearing while relating her life story. She was preoccupied with her problems and had ideas of reference towards her colleagues and neighbours and was extremely hostile towards her family. She displayed visual, auditory and somatic hallucinations chiefly involving sexual experience and orgasms. Her other cognitive functions were normal.

A diagnosis of Conversion Disorder on Axis I and Histrionic Personality Disorder on Axis II were made, based on DSM - III criteria [1]

Since she was not considered psychotic, antipsychotics were not given; instead psychotherapy sessions were held jointly with the father, mother and elder sister. These revealed open hostility between patient, her father and especially her sister who also had histrionic personality traits. The mother was totally mute and was forced to remain so by the patient's sister. The patient then had a total of 25 individual psychotherapy sessions running over a period of 8 months and had shown improvement. The 'vision' reduced markedly in frequency and duration. However, she was transferred to another town before the sessions could be terminated. She probably requires long-term psychotherapy that is dynamically oriented to help her gain insight to her problems and hopefully make permanent changes for the better in both the symptoms and personality structure.

Discussion

This case illustrates the observation that not all hallucinations occur in psychotic patients. The phenomenology of hallucinatory experiences has been described by Sedman [2] He defines True Hallucination as experiences which are perceived through the sense organs and which are accepted by the subject as real perceptions but which occur in the absence of any sensory stimuli. Hallucinated objects look, sound, smell, feel or taste like real objects, they appear in the same dimension of space (external objective space) as normal perceptions and they are independent of the will, in that they cannot voluntarily be brought to consciousness nor dismissed from it. They are strongly suggestive though not diagnostic of schizophrenia. Pseudohallucinations unlike true hallucina-

tions are recognised by the patient as not being true perceptions. They are significantly more common in women and are associated with self-insecurity, attention-seeking traits and sexual frigidity.

The patient described above had true hallucinations presenting as conversion symptoms. Such reports have been made by Farley, Woodruff and Guze in 1968 in 12 of 100 unselected post-partum cases [3]. This frequency is second to blindness among conversion symptoms recorded. Goodwin et al in 1971 [4] found 8 cases of hysteria in a series of 117 psychiatric in-patients with hallucinations; of these 8 cases, most had hallucinations in more than one modality. Other case reports that describe conversion hallucinations are Levinson (1966) [5] Mckegney (1967) [6], Fitzgerald and Wells (1977) [7], Modai et al (1980) [8], and Andrade and Srinath (1986) [9].

Rack in 1982 [10] cites a case of hysterical hallucination and comments that in Asian women, especially teenagers, the commonest cause of hallucinations is hysteria not schizophrenia. Furthermore, it has been suggested that conversion hallucinations are characterized by the following features:-

(1) The hallucinations started immediately after a clearly stressful event.
(2) The content of the hallucinatory experience had a concrete naive connection both to the stress ful event and to intrapsychic conflict-laden elements.
(3) In most cases the sick role of the patient served as an obvious secondary gain.
(4) The hallucinatory experience provided a solution to a prohibited wish of the patient.

Modai in 1986 [11] proposed a conversion hypothesis which states that conversion, meaning cathexis of conflictual repressed anxiety to symbolically represented somatic function, is appraised by the patient as real, without the use of restricted awareness. Sensations can be distorted or blocked, for example by tubular vision or complete blindness. A logical assumption might be that the opposite of these outcomes could occur; possibly by overstimulation of sensations resulting in hallucinations without any restriction of awareness.

The concept of conversion hallucinations is currently gaining acceptance in standard texts; Nemiah [12] in the comprehensive textbook of Psychiatry, 4th Edition, 1985, has stated that hallucinations though uncommon in conversion disorders are more frequently visual, and characteristically, comprise complex scenes or fragments of action that are repetitive and stereotyped and often reproduce the scenes of a real past event of emotional significance.

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