Brit. J. Psychiat. (1974), **124**, 314–6

Correspondence

Letters for publication in the Correspondence columns should be addressed to:
The Editor, British Journal of Psychiatry, Chandos House, 2 Queen Anne Street, London, W1M 9LE

PSEUDO-HALLUCINATIONS

DEAR SIR,

I am surprised that to date Dr. Hare's 'A short note on Pseudo-Hallucinations' (*Journal*, 1973, **122**, 469–76) has not provoked a reply in these columns, either from a phenomenologist or from an angry examination candidate agreeing with him that the question on this topic in the Membership examination was difficult—even unfair.

It was a challenging article implying that the concept of pseudo-hallucination was nowadays largely superfluous, although it 'won't yet lie down'. This opinion was supported by a strangely perfunctory and unhelpful search of the literature. For instance Hare says that apart from Slater and Roth 'the only other commonly available English language text-books which mention pseudo-hallucinations are those of Fish'. Yet a similarly perfunctory search of the literature (my own book-shelf) brought to light two further standard text-books (Anderson and Trethowan, and Granville-Grossman) that not only mention pseudo-hallucinations but discuss the concept in reasonable detail.

Similarly, although there may well be 'only three papers dealing with pseudo-hallucinations in British psychiatric journals over the last ten years', these articles (all Sedman's) are key papers, greatly detailed and include a historical survey of the literature as well as illustrative cases. I would not have thought it unreasonable to expect an examination candidate to have read these articles or to have looked at the books by Fish, Granville-Grossman, Slater and Roth, and Anderson and Trethowan. I would concede that Jaspers appears muddled when writing on pseudo-hallucination, but Sedman's review is surely clear enough.

The question of the everyday clinical importance of the concept is a separate issue, but I would feel, contrary to Hare, that the concept has a pragmatic value. One needs to distinguish initially between phenomena occurring in clear or in clouded consciousness. Having done that, hallucinatory phenomena in clear consciousness can usually be divided into 'true' hallucinations (or hallucinations proper) and various forms of imagery and pseudo-hallucination. The latter phenomena indeed appear to lie on a continuum, which is why Sedman refers at times to pseudo-hallucinations as 'a special form of imagery'. The subject experiencing a pseudo-hallucination recognizes it is not a veridical perception. The experience has a subjective quality which the patient realizes, and occurs in inner subjective space—'the mind's eye' or 'the mind's ear'. The content is nearly always 'ego bound' and psychologically meaningful—words of advice and comfort are proferred and so on.

This differentiation is not merely a pedantic academic exercise, but can be relevant diagnostically. Unlike Hare, I do not read Fish as being sceptical of the clinical importance of pseudo-hallucination; he was surely pointing out that true auditory hallucinations in clear consciousness are of more ominous import with regard to a possible diagnosis of schizophrenia. Too often a patient is said to be 'hallucinated', with all that that implies, without an adequate investigation of the symptom. Phenomenology is admittedly not a sharp tool, but at least let us not blunt it further.

G. G. HAY.

Department of Psychiatry,
University Hospital of South Manchester,
West Didsbury,
Manchester, M20 8LR.

REFERENCES

ANDERSON, E. W. & TRETHOWAN, W. H. (1973) *Psychiatry*, 3rd ed. London: Baillière, Tindall.

GRANVILLE-GROSSMAN, K. (1971) *Recent Advances in Clinical Psychiatry*. London: J. & A. Churchill.

THE CAPGRAS SYNDROME

DEAR SIR,

We would refer to two papers in the December 1973 issue of the *Journal* discussing the Capgras syndrome which you published under the general heading 'Organic Conditions'. We have seen a patient with pseudo-hypoparathyroidism who developed two brief episodes of a schizophrenia-like psychosis following courses of electro-convulsive treatment. The illness occurred in clear consciousness and included the Capgras symptom. We suggest that