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Auditory Hallucinations in a Case of Hysteria

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The following case study offers an exceptional opportunity to illustrate the wish-fulfilling nature of auditory hallucinations in a hysteric (Breuer and Freud, 2; Freud, 11), the conditions under which these hallucinations are experienced, and their response to treatment.

Mental State and History

Bonnie F. is a 29-year-old mother of two children, a boy 8½ and a girl 4. She came to treatment with the following complaints: depression, a fear of dying in her sleep, various fears of becoming ill, a halting and occasionally stammering speech, and "hearing voices". "I can't get rid of the voices and fears. Please help me," she cried. "The voices are frightening and hound me all day long." Contact with her is excellent; her attention never drifts away. The quality of her affect is appropriate to the situation discussed and shows at times a tendency to be dramatic. There is no discernible thinking disturbance nor any misuse of words; neologisms are absent. She is intelligent, co-operative and sincerely interested in finding the cause of her symptoms.

Four months after the patient was born, her mother died of a septic flare-up of rheumatic heart disease (subacute bacterial endocarditis?). Following her mother's death she was raised by a maternal aunt and her husband, but was never legally adopted; her father refused to give his consent. She dates her fear of dying back to the age of four years. At this age she recalled being told the circumstances surrounding her mother's illness. She recounted the following family romance (Freud, 8) which she built through fact and fantasy:

"My mother caught a cold when 16 years old and later developed heart trouble which I assumed to be rheumatic fever. . . . Doctors warned her not to get married because the excitement of intercourse would be too much for her. . . . And not to have children. . . . She must have loved my father very much to have married him. . . . They were married five years when I was born. My father was later heard saying that he had only five happy years in his life. He must have meant the five years he spent with my mother. . . . My mother was only 24 years old when she died. She must have been a brave and wonderful person to sacrifice her life in order to have me."

When the patient was four years old she was taken to live with her father and his new wife. "I remember the room I slept in and the toys that were there. . . . But I was frightened to stay with my father. I remember wishing he were dead and I wanted to leave." The patient was returned to her adoptive parents after remaining with her father only a few days.

"I spent my whole life feeling like a freak. I always felt different because I didn't have real parents." While in the fifth grade, when nine years of age, she was asked for her father's name. "Both my fathers' names occurred to me at the same time and I started to stutter (Breuer and Freud, 2, pp. 92–93)."

At fifteen she once again attempted to live with her father, but was frightened of him. "I felt an unnatural attraction to him . . . as if I were his wife, and it frightened me. . . . And at the same time I hated him for abandoning me." She corresponded with her father intermittently until he died of a bleeding ulcer two months before her marriage.

At the age of 17 the patient met her husband, Billy; she became engaged at 18 and married him when 18½.

"I couldn't decide to marry him. I've always wanted to marry someone tall, dark and rich (this description matched the one she gave of her father), and my husband was poor. . . . My (adoptive) mother forced me to marry him, and I've always resented it." It was during the courtship that the fear of dying intensified: "I went to see the fireworks with my girlfriend . . . and I saw roman candles shooting up into the sky. I became extremely anxious and didn't know why. . . . It was then that I may have heard the voices for the first time. I was too frightened to even think." (At the end of treatment the patient was asked

what roman candles reminded her of. Laughingly she replied, "It reminds me of a big penis shooting up into the sky.") While on her honeymoon she heard the voice of her husband's aunt say, "You should have waited. . . . You could have married someone rich." While having intercourse she would sometimes hear a voice saying, "You'll get cancer."

Her first pregnancy was relatively uneventful. During her second pregnancy she felt wonderful. "I just knew the baby would be a girl and that mother would be back with us again." Following the birth of her daughter the patient became increasingly frightened of dying. "I was so frightened I had to leave the hospital by the fourth day." The voices became harsh and appeared more frequently. She named her child Carol Lee after her mother, Connie Lynn, but continued to call her by her mother's name. The patient was now 25 years of age.

Just before her daughter's first birthday, the patient became ill with influenza. At this point her fear of dying intensified. "The voices" warned: "Be careful, you'll infect the child. . . . You're holding her too close, Bonnie." She was frightened of hurting the children and of being left alone with them. A psychiatrist was consulted. She was hospitalized and given 8 ECT with no significant improvement. For the last three years her symptoms have come and gone at four to five month intervals.

The Response of "The Voices" to Treatment

Before starting treatment the patient complained that "the voices" were of a harsh, frightening and threatening quality. As for example: "Bonnie, you're going to die in your sleep."

Very soon after the treatment began the voices and fears dramatically disappeared. The patient was delightfully surprised and said, "Sometimes I listen and I'm not sure if I hear anything. . . . I get an uneasy feeling when I concentrate and it seems like it said, 'I have nothing more to say'. . . . Will it come back? I'm even afraid to talk about it. . . ."

The patient spontaneously contributed to the meaning of the voices from the very first session. For example:

(1) "Sometimes the voices remind me of my stepmother who told me I was acting sick and was out after my father's money."

(2) "The voices make me feel bad, but I also enjoy them in a way. I seem to look for them like an old lost friend."

(3) She compared her looking for the voice to looking for her late grandfather to reappear. "I look around, sort of expecting him to come out of the room again as he did when alive."

(4) "The voices remind me of my daughter's imaginary playmate. I guess Carol gets lonely at times and needs to talk to someone."

The reasons behind the initial remission were soon uncovered. The patient would frequently call me and sound panic-stricken. As soon as she heard my voice, she calmed down and even joked with me. What I said was insignificant compared to the soothing quality my voice had for her.

One session the patient mentioned how reassured she felt upon hearing my voice on the phone, and contrasted this feeling with the emptiness inside her when the voices left. "I listen for them hoping they'll return," she said.

"The voice is your dead mother's," I told her.

"I feel like you're my mother. . . . That's why I call to see if you're there. . . . You know, the voice was my mother and I miss it. It's comforting to have her there. . . . And when I call you, just hearing your voice makes me feel good. I knew you were there (meaning alive)." She later added, "I knew it wasn't my father who was responsible for all my troubles." (She blamed all her difficulties on her father's abandoning her and now realized for the first time that her mother was also an important factor in her illness.)

The next session she added: "You're right. I've been thinking about the voice being my mother's. . . . You're right. It doesn't come back unless I really get anxious about it. . . . Then I hear it say: 'You're no good. . . . You'll die.' . . . Even what the voices told me, 'You're going to make a mistake. Don't do it this way. That's not a good idea.' They were all things a mother would tell a child."

The following session she stated: "I knew by the way the voices answered it couldn't just be my conscience. For example, when my (adoptive) mother comes into my house she'll tell me, 'Get rid of these things in the refrigerator, Bonnie. Don't do it that way.' The voices too were constantly telling me what to do just as if a mother were talking to a child. *I guess I wanted a mother so badly I just imagined one.* . . . But how did you know?" As noted, the patient attributed the unpleasant voices to her conscience and the pleasant ones to her mother (Isakower, 12). She kept the pleasant voices a secret until the middle of treatment.

The patient now revealed "hearing" a new voice. This new voice was mine (Ferenczi, 4).

She would often ask me why she got better and I repeatedly told her *it didn't matter*. In the above session she once again asked why she got better and this time answered herself: "The little voice told me, '*It really didn't matter*'." The new voice was produced by her identification in the transference situation.

As the patient's condition improved, she felt threatened by termination. She struggled desperately in order to bring back the symptoms:

"Why won't the voices come back?" she cried. "If I know what they represent I should be able to bring them back even easier now. . . . I've been thinking why the voices first left. . . . Do you know why?" she asked.

"No," I replied.

"I wonder if it didn't leave so fast because I had you to talk to."

"When did it disappear?" I asked.

"I think they left about three months ago, but I wouldn't admit it. It's funny how miserable I was with them, but yet I wanted to bring them back. . . . It seems lonely without them, as if I lost a playmate. I still feel divided in two. The child in me wants to remain the same and I want to grow up and be happy. . . . More and more I'm glad the voices are gone and I'm at peace with myself."

In spontaneously thinking of termination she again tried to bring back the voices: "I feel empty inside as if something were missing (crying). . . . *My mother (the voice) is gone now. . . . The thoughts I have are yours* (not mother's) and the fight to stay sick is still going on. . . . When I leave, my mind says, 'Forget everything he says'."

Shortly before treatment ended the patient went on a two-day vacation. She related the following event: "I was looking out of the hotel window and these thoughts ran through my mind, 'Where are you? Where did you go? I wonder where you are, little voice,' and I was really trying to find her (mother). I've had these thoughts before so I know you're right. *The voices were my mother.* When you first told me I didn't really believe it. I thought you were just telling me things to satisfy me as I do to my daughter just to keep her quiet."

It was thus established by the patient that "the voices" unconsciously represented her mother. This desperate need for a mother was matched in reality most convincingly by her calling her daughter Connie Lynn instead of Carol Lee *without being fully aware of it.* It was only when treatment was nearly complete that she could stop calling her daughter by her mother's name. At this time she was able to joke, "I've called her Connie Lynn so much I bet she doesn't even know her own name".

The Conditions under which "The Voices" are Experienced

After "the voices" disappeared a strange and surprising thing happened. Instead of being grateful and happy, she was annoyed and sad and tried her best to bring back her voices in a seemingly conscious and deliberate manner:

A. She became mean and spiteful towards others in a deliberate attempt to sensitize her conscience and force it to react in a threatening and warning way: "It seems every time I get better, I can't take it and I act mean on purpose to antagonize my conscience".

B. She kept suggesting to herself what she should hear and how she should react: "I keep telling myself, 'Bonnie, you're going to die, you're going to die,' over and over but it doesn't scare me any more and the voices won't come back. I keep saying, 'What do you say now, little voice?' but it's quiet. Where did it go? It won't answer me any more!" In another session she again spoke about her conscience telling her what to do and I asked her if she still heard voices. "I'm not sure. It seems that I speak to myself and tell myself to do this or that."

C. She concentrated deeply within herself, listening very intently and ignored all other stimulation, a state resembling auto-hypnosis: "I look around desperately and listen for the little voice, but it won't come back any more (definitely implying this method worked before)."

In her last session and an ensuing telephone call she explained that she really heard a voice, later recognized it to be a thought, and described the conditions making this confusion possible.

"I sometimes think, 'You're going to die,' when I act mean, but it doesn't scare me and leave me cold."

"Did you ever really hear a voice?" I asked.

"Yes."

She continued with her answer during a telephone conversation the next day: "I've been thinking about your question and I never really heard any little voice. . . . It was just that I was *too preoccupied with myself* like a baby and *never paid enough attention to the outside. . . . I would just concentrate within me.*"

With a sensitized conscience, intense auto-suggestion and in a state resembling auto-hypnosis, a thought was mistaken for a voice or a voice was imagined.

That the patient wished to hear a voice can easily be demonstrated in the following soliloquy:

"Day and night I tell myself, 'Bonnie, you're going to die,' but it (voice) won't come back. Where did they go? I felt like hanging you up by you know what (genitals). When I couldn't bring them back, I blamed you for taking away my voices. . . . I feel lost and empty inside. . . . What will replace the emptiness? Is it possible to want to be sick? I've always felt guilty because down deep I've always known it." Incredulously she asked, "Is it possible? . . . It's annoying to have to give up my *day-dreams and fantasies*. . . . I'm so ashamed of my secret. . . . To some extent I knew it all along, but I wasn't sure. I feel so guilty about the injury I've caused others and yet I enjoy being spiteful."

In this way the patient discovered her illness was an unconscious act, that she wanted to be sick, and that she enjoyed "the voices" and missed them when they disappeared. Once the patient became aware of her desire to be ill and her need of "the voices", she could no longer duplicate the performance on a conscious level even with the greatest possible effort.

We can now complete the picture. A strong unconscious need to be ill and to hear a voice fuelled a number of preconscious manœuvres such as: sensitizing the conscience to react loudly and intensely, auto-suggestion and auto-hypnosis, so that an intense thought would purposefully be mistaken for and experienced as a voice.

The Unconscious Need to be Ill

When the patient's symptoms first disappeared she began to feel increasingly guilty and didn't know why. At the same time she fought desperately to bring back her illness (fears and voices).

"The voices are definitely gone. . . . It's strange, and I have to laugh at what I do. I keep catching myself saying, 'What do you say now, little voice?' and I actually miss it. It's funny how the whole thing *is in my mind* and as much as I want to get better I miss it (crying bitterly), because *it is my mother*. . . . It's amazing how stubborn I am and fight to stay sick. . . ." She described the following: "I was resting yesterday when my mind started to race and the thought hit me that *my mother was dead* (Ferenczi, 5). Isn't it funny and stupid? *I've known she was dead*, but I couldn't stop crying. . . . I knew my holding on to the fears and voices was connected with my mother's death, but I didn't fully realize it until yesterday."

The final link in the case was supplied in the following event:

"I was in the fruit store with my daughter Carol when the fruitman died of a heart attack right in front of me. . . . He was nice. . . . Why did it have to happen to him? . . . He treated Carol wonderfully and had an amazing amount of patience with her." Her description of the fruitman was identical to the one she continually gave of her mother. "My mind started racing for the next few days and I felt bad, worthless and undeserving. . . . I was in a restaurant Sunday when all of a sudden *I felt responsible for my mother's death*. . . . When you first told me I agreed with you, but it wasn't until Sunday that I really felt it. . . . After I realized it I felt much better, as if a terrific weight were lifted from me and I almost ate up the place. . . . It's funny how I blamed myself for her death and didn't even know it."

By the end of treatment the patient fully realized that she felt responsible for her mother's death, felt as if she had killed her, was living on her mother's time, while beneath her fear of death was a wish to die.

"When you told me (she said) last time I was responsible for my parents' deaths it really didn't sink in. I guess I tried to push it out of my mind, but it was working on me unconsciously, because yesterday Billy (husband) saw me crying and I told him I was better. It really hit me that I'm a murderer. I killed my mother and had I not been born chances are my father would have still been alive." The patient's father died of a bleeding peptic ulcer which the patient felt was due to the death of his first wife whom he loved and the suffering he incurred from his second wife and the patient herself. "It finally hit me that I've always felt I was living on someone else's time—my mother's. That beneath my fear of dying was always the wish to die."

The patient had unconsciously felt guilty for her mother's and later her father's death and felt as a murderer. To relieve her guilt she wished to die and be sick like her mother. These steps at retribution were evidently not enough. The patient had to deny her mother's death and restore her to life in fantasy as "voices" and in this way avoid the guilt for her murder. As noted, the patient also searched in a loving manner for "the voices" when they disappeared. She sincerely missed them and felt "lost and empty inside when they left". It can thus be seen that "the voices" served another purpose too. The patient was able to rejoin her beloved mother and be with her to her heart's content.

What part did revenge or spite play in the patient's need to be ill? To start with we will

examine the part played by spite in reality. The patient was especially fond of spiting and irritating her mother-in-law, adoptive mother and husband. When annoyed, she visualized strangling her mother-in-law and castrating her husband. She felt unloved, and any situation which stimulated this feeling made her so furious she "could kill". That this jealous fury was directed at representatives of her real parents can easily be seen: "I don't even like my mother-in-law (and adoptive mother also) as a person. It's just that she's a mother, and I become furious when she pays more attention to her daughter. . . . Isn't it stupid? But I can't help myself." As the patient herself realized, her husband unconsciously represented her father: "Even though Billy is steady and loyal, I feel he'll leave me too as my father did, and I can't stop irritating him." As noted in the history, the patient recalled wishing her father would die for leaving her as early as four years of age (she left him) and this anger persisted until the end of treatment. At four years of age she learned of her mother's death (abandonment) and the chances are that her wish that her father die masked also the wish that her mother die. Both parents left her.

During the treatment she often cried when recalling (as a *déjà vécu* phenomenon) how brave her mother had been and how she died to have her. "I feel so guilty," she cried, "like she died in vain." When consciously, and as it were deliberately, trying to bring back her illness she started laughing at herself: "If my mother saw me behave this way, she would turn over in her grave." These were the first clues as to the motive of spite in her need to be ill.

In the transference, the patient became increasingly spiteful once her symptoms disappeared. It manifested itself in the following ways: "Why do I like to spite you?" she asked and guessed at an answer, "I don't want to give you credit for helping me." On many occasions she would call up and tell me "the voices" were back when they were not, and at home she would tell her husband and parents she was worse when in fact she was much better. At times she even pretended to be ill at home in an effort to discredit me. This spiteful act was both consciously and unconsciously performed. She even tried to bring back her illness to get even with me. All in all it is by now obvious that another motive for illness has been found. The patient tried to spite me by getting sick as she tried so spite her mother by wrecking her own life—as if to tell her mother, "See, you died in vain. I wasn't worth it".

She also became furious at me when threatened by separation, whether it be vacation or termination due to improvement, and would try to bring back her illness in an effort to keep me and also spite me. During these stressful periods, she called frequently almost panic-stricken. "As soon as I hear your voice," she said, "I feel better." She was excessively frightened lest something happen to me, and behind this fear was the wish I should die for wanting to leave her. That this was so can be seen in a telephone conversation after treatment was over: "My (adoptive) mother has to go for an operation and I can't stop crying. . . . I feel guilty as if my aggravating her caused it. I know it's stupid but I can't help worrying. . . . It's because underneath my niceness and concern its just the opposite."

It has now been demonstrated that revenge was another motive in the patient's need to be ill. Revenge played two major roles. First, her illness made her mother's death useless. And second, her illness was an attempt to keep her mother from leaving her. It is as if she would say, "So you want to leave me. To hell with you. I'll keep you right here". She tried to repeat this in the transference by pretending she was still ill, as she did at home with her adoptive parents and husband. She expected that everyone close to her would abandon her as her parents had done, and as a result attempted to keep them all close by at her beck and call.

We are now in a position to summarize the development of the patient's illness. When the patient first learned her mother was gone, she missed her and wanted her back. She later became furious and wished her mother would die for abandoning her. Because of this wish, she became guilty. In order to be with her mother again, relieve her guilt for wishing mother dead, and revenge herself on mother, the patient's symptoms developed.

Follow-up

The patient was seen one year after treatment ended. During this year her condition had steadily improved: she remained happy and well, "the fears and voices" never returned and her stuttering was hardly noticeable. She was proud to inform me of her ability to move away from her adoptive parents for the first time in her life. Her main purpose in seeing me, however, was to discuss the following realizations:

(1) "It suddenly hit me yesterday that the voices were really my own thoughts. . . . *I* spoke to the voice and *I* answered for it. . . . It was all my own imagination. I knew this before intellectually, but I refused to accept and admit it. I guess I hated to part with my mother."

(2) "It seems that my talking to the voice dates back to when I was very young (approximately four years old) and was first taken to visit my mother's grave. I watched my (adoptive) mother and grandmother talking to the grave as if my mother were alive and could hear. . . . This scene frightened me very much."

(3) "I never realized how much I would daydream—even when people are talking to me. I would even talk aloud when alone without realizing it. . . . *It's strange, but with all my daydreaming I never consciously thought about my mother until you first mentioned her.* I would usually daydream about my father and myself."

It is of importance to note that when the patient could part with "the voices" by fully accepting them as fantasies, her daydreaming diminished and she could leave her adoptive mother and father for the first time. In conversing with "the voices", she unconsciously re-enacted in a fugue-like state the traumatic scene which she experienced at the cemetery when very young. This traumatic scene determined the form or choice of "the voice" as a symptom.

Discussion

The Patient's Oedipal Attitudes Involved Her Fantasied Real Parents

During the pubescent upsurge of oedipal feelings the patient recalled the following: "I felt an unnatural attraction to him (father) . . . as if I were his wife, and it frightened me." The patient loved her father dearly and wished to take mother's (step-mother's in reality) place with him. At the same time she loved her fantasied mother and wished to be with her. She resolved this conflict by identification. In this way she both destroyed and preserved mother. The patient had always imagined her mother raped by her father while asleep and dying as a result of "the excitement of intercourse" and the ensuing delivery. As a result of identifying with her fantasied mother, she feared (unconsciously wished) father would rape her at night while she slept and that the excitement and childbirth would be too much for her heart to take. Puberty, marriage, sleep, intercourse and especially the birth of a daughter triggered off her unconscious oedipal conflicts. To restore the equilibrium she once again revived mother in fantasy as she had done during the oedipal period. As Nunberg (14, pp. 70–71) states:

"One might assume that the oedipus complex should not develop in children who at a very early age have lost one or both parents. But experience shows that in such cases the child creates parents in his fantasy and develops the attitude of the oedipus complex toward these fantasy figures. For instance, if the child has no father, he creates a father in fantasy. . . ."

The Patient's Real Parents Were Irreplaceable

Despite the fact that the patient, as an orphan, was raised under most fortunate and favourable conditions, it is most apparent that her adoptive parents never replaced her real parents. She was fond of them but did not love them. Their true significance to her was in the fact that they were parents and as such unconsciously represented her own real parents. That this was so can be shown repeatedly in the material. The patient was extremely *fond* of her adoptive father but called him Stan (as a friend), and as early as she can recall and certainly since the age of fifteen sought desperately to rejoin her real father. "I really loved him," she often stated. Her adoptive mother was someone who merely fell into the category of mother as did her mother-in-law and step-mother. The patient appreciated what her adoptive parents did for her as would a stranger or guest. And as just demonstrated, her oedipal attitudes involved her real parents. The patient often said, "All my difficulties stem from the fact that I don't

have real parents," and her illness as we have seen verifies this point. It is by now obvious that her real parents were irreplaceable. She restored them to life in her daydreams and in reality named her daughter after her mother and wished to have another son so as to name him after her father.

Neurosis versus Psychosis

The earmark of psychosis is, as Freud (9, 10) pointed out, the complete or rather complete replacement of the objective reality by the patient's own, i.e., psychic reality. This new reality is unshakable and inaccessible to reason. Although it can safely be assumed that the patient lapsed into psychosis (Freud, 11; Jaspers, 13, pp. 383–413) at the time of her postpartum hospitalization, she did not appear psychotic during the course of treatment. The patient unconsciously denied her mother's death and replaced her with the wish-fulfilling symptom of "hearing voices" or hearing mother—but this symptom was amenable to insight. The patient became clearly aware of the nature and meaning of her symptom (thus implying that the function of reality testing remained basically intact), and by this realization she became cured. The development of this case proceeded as in a typical neurosis, and the symptomatology as well as the dynamics or unconscious motivation clearly defined a hysteria. Even the periods of intense daydreaming or altered states of consciousness permitting intense thoughts and wishes to be perceived as auditory hallucinations are compatible with the diagnosis of hysteria. In the absence of "fundamental symptoms" (Bleuler, 1), schizophrenia was ruled out.

Can Memory Traces be Retained in the Unconscious at Four Months of Age?

Six months of age is taken as the time memory traces first begin to remain in the unconscious. At this age a child smiles in recognition of mother and cries at the approach of a stranger. Six months also corresponds to the youngest infant mentioned in Spitz's work on anaclitic depression (16–20). During these early months of life mother is a psychophysiological nutrient to the infant. She is instinctively felt and "absorbed" through every available sensory modality (Nunberg, 14; Schiller, 15). As Jan Frank (6) states:

> "Although somewhat rudimentary in men . . smell and taste are the main instrumentalities in the service of the oral group of partial instinctive strivings. . . . The mother, as the all-important centre of the infant's universe, is originally contacted by the baby through taste, smell and touch. At first, this empathic contact is due to imprinting, as Tinbergen, Lorenz and von Uexkull would term it in ethology. After six months of age, trace memories begin to remain in the unconscious."

It is highly unlikely, however, that this unique complex pattern of stimuli, called mother, should not be physiologically recorded in the infant's unconscious as trace sensations before mother is fully recognized. Furthermore, these trace sensations representing mother must distinguish her quite sharply for the infant, certainly more so than one would ordinarily anticipate.

The clinical material gathered in this paper supports the contention that the patient *sensed the possession and loss of her mother at four months of age* and that affective traces of these experiences remained in the unconscious. The evidence is as follows: The patient's fixation to the trauma of her mother's death is easily demonstrated (Fenichel, 3, p. 404). We have only to glance at the patient's history in order to see that her entire existence was dominated and taken up by the never ending search for her lost mother. She felt lost, empty and deprived. In "hearing voices" every four to five months, she attempted to repair the traumatic experience of losing her mother. Four and five were identical to the patient unconsciously; both numbers represented the time her mother died—namely after five years of marriage when the patient was four months old. The hallucinatory *form* of "the voices" also indicates the depth to which she selectively and periodically regressed (Freud, 7). It is in line with the patient's history that she chose four years as the time she learned of her mother's death. Four years no doubt screened four months. She repeatedly described her mother as if she experienced her before (*déjà vécu*). Even the manner in which she searched for "the voices" was strikingly reminiscent of the way an infant almost instinctively searches for its mother. In

conclusion, we can say that the patient's affective traces at four months of age later gained representation in oedipal fantasies and became neurosigenic only when activated by the oedipus complex and its later ramifications.

Summary

Auditory hallucinations were experienced by a hysterical patient during periods of intense daydreaming (or altered states of consciousness), and were disclosed to be the result of an unconscious wishing and yearning to resurrect and rejoin her mother. The fact that the patient could almost turn "the voices" on and off, recognize them to be products of her own imagination, i.e., thoughts and wishes, and was clearly able to resolve their underlying determinants suggests she was neurotic rather than psychotic during the course of treatment.

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