

09 - Pseudohallucinations

Pseudohallucinations:

© SPMM Course Type of illusion Context Quality Effect of concentration Example Affect illusion
Prevailing emotional state leads to misperceptions Often fearful, emotion provoking. Disappears on focussing the object with extra concentration A depressed patient reading 'deed' as 'dead.'
Pareidolic illusion Formed objects from ambiguous stimuli, coloured by prevailing emotion; not entirely due to inattention or affective change Often playful and whimsical. On paying extra effort, the object intensifies - does not disappear. Seeing cars in the cloud Completion illusion Stimulus that does not form a complete object might be perceived to be complete Due to inattention
Disappearance on concentration is the rule. CCOK is read as COOK

In pareidolia, fantasy and imagery play equal parts, apart from the actual sense perception. It is common in delirium especially in children when febrile, hallucinogen use. Pareidolia are under some degree of voluntary control and not characteristic of any psychotic illness.

Pseudohallucinations: Though the distinction between these two is not always clinically relevant, presentation with consistent pseudo hallucinations with no other psychotic features should make one question the veracity of the psychopathology. Pseudohallucinations: There are two different definitions: o Involuntary hallucination-like experiences occurring in inner subjective space, with a vivid outline that are absolutely different from normal sense perceptions and hallucinations (Kandinsky, Jaspers & Sims). o Hallucinations that are recognized to be unreal and self-originating are pseudohallucinations according to Hare. European psychopathologists use the former definition more often. Pseudohallucinations are not pathognomonic of anything; they are not always pathological.

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