Encouraging expression of feeling can greatly accelerate the therapeutic process, but it requires experience, as well as "sensitivity in the judging of therapeutic pace" (Tillett, 1984), and should only be used in appropriately selected cases.

The third factor is the importance of what Malan (1975) calls "focality"—focusing on an objective, rather than passively following wherever the patient wants to go. Discussion of early childhood memories or of transference, for example, was unnecessary. To select such a focus, it is important for the therapist to perceive the major issue(s) accurately and to be more directive in encouraging the patient to follow a potentially productive line of thought or of feeling thoroughly.

The fourth factor is the capacity and the willingness of the therapist to "journey with the patient through the pain". This involves an empathy in feeling, combined with a human-ness of response (Frank, 1979) appropriate to the patient's capacity and personality. For the experienced therapist, this need not and should not preclude a simultaneous objectivity.

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True Auditory Hallucinations as a Conversion Symptom

CHITTARANJAN ANDRADE and SHOBA SRINATH

Hallucinations presenting as conversion symptoms have long been documented. Farley, Woodruff & Guze (1968) reported conversion hallucinations in 12 of 100 unselected post-partum cases, second in frequency to blindness among the conversion symptoms recorded. Goodwin *et al* (1971) 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. Numerous case reports describe conversion hallucinations (Levinson, 1966; McKegney, 1967; Fitzgerald & Wells, 1977; Modai *et al*, 1980). Rack (1982) cites a case of hysterical hallucinations and adds that in Asian women, especially teenagers, the commonest cause of hallucinations is not schizophrenia but hysteria.

Fitzgerald & Wells (1977) suggested that conversion hallucinations are characterised by naivete, imaginativeness and caricature and by their evoking in the examiner a sense of levity. The concept of conversion hallucinations is currently gaining acceptance in standard texts. Nemiah (1980) writes that hallucinations, though uncommon in conversion disorder, are most frequently visual and characteristically comprise complex scenes or fragments of action that are repetitive and stereotyped

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and that often reproduce the scenes of a real past event of emotional significance.

It is curious that although such isolated attempts have been made to characterise conversion hallucinations, there is no discussion in the literature of the significance of true versus pseudo-hallucinations in this context. We intend in this case report to add to the growing evidence documenting hallucinations as conversion reactions and to point out certain unusual features of this case.

Case Report

K, a sophisticated 10 year-old girl with histrionic premorbid personality traits, was brought by her parents with a history of hearing voices for 9 days.

Two weeks before the onset of complaints K's favourite uncle unexpectedly died. K was heartbroken. During the funeral ceremonies she spent her time fanning the flies away from the corpse, sobbing and kissing it all the while. Over the subsequent week she remained quiet and withdrawn, slept poorly and ate less than usual.

Shortly, a fresh stress appeared. The scheduled eleventh-day death ceremonies necessitated K's missing the opening week of a new academic year in her school—something that would be taken seriously by the school authorities. K voiced her apprehensions frequently in this regard. Heightening her anxiety was the reputation for punitiveness that her school enjoyed.

When she finally attended school, she was told that her section had arbitrarily been changed. K returned home that evening and wept, complaining that her section had been changed, that she had been asked to work with strangers and that in place of a popular teacher whom she had expected, she had a teacher who was very strict.

Next day she went to school in a state of distress. As soon as she entered the door of her new class she began hearing a voice which said, "Come, come, don't be in the class". Interestingly, though her mother tongue is Kannada, the voice spoke in English—the medium of instruction in her school. K felt afraid, but entered the class nevertheless. The voice seemed to emanate from near the door, but nobody was to be seen there. The voice continued incessantly right through the day, repeating its stereotyped message like a gramophone needle stuck in a groove. K's fear grew and she developed palpitations, tremors, sweating and dryness of the mouth. The voice was that of a young lady, heard in clear consciousness with K having no ability to influence or modify it in any way. She had no idea as to whom the voice could have belonged or why it should torment her so. The voice disappeared the moment she left the class.

K attended class twice more over the next week. Each time the voice identically recommenced as she entered the class, persisted with its stereotyped message as long as she remained within and disappeared the instant she left. There were no features to suggest that the hallucinations were either functional or reflex. The content and characteristics of the hallucinations remained the same.

At home, K seized every opportunity to be pampered and to evade responsibility. She played and interacted as usual in her neighbourhood and revelled in the attention and wonder that her experiences evoked amongst those of her neighbours who had heard of the situation. However, her sleep and appetite remained impaired and she felt persistent unease and restlessness which she could not explain.

Since she was unwilling to attend class because of her frightening experiences which showed no signs of abating, her parents brought her to us.

Mental status examination revealed an anxious girl with situation-specific stereotyped auditory hallucinations as already described. She did not believe that the voices were part of her imagination or that they were "psychological" in origin. She was historically as well as cross-sectionally well in touch with reality.

Next day, the headmistress, hearing that K was experiencing some problem in her section, put K back into her original section. The hallucinations disappeared immediately and K rapidly recovered her functional ability in school. Though she later visited the "problem" class often, there was no recurrence of hallucinations. Her impaired sleep to appetite and also her anxiety and disquiet however took a further two weeks to return to normal. To date, six months after the initial presentation, she remains symptom-free.

Discussion

So well in touch with reality was K, so peculiarly situation-specific the hallucinations and so clear the gain that we never considered a diagnosis of psychosis. We favoured a diagnosis of Adjustment reaction, with predominant disturbance of other emotions—ICD 309.2 (with the hallucinations being a conversion symptom) rather than hysterical neurosis for two reasons. Firstly, the hallucinations and manipulative behaviour were merely a transient part of a longer illness characterised by agitation, anorexia and insomnia, occasioned by her uncle's death. Secondly, it is extremely unlikely that K would have manifested such symptoms due to a change in her section had her emotions not already been in a state of flux. The fourth-digit category was chosen since anxiety rather than depression predominated over most of the course of her illness.

This case has several unusual features. Firstly, it is common experience that hallucinations are unusual in children: even in psychotics, let alone those with other diagnoses. Secondly, excepting the reports of Levinson (1966) and McKegney (1967), no examples have been reported of conversion hallucinations presenting solely in the auditory modality. Thirdly, the sense of naivete is missing, as are the caricature and imaginativeness which evoke levity in the examiner as proposed by Fitzgerald & Wells (1977).

There is an interesting offshoot of this case report.

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It is widely believed in major psychiatric centres in India that true hallucinations do not occur as conversion symptoms and that conversion hallucinations are, phenomenologically, pseudo-hallucinations. We do not know whether the same belief is held all over the world since no account in the literature discusses this point; however, since hallucinations were once considered to be pathognomonic of psychosis and since most standard texts even today do not include hallucinations as possible conversion symptoms, it is conceivable that there may be considerable resistance to the suggestion that true hallucinations can present as conversion symptoms.

Fitzgerald & Wells (1977) and Nemiah (1980) have suggested that conversion hallucinations have certain characteristics. However, is it right to say that conversion hallucinations are pseudo-hallucinations?

Two concepts of pseudo-hallucinations have been proposed, which have been well described by Hare (1973) and Kraupl Taylor (1981). According to the traditional German concept proposed by Kandinsky and later taken up by Jaspers, a pseudo-hallucination is a special type of imagery characterised by subjectivity, and occurring in inner subjective space. According to the traditional British concept, a pseudo-hallucination is one that is perceived through the senses but is recognised by the patient as not being a veridical perception (Sedman, 1966).

Reviewing the reports cited earlier, no hallucinations have been phenomenologically typed. The patients of Levinson (1966) and Modai *et al* (1980) experienced hallucinations originating in subjective space. Furthermore, Levinson's (1966) patient was aware that her perception was not a veridical one. Interestingly, Goodwin *et al* (1971) reported that 71% of their hysterical patients had insight into their hallucinations. These examples therefore satisfy either the one or the other definition of a pseudo-hallucination. The phenomenological status of the hallucinations described in the remaining reports is however not clear.

K's hallucinations, coming from near the door of her classroom, were located in objective space; she considered her perception to be a genuine one. Although our assessment was necessarily subjective, we felt that her level of understanding and sophistication was sufficient to consider her absence of insight significant.

We therefore suggest that on the evidence of our case, whichever definition of pseudo-hallucinations one adopts, true hallucinations can and do occur as conversion symptoms.

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