Myth exploded

Insightful hallucination: psychopathology or paranormal phenomenon?

Amin A Muhammad Gadit

Department of Psychiatry, Memorial University of Newfoundland, St John's, Newfoundland, Canada

Correspondence to Amin Gadit, amin.muhammad@med.mun.ca

Summary

This report describes a 26-year-old man who was so emotionally attached to his mother that the mere thought of separating from her caused immense anxiety. The death of his mother after a brief illness resulted in prolonged bereavement. However, the patient started seeing and talking to his mother after her death, which led to huge improvement in his mood and social functioning. His wife brought him in for consultation but no obvious psychopathology was detected. This gave rise to the dilemma of whether to consider this a real psychopathology and treat it, or to disregard this reported hallucination. No active treatment is being given to this patient at the moment.

BACKGROUND

Hallucinations in general indicate a serious psychiatric problem and need treatment, but the rare occurrence described here poses the dilemma of whether this patient should be treated or not, especially as the hallucinations may indicate an impending psychopathology. Seeing this patient in an outpatient clinic prompted me to share my experience with colleagues who may have come across similar cases.

CASE PRESENTATION

The patient is a 26-year-old successful businessman who was extremely close to his mother. He is married to his first cousin from his native country, Pakistan, who would sometime get upset about her husband's attachment to his mother. When his mother was diagnosed with a terminal illness with a life expectancy of a few months, the patient experienced strong emotional turmoil. According to him, his mother told him before dying that she would remain in contact with him after death. The patient went through a complicated bereavement period when she died. However, 6 months later, he regained his cheerful mood and started taking an interest in business again. His wife noticed that he was talking to himself for at least an hour each day. When asked, he said that his mother visits him every day and he talks to her. This was his firm belief. There was no deterioration in his personality and no other features worthy of note. His wife persuaded him to visit the psychiatric clinic for assessment despite his resentment; he said that this contact with his mother made him happy and kept his life normal. Apart from this history of meetings with his dead mother, there was no other information of relevance. There was no significant medical history or family history indicative of any mental disorder. A thorough clinical history revealed nothing except this hallucination. The patient had retained insight as he believed that this would not happen normally but in his case was a special occurrence. He attributed this to his Muslim belief of God's blessing in sending his mother back to him in this way. His physical

examination was unremarkable and all laboratory results were normal. MRI did not reveal any pathology. His mental state examination revealed normothymic mood, delusion, visual hallucination, psychosis (with no supporting evidence), intact cognitive function and reasonable insight into his problem. As multidisciplinary team assessment did not produce a diagnosis, a second opinion was sought but no definite axis I diagnosis was proposed although a number of axis II diagnoses were discussed. This posed a dilemma in terms of diagnosis and management.

INVESTIGATIONS

Physical examination was unremarkable. Laboratory blood investigations did not reveal any abnormality. MRI and EEG were normal.

DIFFERENTIAL DIAGNOSIS

- Schizophrenia: no supporting evidence and criteria not met.
- Organic pathology: ruled out.

TREATMENT

No treatment was offered.

OUTCOME AND FOLLOW-UP

A monthly appointment for first 3 months was advised initially in order to assess the ongoing clinical condition. After 7 months the situation remained unchanged and the patient was given monthly follow-up appointments.

DISCUSSION

Hallucination is a feature of psychopathology and may be part of a psychotic illness. The patient recognises the hallucination (perception without the presence of an external stimulus) as happening in the real world. It is important to differentiate true hallucination from 'pseudo-hallucination' and 'imagery'. A pseudo-hallucination is an involuntary sensory experience vivid enough to be regarded as

a hallucination but recognised by the patient as not the result of external stimuli; it would not be considered by the person to be 'real'. Imagery is a collection of images used to create a sensory experience and is the element in a literary work used to evoke mental images and stimulate an emotional response. In the current case report, the patient believes that he can see and talk to his mother in the real world and that he is not imagining it.

Apart from some momentary and pseudo-hallucinations, true hallucinations require treatment of the associated disorder. Auditory hallucinations raise the index of suspicion for serious illness such as schizophrenia, whereas visual hallucinations first indicate an underlying organic problem. Hallucinations can also occur in functional mental disorders. However, in the clinical practice of psychiatry, some presentations are unclear and unrelated to any psychiatric diagnostic category and in this case raised significant concerns and a dilemma regarding diagnosis and subsequent management. On the other hand, paranormal phenomena are fairly common in both the developed and the developing world and are associated with myths and rituals. Nevertheless, no scientific basis for such phenomena has been found and so they are not included in psychiatric classification systems. In any case this patient would not agree to any treatment. The literature describes hallucinations after bereavement that resolve in time. These have been reported more commonly in males between the ages of 25 and 30, especially during the grieving process.¹ However, in our case, the grieving process was over. Another non-psychiatric illness related disorder is Charles Bonnet's syndrome which is the most likely cause of well formed hallucinations experienced by elderly people with serious visual impairment.² Rees³ conducted a study of 293 widows and widowers living in mid-Wales and found that 14% of those interviewed reported having had a visual hallucination of their deceased spouse and 46.7% reported experiencing the presence of the deceased spouse. Johns *et al*⁴ examined the prevalence of hallucinations in white and ethnic minority populations and suggested that hallucinations are not invariably associated with psychosis. They also concluded that hallucinations are reported by individuals with no psychiatric history. In their study, 4% of the white sample reported having experienced an hallucination. Rodrigo *et al*⁵ conducted a study that revealed that hallucinators have more vivid imagery and higher scores on most Millon inventory scales compared to non-hallucinators. They also suggested that personality disorders do not explain hallucinations and imagery ability, with the exception of those with borderline personality disorder. Another

study⁶ examined hallucinations in a non-psychiatric population of Caribbean descent. A number of studies hint at the presence of hallucinations among normal people with no history of mental disorder.

The current case study is unique in reporting persisting hallucinations in a young male without noticeable psychopathology. This case was discussed with other colleagues and a second opinion was sought. The patient described seeing his mother regularly, almost every evening at different times. According to him, his mother would appear in different dresses that she used to wear when alive and would not allow him to touch her. The patient firmly believes that his mother appears to him in the real world; he does accept that dead people do not return to earth but attributes this exception to his strong bond with his mother. This vision cannot be defined as pseudo hallucination or as a true hallucination and hence (in the author's opinion) might be a paranormal experience. It could also be a case of hallucinosis with a secondary delusional explanation, although the mental states examination was inconclusive for delusion and psychosis.

Learning points

- ▶ Hallucinations can occur in normal people.
- ▶ Hallucinations can forewarn of an impending psychopathology.
- ▶ An organic cause should be excluded for visual hallucination.
- ▶ Hallucination can be a paranormal phenomenon.

Competing interests None.

Patient consent Obtained.

REFERENCES

1. **Heewan K.** Hallucination: a normal phenomenon? DUJS Online, 2010. <http://dujs.dartmouth.edu/fall-2009/hallucination-a-normal-phenomenon> (accessed 10 Aug 2010).
2. **Menon GJ, Rahman I, Menon SJ, et al.** Complex visual hallucinations in the visually impaired: the Charles Bonnet Syndrome. *Surv Ophthalmol* 2003;**48**:58–72.
3. **Rees WD.** The hallucinations of widowhood. *BMJ* 1971;**4**:37–41.
4. **Johns LC, Nazroo JY, Bebbington P, et al.** Occurrence of hallucinatory experiences in a community sample and ethnic variations. *Br J Psychiatry* 2002;**180**:174–8.
5. **Rodrigo AML, Pineiro MMP, Pedro C, et al.** Hallucinations in a normal population: imagery and personality influences. *Psychol Spain* 1997;**1**:10–16.
6. **Izquierdo AM.** A Study of Manifestations of Hallucinations in a Non-Psychiatric Population of Caribbean Descent. Dissertation Abstracts International: Section B: The Sciences & Engineering 2000;**61**(5-B):2764.

This pdf has been created automatically from the final edited text and images.

Copyright 2011 BMJ Publishing Group. All rights reserved. For permission to reuse any of this content visit <http://group.bmj.com/group/rights-licensing/permissions>.

BMJ Case Report Fellows may re-use this article for personal use and teaching without any further permission.

Please cite this article as follows (you will need to access the article online to obtain the date of publication).

Gadit AAM. Insightful hallucination: psychopathology or paranormal phenomenon?. *BMJ Case Reports* 2011;10.1136/bcr.10.2010.3456, date of publication

Become a Fellow of BMJ Case Reports today and you can:

- ▶ Submit as many cases as you like
- ▶ Enjoy fast sympathetic peer review and rapid publication of accepted articles
- ▶ Access all the published articles
- ▶ Re-use any of the published material for personal use and teaching without further permission

For information on Institutional Fellowships contact consortiasales@bmjgroup.com

Visit casereports.bmj.com for more articles like this and to become a Fellow