

## OBSESSIVE HALLUCINATIONS AND PSYCHANALYSIS

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IN normal life as well as in pathological states images may arise in the sphere of the sensorium which at first thought have no relationship to objective reality. A false image accepted by an individual in whose brain it developed does not always mean an abnormal pathological phenomenon. Such images are perfectly compatible with integrity of intellectual faculties. The correctness of this contention can be seen in the phenomena of dreams which are after all nothing else but hallucinations. It is true that they are passive and deprived of relative emotional elements, nevertheless the individual is the witness and spectator of the dreaming drama which is displayed before him and which remains purely sensorial.

In waking state it happens that especially when we are in solitude, we abandon ourselves to phantasies of our imaginative faculties and we see before us all sorts of images of our past life in which we even may take part automatically until a sudden noise interrupts us in our contemplation. One must therefore admit that hallucinating may be a normal physiological phenomenon. In both instances, viz. in dreaming and waking states during the hallucinating phase there is only an automatic cerebation and the moment the consciousness is awakened, immediately the purely subjective images are suppressed.

The conception of two kinds of psychic activities is now admitted by every observer. In one variety they are under cerebral control, otherwise speaking our faculties, such as judgment, reasoning and reflexion are all the result of active and voluntary cerebation. The other category of our psychic activities consists of an involuntary and passive cerebation which is being displayed when the former is suppressed. Here ideas, impressions, thoughts, wishes, sensa-

tions and experiences in general which occurred in the past, although apparently forgotten, are reproduced, such as we have seen in the above mentioned examples of dreaming states. As the latter are but hallucinatory manifestations we must infer that hallucinations are the result of the activities of the subconscious world. Esquirol long ago said that sensations in hallucinations are but ideas reproduced by memory (*Des Maladies Mentales* 1838). Baillarger also sees in the hallucinatory phenomena old stored up energies which in some way gained a spontaneous outlet. All our past experiences in the intellectual and sensory spheres which almost never disappear totally and which could conveniently be called "complexes" may, as especially emphasized in Freud's analytic studies, reach the conscious ego and assert themselves as fanciful picture formations, viz. hallucinations.

In normal conditions we may speak of hallucinations only with respect to dreams in the sleeping and waking states when normal consciousness is temporarily suppressed. But in certain pathological states the hallucinations exist alongside of conscious cerebral control. The individual realizes their existence at the time of their development, he memorizes them and is able to present a detailed account of them. Here the hallucinatory images are also a reproduction of more or less remote events which have actually occurred in the lives of the individuals. While in some cases the reproductions are exact, in others they are somewhat modified from the original, in still others we observe complete substitutions which apparently have no resemblance to the former events, but a close analysis will invariably reveal the past experiences in toto: their appearance alone had changed but not the quintessence. The fundamental characteristic of these hallucinations is not only a perfect lucidity of mind but also and especially the co-existence of the conscious and controlling ego during the period of hallucinating. The individual witnesses, so to speak, the display of hallucinatory phenomena before his sensorium in the auditory, visual or other spheres. He realizes fully their unreality, the absence of a material basis for those images, he does not attribute to them any serious meaning, he is

even capable to criticize them and to find a plausible explanation for them. In a certain group of cases the individual bends every effort to overcome and discard them and indeed sometimes succeeds in his efforts, but he nevertheless sees and hears them passing invariably before him. In some cases they are so tenacious that the individual ceases to struggle against them, accepts them as inevitable phenomena, becomes used to them, but at no time does he develop the idea of their reality or enters into the domain of interpretations such as we observe in Delusional states.

When the hallucinations reach such a state of tenacity that they persist in spite of the patient's efforts to remove them, they play the same rôle as obsessive ideas. As is well known, when a morbid obsession occurs, the cerebral centres are invaded by a certain idea which remains fixed and suppresses subsequently all antagonistic ideas. This is accomplished not without a struggle, but the tenacious idea is accompanied by a moral pain so intense that it subordinates the will, and the individual, perfectly conscious of what is going on, but powerless, finds himself irresistibly forced towards acts of which he himself disapproves. Instead of persistent and tenacious ideas the patient may witness persistent and tenacious hallucinatory phenomena. The latter may crowd his sensorium as obstinately as ideas themselves and consequently they become obsessive. In other cases hallucinatory phenomena may be added to the group of obsessive ideas and then they play the same rôle as any of the other elements of the obsessions. We then speak of hallucinatory obsessions.

The obsessive hallucinations of the first group may remain as such until their complete disappearance, but in a certain group of cases they may be the point of departure of eventual delusive ideas. The *modus operandi* in such cases is as follows. For a time these patients realize the absurdity of the condition, because their reasoning power is preserved in spite of the fact that they are conscious of the want of harmony between the will and the inability to remedy the condition. Gradually the patient commences to analyze the obsessive hallucinations and from this time dates his delusional turn of mind. He then loses all power

of critical judgment, becomes passive, ceases to struggle against the overwhelming obsessions. His consciousness which helped him before to struggle, becomes absorbed and he accepts the condition, finds complete justification for it and ascribes it to some tangible cause. A genuine delusion is then formed.

Transition of obsessions to delusions is not a very frequent phenomenon. This possibility was first pointed out by Schüle and especially by Séglas in 1887 (*Annales Médico-Psychologiques*). In 1904 (*Medical News*) and in 1914 (*American Journal of Insanity*) I reported several examples of this occurrence. In some of them one finds that the source of origin of the delusive ideas lies in the hallucinatory manifestations. In obsessions in general, whether of ideational or hallucinatory type, consciousness is always disturbed, but only in a primitive stage or in a rudimentary proportion. But when a complete dissociation of consciousness or a split-up occurs, the latter has no more control over the psychic processes and delusive interpretations easily develop.

Turning our attention to the consideration of obsessive hallucinations we find that they are but an exteriorization of the predominant subconscious thoughts of the obsessed individual. It seems, like in the example about to be related, as if the past experiences which actually occurred and remained dormant so to speak, become displaced or aroused through some unexpected or sudden emotional disturbance and thus give an impetus to self-reproduction. It is interesting to observe, and this is, I believe, the view shared by the majority of writers, that the awakening or reproduction of old forgotten impressions in the identical or modified forms as obsessive phenomena, is met with in individuals with a pathological emotivity, viz., affectivity. Under the latter term we understand feeling, mood and emotion of all degrees. That thought, impressions and action are the resultant of affectivity is evident in normal life as well as in disturbed states. When the affectivity is of an abnormal make-up, all its elements are proportionately abnormal. Hence the formation of ideas and impressions are correspondingly not in keeping with normal states. Moreover,

the reaction of such an affectivity by disturbing factors, the rapidity and the facility with which complexes are awakened and brought to the surface, finally the formation of obsessions from the latter—are all possible and indeed are all manifest solely in specially constituted individuals. They are observed in adults as well as in children, but more rarely in the latter, and the younger the child the less frequent the occurrence. The reason of it probably lies in the limited number of complexes in children. The case recorded below is a striking example of the occurrence of obsessions in the form of visual hallucinations in a boy of five who happened to witness a year previously a runaway accident followed by overturning of the wagon and death of the driver.

The boy S. F., aged five, is pale, underfed, very timid, subject to outbursts of violent anger, suffering from enuresis. His intelligence is normal. Two brothers had chorea. The mother is very nervous and irritated on the least provocation. The father never could make a proper living for his small family, lost position after position because of failure in adjusting himself to circumstances. He smokes considerably, indulges frequently in alcoholic drinks. In his youth he was committed to a Sanitarium for six months for some mental condition the nature of which I was unable to ascertain. The patient forgot completely the incident of the runaway horse. For a whole year it was never mentioned either by him or by any one in the family. One afternoon he was frightened by another boy who suddenly jumped out from behind the door. For two days he appeared somewhat nervous. On the third day he called his mother's attention to his inability of falling asleep, as he saw before him a great many horses of all colors and of different sizes; they either stood still or galloped. He also saw at times several boys on his bed or else little girls running. The presence of boys and girls was only occasional, but the horses were always present. These hallucinatory images appeared as soon as he would lie down. They would also occur even during the day but only when he would lie down to rest. The night apparition of the horses was the most constant and persistent. Although he was not afraid of the visual manifestations, nevertheless he was greatly disturbed by them, he

could not fall asleep for 2 or 3 hours. He constantly called out to his mother and she was compelled to sit at his bed. When questioned about them, the child acknowledged their unreality in his own language, saying "so many horses could not find place in his room," nevertheless he sees them every time he lies down and even when a light burns and he is able to appreciate the objects about him. He was admonished by his parents to ignore them and to avoid looking at the horses, but the more, he said, he tried to do, the more horses he would see. He gave a most vivid description of the appearance, color, and vivacity of some of the horses. Two of them particularly were very disturbing, as they always tried to escape. He described their manner of standing and their assortment was always the same. They always occupied the same position in the room.

Being greatly disturbed the child did not sleep well, ate little and lost in weight. Psychoanalysis was undertaken. In view of the child's age it was extremely difficult to unearth facts and events that could bear any relationship to the disturbing visual phenomena. After prolonged efforts the above mentioned incident was finally revealed through the mother. So thoroughly forgotten it was by the mother and child that not once during the entire year was it recalled by any of them. The child's attention was then repeatedly called to that occurrence and it was explained to him the possible relationship between his present hallucinations and that particular incident. As horses figured in both cases, he was told in his childish way that the picture of the runaway horse of a year ago came to him now and impressed itself firmly on his mind. It is self-understood that any detailed explanation of the rôle of forgotten complexes on his conscious ego was not undertaken. The therapeutic effort was only tentative as little hope was expected in view of the age of the child. Nevertheless it was decided to persist in the above explanation at each of his visits during a period of two months. Having become accustomed to this sort of explanation, the little patient undertook himself to offer it to his mother every evening as soon as the horse-picture would appear. He gradually commenced to point out the striking resemblance of the runaway horse to many,

if not all the horses that he sees in his room. The explanations became so satisfactory to him that he asked his mother not to sit any more at his bed as he wished "to fight them off single-handed." After some attempts on his part he finally succeeded in overcoming the obsession. He solemnly announced to me his victory and as he expressed himself, "since he knows now that the horses are the same thing as the runaway horse, he does not care for them;" also "should they return he is sure he will not bother about them and will not ask for his mother's help any more, as he can get rid of them himself."

The case is interesting from the standpoint of the intimate mechanism concerning the formation of an obsession in the form of a visual hallucination. It appears that the pathogenesis of the obsession could be traced almost with a mathematical precision to the subconscious complexes. This purely psychological conception of the hallucinations seems to give the only solution of the problem. It may be of some interest to mention some other views concerning the phenomenon.

As it is well known some authors believe that hallucinatory perceptions are due to a peripheral irritation of the sensory organs, and accordingly they introduced a so-called psycho-sensory doctrine of hallucinations. Baillarger and Tamburini (*Revue Scientifique* 1887) consider a hallucination as due to an irritation of the psycho-sensory centers in the cortex. The last author believes that the phenomenon consists of a spontaneous setting free of energies stored up in the psycho-sensory centers. Tanzi (*Riv. di Patol. Nerv. e Ment.* vol. 6) accepting the psycho-sensory doctrine attempts to be more concise in his conceptions by believing that hallucinations originate in the association centers of Flechsig. To him the image starts in those centres, ascends to the psychic area and descends to the same sensory centres; thus a new form of sensation occurs which is mistaken for reality; hence a hallucination. Tanzi bases his claim for a descending centrifugal course of a sensation which is contrary to the classical conception of the function of sensory pathways upon the actual existence of descending fibres in the sensory centers. According to this psychosensory

theory the hallucination apparently originates along the sensory pathway which as well may be at the periphery. If now we attempt to apply the psycho-sensory doctrine to the explanation of hallucinatory phenomena we meet with failure. A careful reading of records on hallucinosis will demonstrate the utter inability to find a pathogenetic explanation of the great variety of hallucinatory manifestation by the sensory or psycho-sensory view just mentioned. Exception should be made however in the cases with an organic involvement of the cerebral tissue. In all other cases like the one presented above, hallucinations are to be considered as purely psychic phenomena based upon the existence of "complexes" of the subconscious ego.