

## PURPOSES OF DELUSIONS AND HALLUCINATIONS

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It is axiomatic from an Adlerian viewpoint that most behavior, thoughts, and feelings reflect the person's life style and are best understood in that context. His life style is his stance toward life aimed at achieving his final goal of superiority. Delusions and hallucinations are included in such behavior. Understanding their purposes should, hopefully, put us in a better position to help the person reconstruct and correct his beliefs. According to an early statement by Adler:

Hallucinations are connected with a strong empathy into a role and represent encouraging or warning voices. They arise always when the patient wants something unconditionally, yet at the same time wants to be considered free from responsibility. Like dreams, they must be understood as a metaphor; while they need not be intelligible to the patient, they depict the tactics he wants to use toward a specific problem. The hallucination, again like certain dreams, turns out to be a device for objectifying subjective impulses, to the apparent objectivity of which the patient is absolutely committed. . . . To this is added, as a fortification for the delusional system, the biased, tendentious selection of recollections (3, p. 259; translation according to 5, pp. 317-318).

Elsewhere Adler states, "We see in hallucination an expression of the psychological ability to contradict logic and the truth of social life, a trace of which can also be found in all conceptions and in memory. . . . A person who hallucinates has removed himself from the realm of social interest and, circumventing logic and curtailing the sense of the truth, strives for another goal than one to which we are more accustomed" (2, p. 54; translation modified from the original).

The reader may have noted two things. (a) Adler does not use the term life style. The reason is that at this time Adler had not yet adopted the term; this came only twelve to fourteen years later. (b) Hallucinations are functionally likened to dreams and recollections. The relationship to recollections is brought out again in the following statement about the function of memory in the neurotic. "Memory images . . . which may be realized in a hallucinatory fashion must be equated with optical and accoustic hallucinations. Understandably,

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they will usually be closely related to the [individual's] guiding line . . . to enhance his self-esteem" (1, pp. 79-80). To this Adler added in a footnote from his later period: "This is why Individual Psychology attaches great importance to the understanding of earliest childhood recollections and has shown that they represent revealing signs from the period when the style of life was constructed" (1, p. 80n).

#### GENERAL

Hallucinations may be roughly defined as the perception of something in the absence of a sensory stimulus. Although it is characteristic of psychosis, neurotics also occasionally hallucinate, as might normal individuals in situations of monotony or reduced sensory input. Some hallucinations are very much like the creation of an imaginary playmate in childhood. The individual may feel that something is missing in his life and hallucinates to compensate for his experienced deficit.

Delusions also are present in almost all psychoses but not limited to these. The individual believes something, in spite of its absurdity. He may even know it is absurd and still believe it. Delusions are frequently extensions of what we do normally—holding on to ideas we cherish. Like other beliefs, they help organize the environment, make it meaningful, and to that extent may be useful (see 6, p. 170).

The distinction between hallucinations and delusions is not too clear and their functions are ordinarily identical. In fact, as we have seen, Adler spoke in the above quotations only of the former. Shulman, a contemporary Adlerian psychiatrist, lists hallucinations and delusions as tactics designed to reinforce the patient's "private logic and insuring the correctness of his position" (7, p. 50).

Hallucinations as well as delusions create pseudo-tasks as a means of avoiding the more important life tasks. The person gives the impression of dealing with his life tasks, but is in fact afraid of them. This is the "sideshow" function which is also the purpose of compulsions and obsessions, as altogether the compulsion neurosis was for Adler the prototype of all mental disturbances (4, p. 138). "The compulsion neurotic is apparently at a secondary theater of operations (*sekundärer Kriegsschauplatz*), and exhausts himself *there*, instead of . . . solving his problem of life" (4, p. 115). As long as the patient is holding a dialogue with the Devil, for instance, he cannot listen to the therapist.

Through hallucinations and delusions the individual also announces, "The things that happen to other people don't happen that way to me. I am different, I am very special." But while most people want to be seen as individuals, and in this sense as special, the psychotic wants to be special also in being exempt from the common sense and the expectations it implies, including especially responsibility. By defying any attempt at consensual validation he gains the further advantage of being able to say to the therapist: "If you do not hear or see or otherwise sense, what I am experiencing, it is because you just do not have my powers." But if you do not have his powers, how can you cure him?

### DELUSIONS

The purpose of the present paper is to discuss the functional characteristics of the various delusions, particularly as these are relevant to the process of psychotherapy. We identify seven kinds of delusion: delusions of persecution, influence, reference, grandeur, sin and guilt, nihilism, and hypochondriasis. Of these the first three are statements about others, and the last four, statements about oneself. The individual "chooses" that particular delusion which gives him the best chance of accomplishing his "purpose."

#### *Persecution*

The message of the delusion of persecution is, "They are after me, want to take advantage of me, steal from me, kill me." While we all feel this way from time to time, we know it is not so. What kind of person would entertain this delusion? First, it is an announcement that the person is very important. Out of the whole world he was selected to be so persecuted. His delusion, aired to others, points out to himself and those about him that he is something special. Secondly, this delusion means that the person does not have to accept responsibility for not "making it" in life. He is saying, in effect, "It's not that I am not capable, but they won't let me. I am a victim. Look what they're doing to me." In fact, that he is able to function at all may, at least in his own eyes, make him of heroic stature. Thirdly, it implies that the world is a jungle, a dangerous place, which in turn leads to justification for venting aggression. The delusion makes it only right. "They started it. I'll finish it." This stance has the additional advantage of allowing the person to evade responsibility because his actions are justified as self-defense.

*Influence*

In delusions of influence the individual feels that he is being controlled by others. He is thereby saying that he is not to be blamed or to be held responsible for his actions. On the contrary, he is a victim himself. "They are making me do something I don't want to do. I am minding my own business and they won't let me alone."

The issue is one of control; he is being externally controlled. As a victim of such control he may see himself as noble; he is also entitled to help and recognition, and may demand these; and he is allowed to fight back against those depriving him of his autonomy. At the same time, since "others make" him do it, he can in fact do whatever he wants—without taking responsibility or blame.

*Reference*

In a delusion of reference the individual believes everything he sees or hears is related to him. It is the kind of feeling we have when we are learning to dance—everyone is watching us to see how often we step on our partner's toes, although the dynamics here are somewhat different. This delusion is often found in the deaf, so that in these cases it is necessary to evaluate the hearing to comprehend more fully the implications of the delusion. In a cartoon, a spectator at a football game watching the team go into a huddle is commenting: "I just know they're talking about me." Again, a person is saying, "Look how important I am." In effect the whole world recognizes his importance, to the point that everyone pays attention to him. It is a clear externalization of wanting to be recognized. The individual is saying, "Love me or hate me, but do not ignore me."

*Grandeur*

In this delusion the individual announces to the world, "Look how great I am." The person does this at least in part with the idea that once others have become aware of his exalted state, they will give him the honor and recognition which are his due. The delusion often has religious or sexual content. It is compensatory for feelings of social inferiority or spiritual unworthiness.

*Sin and Guilt*

The feeling of sinfulness and guilt becomes delusional when the individual is convinced that he is completely beyond redemption. Then it is not uncommon for him to proclaim himself the world's

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worst person or sinner, utterly beyond redeeming features, hope of forgiveness, or salvation. The listener sometimes wonders whether the "sinner" is complaining or bragging. One of the implications is that he is more special than God by being beyond God's power to redeem. God is thereby neutralized, and the individual need no longer worry about Him. He is morally even superior to God since God can forgive, but he can't—his moral standards are higher.

Adler tells the story of a very ambitious 18-year old girl who began to reproach herself for religious transgressions and sinful thoughts. "One day her spiritual adviser attempted to relieve her of her entire burden of sins . . . The next day the girl planted herself before him in the street and shouted out that he was unworthy of entering the church because he had taken such a great burden of sin upon himself" (5, p. 272).

### *Nihilism*

Nihilist delusions are seen only rarely, usually in severe depression. The individual feels profoundly that all is lost, that not even he exists or is real. He thus proclaims that there is no need for any action since nothing will make any difference. He is also saying, "I am not responsible, and even if I am, there is nothing that can be done anymore." At the same time the patient is telling the therapist that he is also unable to do anything since perhaps neither of them are real. This is an effective neutralization of any possible influence by the therapist as well as the ultimate "put down" of him.

### *Hypochondriasis*

Hypochondriasis, the exaggerated concern about one's health, as a delusion in psychosis typically becomes bizarre. One may believe that one's bowels have not moved in six months or that hydrochloric acid has eaten the stomach away. The individual is proclaiming his specialness by a symptom exhibited by no one else. At the same time this obviously reflects an internal state truly experienced by him. The symptom also serves as an excuse from life's expectations, for: How could such a sick person function? It also implies: How could one hope for a cure?

### SUMMARY

From the Adlerian viewpoint delusions and hallucinations are used by the individual to avoid responsibility and to proclaim his special-

ness. In reference to the real tasks of living of which he is afraid they are useless "sideshows," a wasting of time. But they provide excuses for failure and thus safeguard the self-esteem. Like other aspects of the individual they are in line with his style of life, and have social implications. As symptoms, they carry normal modes of wanting to be somebody special to bizarre and absurd extremes, more or less disregarding the common sense. The functional characteristics of seven kinds of delusions are discussed with particular reference to the process of psychotherapy.

#### REFERENCES

1. ADLER, A. *Über den nervösen Charakter* (1912). 4th ed. Frankfurt am Main: Fischer Taschenbuch Verlag, 1972.
2. ADLER, A. Contributions to the theory of hallucinations (1912). In *Practice and theory of Individual Psychology*. Totowa, N. J.: Littlefield, Adams, 1968. Pp. 51-58.
3. ADLER, A. Melancholia and paranoia (1914). In *Practice and theory of Individual Psychology*. Totowa, N. J.: Littlefield, Adams, 1968. Pp. 246-262.
4. ADLER, A. Compulsion neurosis (1931). In *Superiority and social interest*. Ed. by H. L. & Rowena R. Ansbacher. New York: Viking Compass Book, 1973. Pp. 112-138.
5. ADLER, A. *The Individual Psychology of Alfred Adler*. Ed. by H. L. & Rowena R. Ansbacher. New York: Basic Books, 1956.
6. KRECH, D., & CRUTCHFIELD, R. S. *Theory and problems of social psychology*. New York: McGraw-Hill, 1948.
7. SHULMAN, B. H. *Essays in schizophrenia*. Baltimore: Williams & Wilkins, 1968.