

## Qualitative alterations of felt perception Audioverbal hallucinations

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The question of hallucination poses many problems even today. Anatomico-physiological theories and psychological theories, which have contributed to advancing our knowledge of hallucination, have not been able to provide a definitive explanation for this phenomenon. Hallucinations, illusions and hallucinosis are qualitative alterations of the felt sense, are of great importance to psychopathology and have intrigued scholars for centuries. In the 19th century, Esquirol proposes a differentiation between hallucination and illusion by describing illusion as the deformed, altered perception of an object that is real is present. In illusion, there is always a real external object, generator of the felt-perception process, however, this perception is adulterated by various pathological factors. Illusions usually occur in states of clouding or lowering of the level of consciousness, also in states of severe fatigue, which causes perception to become inaccurate and, consequently, real sensory stimuli are perceived in a distorted way. Hallucinosis is defined when the person considers the hallucinatory experience as strange to him/her, recognizes its pathological character, he/she sees the image, hears the voice, but does not believe in them<sup>1</sup>. Hallucination was defined by Esquirol as the perception of an object that is not present since the corresponding sensory stimulus is not present. "A man, who has the inner conviction of a sensation actually perceived while no external object fit to excite that sensation is within the reach of his senses, is in a state of hallucination."<sup>2</sup> Objectless perception brings a conceptual embarrassment seen that perception is a sensory phenomenon that has both a stimulating object and a receiving subject. However, there are people who perceive a voice, an image, without these being really present. Mental pathology poses this challenge to the psychology of the normal<sup>3</sup>. Hallucinations are usually more common in severe mental disorders such as psychoses, especially schizophrenia. While auditory hallucinations are the most frequent type in mental disorders, visual hallucinations are more present in neurological disorders<sup>1</sup>. In the audioverbal hallucination, the person hears voices that usually threaten him, that say bad things, that curse, that fight; often these voices have derogatory, harassing and threatening content. In schizophrenia, audio-verbal hallucinations lead the person to a conviction, which makes him scared, and he starts looking for where the voice that only he hears comes from. She tends to believe in these voices and generally she believes the voices are produced by some evil force, or by someone or a group of people who want to harm or destroy them. There are audio-verbal hallucinations in which the voices command the person's action, order the person to do things, which they often do not want, but they feel obliged to do, such as burning their clothes or their own body. These hallucinations indicate the severity of the condition, they may be associated with delusions, and people who obey the command voices are often at risk of suicide and/or homicide, especially when: the voice has the sound of an already known person. Although hallucinations are more present in people with severe mental disorders, such as psychoses, they can be associated with anxiety and depression, they can also occur in other clinical conditions, and although they are much less common in the population that does not have the disorder. psychotic. In this population, they can manifest in an attenuated way, differently from how they occur in psychoses, and in the phases that precede the outbreak of psychoses. The difference consists in the fact that hallucinations in psychoses, especially in schizophrenic psychoses, manifest themselves with more intensity and longer duration, they are experienced as something out of control, with audioverbal hallucinations being those that predominate in these situations. Sleep problems and poor sleep, increased stress, heightened concerns about threat can all contribute to the onset of hallucinations and delusions in people with psychotic disorders. Although audioverbal hallucinations occur more frequently in schizophrenia spectrum disorders, the person has a conviction of the reality of the voices he hears, audioverbal hallucinations can occur in mood disorders, especially in mania, in which the voices with content are heard of grandeur or mystical-religious, in severe

depression, voices with negative content, of ruin or guilt may be present. Auditory hallucinations can also occur in people with borderline personality disorders; and in neurocognitive conditions, they are more commonly observed in frontotemporal dementia and Parkinson's disease<sup>1</sup>. In the psychotic condition, when there are audioverbal hallucinations in people with a normal level of consciousness, and there is no mood disorder, that is, mania or depression, the hypothesis of schizophrenia should be considered. The presence of hallucinations is not a pathognomonic sign of psychotic disorders, although they are an indication of serious disorders, such as psychosis, they can be present in several clinical conditions. It is important to consider hallucinations as the symptoms of a disease, and in order to arrive at a more accurate diagnosis, it is necessary to evaluate the patient through interviews in which, in addition to the history of the symptoms, the history of life, and the psychic examination will be collected. . It is necessary to

evaluate the current mental state and the days before the consultation, considering the general appearance of the patient, the level of consciousness, the allo and autopsychic orientation, attention, memory, which are some elements to have a diagnosis and from hence the clinical management.

#### References

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