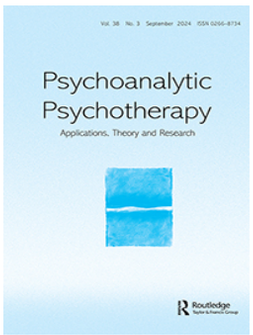

Psychoanalytic Psychotherapy

ISSN: (Print) (Online) Journal homepage: www.tandfonline.com/journals/rpps20

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To cite this article: Andrew John Howe, Arsime Demjaha & Kevin Lu (2024) Auditory hallucinations in non-psychotic disorders – an analytical psychological perspective, Psychoanalytic Psychotherapy, 38:3, 209-215, DOI: 10.1080/02668734.2024.2367432

To link to this article: https://doi.org/10.1080/02668734.2024.2367432

Published online: 19 Aug 2024.

Psychoanalytic Psychotherapy, 2024
Vol. 38, No. 3, 209–215, https://doi.org/10.1080/02668734.2024.2367432

Auditory hallucinations in non-psychotic disorders – an analytical psychological perspective

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(*Received 4 September 2023; accepted 10 June 2024*)

Although hallucinations are a feature of psychosis, they can present in non-psychotic disorders and may occur in non-pathological states. Jung argues that unconscious complexes underpin hallucinations and further observes that some of the symptoms of 'hysteric' patients – including hallucinations – were also common amongst patients with schizophrenia. However, the outward presentation of symptoms was markedly different for each patient group. Jung mobilises his complex theory to explain this difference. We argue that Jung's understanding of hallucinations applies to contemporary healthcare; it frames how hallucinations may manifest in multiple conditions, not just psychosis. This brief report discusses Jung's theories and their continued veracity in contemporary contexts.

Keywords: Jung; hallucinations; psychosis; schizophrenia; personality disorder

Introduction

Although hallucinations are a feature of psychosis, they can be present in non-psychotic disorders, such as personality disorders, and even in non-pathological states (Sommer et al., 2010). While hallucinations were part of daily life in ancient societies, the rise of scientific thinking and other cultural changes has moved hallucinations firmly into a pathological frame. Essential works on the psychopathology of hallucinations by Fish (2007), Jaspers (1962) and Hare (1973) separate pseudo-hallucinations from true hallucinations. True hallucinations are defined as a perceptual experience, often auditory or visual, that occurs outside the perceptual space, for example, hearing a voice as if someone is speaking in the physical world that cannot be seen. Further, those experiencing a true hallucination have little or no insight into the hallucination being generated by the mind and not reflecting reality. The pseudo-hallucination is either a hallucination with

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insight or occurs inside the perceptual space, i.e., 'inside the head'. While these ideas have percolated into modern mental health care, their integrity is questionable. For example, hallucinations often move from perception outside the head to inside in chronic cases of schizophrenia, and insight fluctuates widely throughout many psychiatric illnesses and other states of mind (McCarthy-Jones, 2012).

Contemporary patient groups, such as the Hearing Voices Network, do away with such discussions, accepting anyone who hears a voice. Perhaps this is a more beneficial approach, particularly for people who experience hallucinations themselves. Carl Jung observed that 'hysteric' patients shared symptoms, including hallucinations and delusions, with schizophrenic patients (1907, para. 180). Their outward presentation and clinical outcomes, however, were markedly different. His attempt to explain this observation framed hallucinations as expressions of unconscious complexes, which do not necessarily denote pathology. This idea is an important one that runs counter to present practice; it allows people being diagnosed with non-psychotic illnesses to have their experience validated – not labelled with the prefix -pseudo – and introduces the idea that hallucinations can provide clues to the unconscious workings of the mind. This last point is particularly relevant to readers of this journal. In our previous work, we described the analytical – psychological approach to the genesis and definition of psychosis in general (Howe & Demjaha, 2022). In this paper, whilst we consider diagnostic issues about psychosis, precisely Jung's example of psychosis and hysteria, here we primarily focus on the nature of auditory hallucinations from an Analytical Psychology Perspective. We invite the reader to let the idea of hallucination leave the solely pathological space and become a potential springboard to individual development, something to be explored and understood rather than uncritically dismissed.

Hysteria and EUPD

We start from the position that commonalities exist between the historical 'hysteria' diagnosis and the modern-day diagnosis of Borderline Personality Disorder (BPD) (Ohshima, 2001). However, Ohshima notes that the two conditions are not synonymous and should not be conflated. The term 'hysteria' is not used in present-day clinical settings due to its historically sexist overtones. Hysteria developed as a way to describe a borderline between psychosis and neurosis (Slotema et al., 2018). Over time, the nomenclature changed, and a new term, BPD, was described as an unstable and unanalysable 'schizophrenia-like' patient group. BPD presents diagnostic difficulties that persist to this day when clinicians encounter patients who do not fall neatly into either neurotic or psychotic diagnostic categories.

Jung's complex theory

Jung uses complex theory (1907, para. 180) to explain the aetiology of hallucinations. A complex is a psychological unit in both normal and pathological states. The conscious ego itself may be understood as a complex, the central hub of consciousness responsible for mediating unconscious contents and that which is responsible for identity construction and a sense of self. By extension, complexes are not entirely negative; individuals can possess positive complexes. For example, affirmative experiences with primary caregivers that provide the groundwork for, and contribute to, establishing healthy adult relationships and ways of engaging with the world are examples of positive complexes. The term complex, accordingly, should not be used solely to define problematic mental states and mental health conditions.

Hysteria and psychosis

Jung suggests that the balance between the complex and the ego's relative strength determines whether the individual would present with either hysterical or psychotic symptoms (Jung, 1908, para. 418). Figure 1 summarises this idea. The prevailing psychiatric view in Jung's time was that hysteria and dementia praecox were different affections with no commonalities underlying them. Jung instead suggests that 'more or less autonomous complexes occur everywhere' (1911, para. 1354). The constellation of autonomous complexes sits as the root cause of both hysteria and psychosis. It is instructive here to quote Jung:

> [. . .] Certainly, in both the neuroses and dementia praecox the symptoms – whether of a somatic or a psychic nature – originate from the complex [. . .] While in hysteria (i.e., neuroses) there occurs usually a continuous accommodation to the surroundings, in consequence of which the complexes are subjected to continual alternations, in dementia praecox [. . .] the complexes are fixed, so that they usually

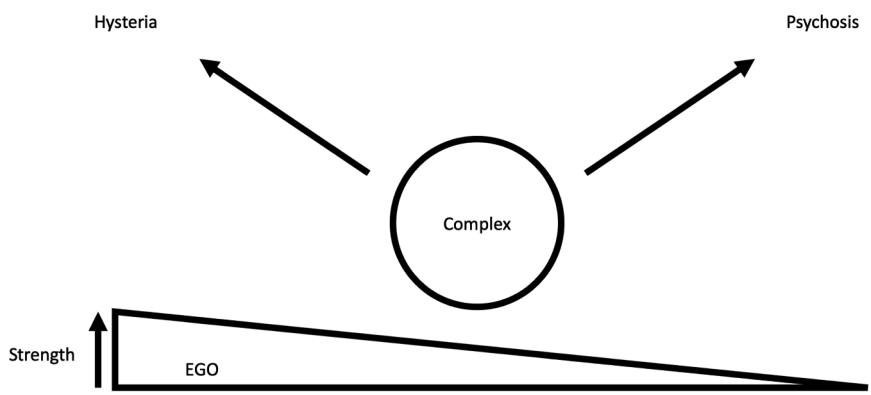

Figure 1. Diagrammatical representation of Jung's complex and its presentation in relation to ego strength.

> arrest the progress of the general personality; [. . .] [However, dementia praecox] patients still possess a very vivid life of fantasy [. . .] In fact, this is the workshop where delusions, hallucinations, etc., are produced from really sensible (i.e., rational) connections. The direction of thought is, however, entirely turned away from reality and prefers thought forms and material no longer of interest to modern man; hence, many of these fantasies appear in a purely mythological garb. (Jung, 1911, para. 1354)

Jung further argues that premorbid personality determines a predisposition to either psychosis or hysteria in the presence of a pathological complex – introverts are predisposed to psychosis and extraverts to hysteria (1928, para. 492, 1914, para. 418). Jung saw psychosis as a condition of preoccupation, and therefore, those who are already internally focused struggle to be in the external world when presented with a strong complex. Those predisposed to extroversion can embed themselves in external activities. Consequently, the complex is more likely to take the shape of hysteria. The supposition that psychosis is related to premorbid introversion is supported by the recent literature (Bashir et al., 2022).

Furthermore, the nature of the hallucinations experienced may aid in diagnostic clarity. Jung notes that hallucinations in psychosis cannot fit into a personalistic understanding and are often archetypal (Jung, 1957, para. 544). Subsequent research by Bacelle (1993) supports this statement, arguing that hallucinations experienced in psychosis are archetypal, whereas in neurotic conditions, they adopt more personal forms.

Ego strength

The idea of a strong ego is somewhat challenging to define. In the psychodynamic world, the ego has been described as the centre of consciousness, concerned with personal identity, maintaining the personality and establishing character continuity over time. The ego is pivotal in integrating unconscious material into consciousness, expanding the personality (Samuels et al., 1997, p. 50).

The Default Mode Network (DMN) – composed of the medial prefrontal cortex, posterior cingulate cortex and angular gyrus – has been postulated as a location for the ego (Carhart-Harris & Friston, 2010). The DMN is active when individuals engage in internally focused tasks, including retrieval of autobiographical memory, envisioning the future, and comprehending the perspective of others (Buckner et al., 2008). It is less active when focused on the external world.

There are differences in reduced neuroactivity in the DMN of patients with BPD (Aguilar-Ortiz et al., 2020). A recent review of DMN patients with schizophrenia found varying reports of increased and decreased activity. However, the most consistent finding was that compared to healthy controls, those with schizophrenia had functional hyperconnectivity within the DMN (Hu et al., 2017).

The DMN is primarily concerned with not focussing on the external environment, which draws parallels with an introverted attitude. The finding that there is hyperconnectivity in schizophrenia infers a greater propensity towards introversion in this condition. Conversely, hypoactivity is seen in the DMN of those with BPD, which could suggest a more extroverted, outwardly focused attitude. This comparison between the DMN in schizophrenia and BDP supports Jung's introversion/extraversion – psychosis/hysteria hypothesis. The lack of consistent findings regarding activity in the DMN in schizophrenia could suggest that some introverted actions, such as creative reflection, may instead support the ego. Perhaps the way introverted or extroverted attitudes are used to support or weaken the ego is important.

Conclusion

Jung's theories – in particular, those informed by his psychiatric work – continue to offer insights into present-day mental health care. We are often presented with diagnostic uncertainty in cases of either psychosis or BPD. In these situations, how hallucinations are situated and classified can be a source of contention, giving rise to confusion. Jung's theories allow hallucinations to be part of both a personality disorder and a psychotic diagnosis. This is important, particularly for those with a BPD diagnosis; their hallucinatory experiences are often dismissed as pseudo-hallucinations, a term which we find pejorative and unhelpful. Admittedly, there are other features of both a BPD and psychotic diagnosis that also aid in achieving diagnostic clarity. Nonetheless, Jung's theories remain valuable to a clinician's tool kit.

Disclosure statement

No potential conflict of interest was reported by the author(s).

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References

Aguilar-Ortiz, S., Salgado-Pineda, P., Vega, D., Pascual, J. C., Marco-Pallarés, J., Soler, J., Brunel, C., Martin-Blanco, A., Soto, A., Ribas, J., Maristany, T., Sarró, S., Rodríguez-Fornells, A., Salvador, R., McKenna, P. J., & Pomarol-Clotet, E. (2020). Evidence for default mode network dysfunction in borderline personality disorder. *Psychological Medicine*, *50*(10), 1746–1754. https://doi.org/10.1017/S0033291719001880

Bacelle, L. (1993). Working with psychotic patients. *Journal of Analytical Psychology*, *38* (1), 13–22. https://doi.org/10.1111/j.1465-5922.1993.00013.x

Bashir, R., Gul, N., & Perveen, S. (2022). Personality type's relationship with psychological characteristics of psychotic patients. *Pakistan Social Sciences Review*, *6*(2). https://doi.org/10.35484/pssr.2022(6-II)96

Buckner, R. L., Andrews-Hanna, J. R., & Schacter, D. L. (2008). The brain's default network: Anatomy, function, and relevance to disease. *Annals of the New York Academy of Sciences*, *1124*(1), 1–38. John Wiley & Sons, Ltd. https://doi.org/10.1196/annals.1440.011

Carhart-Harris, R. L., & Friston, K. J. (2010). The default-mode, ego-functions and free-energy: A neurobiological account of Freudian ideas. *Brain A Journal of Neurology*, *133*(4), 1265–1283. Oxford University Press. https://doi.org/10.1093/brain/awq010

Fish, F. (2007). *Fish's clinical psychopathology: Signs and symptoms in psychiatry* (P. Casey & B. Kelly, Eds.; 3rd ed.). RCPsych Publishing.

Hare, E. H. (1973). A short note on pseudo-hallucinations. *The British Journal of Psychiatry: The Journal of Mental Science*, *122*(569), 469–476. https://doi.org/10.1192/BJP.122.4.469

Howe, A. J., & Demjaha, A. (2022). An analytical psychology conceptualisation of psychosis in modern psychiatry: Jung's vision and perspective. *International Journal of Jungian Studies*, *1*, 1–20. https://doi.org/10.1163/19409060-BJA10027

Hu, M. L., Zong, X. F., Mann, J. J., Zheng, J. J., Liao, Y. H., Li, Z. C., He, Y., Chen, X. G., & Tang, J. S. (2017). A review of the functional and anatomical default mode network in schizophrenia. *Neuroscience Bulletin*, *33*(1), 73–84. Science Press. https://doi.org/10.1007/s12264-016-0090-1

Jaspers, K. (1962). *General psychopathology* (J. Hoenig & M. W. Hamilton, Eds.; 7th ed.). Manchester University Press.

Jung, C. G. (1907). The psychology of dementia praecox. In H. Read, M. Fordham, & G. Adler (Eds.), *The collected works of C.G Jung volume 3* (3rd ed., pp. 1–316). Princeton University Press.

Jung, C. G. (1908). The content of the psychoses. In H. Read, M. Fordham, & G. Adler (Eds.), *The collected works of C.G Jung volume 3* (3rd ed., pp. 317–387). Princeton University Press.

Jung, C. G. (1911). On the doctrine of complexes. In H. Read, M. Fordhaåm, & G. Adler (Eds.), *The collected works of C.G. Jung volume 2* (pp. 1349–1356). Princeton University Press.

Jung, C. G. (1914). On the importance of the unconscious in psychopathology. In H. Read, M. Fordham, & G. Adler (Eds.), *The collected works of C.G Jung volume 3* (3rd ed., pp. 438–465). Princeton University Press.

Jung, C. G. (1928). Mental disease and the psyche. In H. Read, M. Fordham, & G. Adler (Eds.), *The collected works of C.G Jung volume 3* (3rd ed., pp. 496–503). Princeton University Press.

Jung, C. G. (1957). Recent thoughts on schizophrenia. In H. Read, M. Fordham, & G. Adler (Eds.), *The collected works of C.G Jung volume 3* (3rd ed., pp. 542–552). Princeton University Press.

McCarthy-Jones, S. (2012). *Hearing voices: The histories, causes and meanings of auditory verbal hallucinations*. Cambridge University Press.

Ohshima, T. (2001). Borderline personality traits in hysterical neurosis. *Psychiatry and Clinical Neurosciences*, *55*(2), 131–136. https://doi.org/10.1046/j.1440-1819.2001.00800.x

Samuels, A., Shorter, B., & Plant, F. (1997). *A critical dictionary of Jungian analysis*. Routledge.

Slotema, C. W., Blom, J. D., Niemantsverdriet, M. B. A., & Sommer, I. E. C. (2018). Auditory verbal hallucinations in borderline personality disorder and the efficacy of

antipsychotics: A systematic review. *Frontiers in Psychiatry*, *9*, 347. Frontiers Media S.A. https://doi.org/10.3389/fpsyt.2018.00347

Sommer, I. E., Daalman, K., Rietkerk, T., Diederen, K. M., Bakker, S., Wijkstra, J., & Boks, M. P. M. (2010). Healthy individuals with auditory verbal hallucinations; who are they? Psychiatric assessments of a selected sample of 103 subjects. *Schizophrenia Bulletin*, *36*(3), 633–641. https://doi.org/10.1093/schbul/sbn130