

HALLUCINATION

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HALLUCINATION

Primary Disciplinary Field(s): Psychiatry, Psychology, Neurology

1. Core Definition

A **hallucination** is fundamentally defined as a false sensory perception that occurs in the absence of an actual external stimulus. These perceptions can affect any sensory modality--seeing, hearing, tasting, smelling, or feeling--and are experienced by the individual as fully real and compelling. Hallucinations are distinct from illusions, which involve the misinterpretation of an existing external stimulus.

In clinical psychiatric contexts, the critical diagnostic feature is that the individual accepts these false perceptions as reality and modifies their behavior accordingly. For example, a patient hearing a voice accusing them of wrongdoing may cower in fear, or one smelling poison may seek a protective mask. Many authorities view psychiatric hallucinations as **perceptual expressions** of deep-seated, underlying psychological states, including suppressed wishes, profound fears, core emotional needs, or unresolved guilt, which influence both the manifestation and content of the experience.

2. Transient and Induced Hallucinations

Not all hallucinatory experiences are symptomatic of a persistent or deep-seated mental disorder. **Transient hallucinations** occur commonly in healthy individuals. A primary example is the hypnagogic state, which is the period between sleeping and waking, where brief visual or auditory perceptions may occur. Additionally, children with highly active fantasy lives may occasionally report seeing objects or hearing voices, especially when experiencing acute emotional difficulties, though these are typically poorly formed and lack the full sense of reality characteristic of pathological states.

Furthermore, hallucinations can be induced artificially under specific conditions. Both **positive hallucinations** (seeing a non-existent person) and **negative hallucinations** (failing to perceive a present person) can be produced through hypnotic suggestion. Environmental stressors, such as **sensory deprivation**, solitary confinement, extreme exhaustion, or the ingestion of hallucinogenic drugs, are also known to produce these phenomena in normal individuals. In these induced and transient cases, the hallucinations usually have limited significance as expressions of core personality and are not typically considered symptomatic of deep mental illness.

3. Psychological Determinants of Content

While the immediate cause of a hallucination may be physiological (toxic, organic, or

pharmacological), the specific content perceived is often profoundly shaped by the individual's underlying psychological landscape, emotional needs, and internal conflicts. This psychological influence determines whether the perception fulfills aspirations, relieves guilt, or expresses core fears.

For example, a person profoundly burdened by **guilt** will generally experience condemnatory auditory hallucinations, hearing voices that accuse them of heinous crimes or unforgivable sins, often utilizing obscene language. Conversely, individuals seeking to enhance **self-esteem** or escape reality may hear voices assuring them of special powers or divine status. A patient beset by **fear** or acute anxiety may manifest visual hallucinations of terrifying animals or repulsive images. This mechanism demonstrates that personality needs influence the perceptual content across both psychogenic and physiological etiologies.

4. Classification of Hallucinations (Sensory Types)

Hallucinations are categorized based on the sensory modality they affect. The six primary categories are:

Auditory Hallucinations: These are the most common type of hallucination. They can manifest as strange noises, muffled words, or the patient hearing their own thoughts articulated aloud ("echo des pensees"). Most frequently, they involve clear remarks addressed directly to the patient. Voices are often attributed to specific persons, "enemies," or divine sources, and may appear to emanate from inanimate objects (e.g., heating systems) or various parts of the patient's own body. While sometimes pleasant, they are more often accusatory or commanding, occasionally leading to attempts at suicide or violence.

Visual Hallucinations: These involve seeing visual images that are non-existent. Although occasionally pleasant (e.g., angels), they are predominantly frightening or disgusting. The most vivid examples occur in Delirium Tremens, where the patient sees tiny, fast-moving animals--a subtype termed **Lilliputian hallucinations**.

Olfactory Hallucinations: These involve perceiving non-existent odors, which are almost universally strongly objectionable or repulsive, such as decaying flesh, garbage, or poison gas. Such hallucinations are frequently associated with unconscious feelings of guilt and may be accompanied by accusatory voices.

Gustatory Hallucinations: These involve false perceptions of taste, often leading the patient to complain of tasting poison in their food or experiencing acid or lye in their mouth. Hallucinations of taste typically occur concurrently with olfactory hallucinations.

Tactile (Haptic) Hallucinations: These involve false sensations of touch or feeling on or beneath the skin. Common manifestations include feeling electric impulses or the sensation of insects crawling on the skin, known as **formication hallucinations**. In specific conditions like schizophrenia, false sexual sensations may also be experienced.

Kinesthetic Hallucinations: These involve the false perception of changes in the body's shape, size, or movement. In toxic states or schizophrenic reactions, a limb may feel twisted, unnaturally long, or the inside of the body may feel completely hollow. A related phenomenon is the **phantom reaction**, where patients who have undergone amputation continue to experience sensations or the presence of the missing body part.

5. Associated Disorders and Etiology

The type and prevalence of hallucinations are often indicators of the specific underlying disorder, which may be psychogenic, toxic, or organic:

Schizophrenia and Psychogenic Disorders: All types of hallucinations, particularly the auditory type, are characteristic of the paranoid form of **schizophrenia**. Auditory hallucinations are also found primarily in acute alcoholic hallucinosis, paranoid senile psychosis, and affective psychoses, including the depressive phase of manic-depressive reaction and involuntal psychotic reaction.

Toxic and Acute Organic States: Visual hallucinations tend to predominate in psychoses associated with acute infectious diseases and toxic disorders. Specific examples include the severe visual disturbances seen in delirium tremens (alcohol withdrawal), and toxicity resulting from barbiturates, metallic poisoning, and cocaine addiction.

Neurological and Degenerative Conditions: Hallucinations also occur in conjunction with epileptic disorders, psychoses associated with brain tumor, syphilitic disorders, symbiotic psychosis, Pick's disease, and psychosis related to cerebral arteriosclerosis.

Further Reading

[Wikipedia: Hallucination](#)

[Wikipedia: Delirium Tremens \(Toxic Psychosis\)](#)

[Wikipedia: Phantom Limb \(Kinesthetic Phenomenon\)](#)