

Do We Need a New Word to Supplement "Hallucination"?

Ian Stevenson, M.D.

The word "hallucination" was used originally (and with etymological correctness) to refer to the unshared sensory experiences of persons who are mentally ill. However, many persons who are not mentally ill also have unshared sensory experiences. A few of these convey information paranormally, but the longstanding association of "hallucination" with mental illness inhibits many persons who have such experiences from reporting them so that they can be studied. The author suggests a new word, "idiophany," to designate all unshared sensory experiences. The word "hallucination" could then be restricted, as it originally was, to the unshared sensory experiences of the mentally ill.

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The word "hallucination" derives, through a Latin word meaning "to wander in the mind," from the Greek *alusso*, which means "be uneasy." It designates a waking sensory experience having no identified external physical stimulus. When two or more persons are together, their ordinary perceptions are shared in the sense that they are similar, except for individual variations due to the different physical positions and the different sensory acuities of the persons. In contrast, hallucinations are not shared by other persons present (except in rare cases, as when strong suggestions cause the experience to spread among members of a group).

Hallucinations are important symptoms of a variety of mental illnesses, particularly psychoses. Yet most people who have hallucinations are not in any way mentally ill. Many members of the general population seem to have had one or several memorable hallucinatory experiences. Students of hallucinations reported their occurrence among healthy persons in the last quarter of the nineteenth century (1, 2). Several surveys in Great Britain (3, 4) and the United States (5, 6) have shown that between 10% and 27% of the general population report having had at one time or another a

Received June 21, 1982; revised Dec. 20, 1982; accepted Jan. 19, 1983. From the Department of Behavioral Medicine and Psychiatry, University of Virginia Medical Center. Address reprint requests to Dr. Stevenson, Box 152, Medical Center, University of Virginia, Charlottesville, VA 22908.

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sensory (often visual) perception of another person who was not physically present. But shown to whom? Certainly not to most psychiatrists, because this information is, for most of them, buried in the journals and books of parapsychologists. The only review of this topic in a medical journal with which I am acquainted is more than 50 years old, and its title uses the word about which I am complaining: "Visual Hallucinations in Sane People" (7).

Nor is the information widely known among members of the general public. Most persons who have unusual sensory experiences tell few people, or no one, about them. They rarely know that many other people have had similar experiences and have also remained silent about them for fear of being considered abnormal or worse. They have heard that hallucinations are symptoms of insanity, and they have no way of knowing that such experiences are not necessarily indicators of mental illness, either present or to come.

About 30% of visual apparitions are perceived by another person or several other persons when such persons are present with the apparent principal percipient. These collective apparitions, as parapsychologists call them, are shared; but most of the sensory experiences I am considering here are not.

Although persons who have unshared sensory experiences are often reluctant to tell others about them, many of them privately believe that their experiences include some extrasensory or paranormal communication. Most persons who believe this are probably mistaken; their experiences can often be explained fairly readily as due to coincidence, inference, faulty memory, or expectancy. The last explanation can usually account for those cases in which a person hears his or her name called when no one else is present or sees a light on in a room where one is ordinarily on, even though at the moment of the experience the cord of the lamp was disconnected. Also in the group of normally explicable hallucinations are those that occur when a person is falling asleep (hypnagogic) and awakening (hypnopompic). Nevertheless, after all such normal explanations have been considered, there remain some perceptual experiences that, upon careful investigation, do show evidence of extrasensory communication. But these experiences cannot be studied if the persons who have them are afraid to report them.

A few authors who have known something about both psychopathology and parapsychology have delineated the differences between hallucinations of the mentally ill and unshared sensory experiences occur-

ring sporadically to healthy persons (8–10). I cannot improve on the distinction described succinctly by West:

Pathological hallucinations tend to keep to certain rather rigid patterns, to occur repeatedly during a manifest illness but not at other times, and to be accompanied by other symptoms and particularly by disturbances of consciousness and loss of awareness of the normal surroundings. The spontaneous psychic [now often called "paranormal"] experience is more often an isolated event disconnected from any illness or known disturbance, and definitely not accompanied by any loss of contact with the normal surroundings. (9, p. 94)

In the first part of the foregoing passage West was referring chiefly to the pathological hallucinations of schizophrenia and some types of depression. Piddington (8) showed earlier that paranormal experiences of healthy persons differed in their main features from hallucinations occurring to patients with severe cardiovascular and pulmonary diseases, as reported by Head (11).

It would be misleading to suggest that every case can be slotted facily into either of the categories mentioned: hallucinations of the healthy or those of the mentally ill. Complex and ambiguous cases also occur. Nevertheless, it is not helpful that our vocabulary cannot distinguish between the different types of unshared sensory experiences. I am not suggesting that we should purge the word "hallucination" of its association with mental illness, but we should not apply it indiscriminately to all types of sensory experiences for which we cannot immediately identify an external physical stimulus.

Some psychiatrists have begun to widen the range of phenomena that they are willing to examine. During the past decade studies of bereaved persons have shown that a considerable proportion of them have unshared experiences of perceiving a deceased spouse or parent (12–15). These experiences range from a vague sense of the presence of the deceased person to a realistic visual perception of him or her. Unfortunately, the authors of these reports appear to know little about parapsychology, and the authors of only one (15) indicated an awareness that some of the experiences reported might contain what they called "preternatural" processes, by which they meant evidence of some extrasensory communication.

Many of the bereaved persons identified in these surveys believed that their experiences provided evidence of a deceased person's survival after death. Similar claims are sometimes made by persons who approach death (16–19). It is not clear why—except from the assumptions of Western materialism—these persons should all be immediately judged to be mistaken in their belief. Although not many of their experiences provide any evidence of a deceased person's survival after death, in some other well-investigated cases of hallucinatory experiences, a person has shown detailed knowledge, before he or she could have

learned it normally, about the circumstances of the death of someone who was far away physically. Here again, information about such cases is largely hidden—from psychiatrists—in the archives of parapsychology. Most of the well-studied pertinent cases are now rather old (20), but this may be due both to the neglect of such cases by nearly all later parapsychologists and to an increase in the reluctance of persons to report experiences that could be misjudged as indicating grave mental abnormality. Nevertheless, not all cases of this type are old. Palmer's survey (6) indicated that many Americans today have apparitional experiences. MacKenzie (21) published reports of recent cases that he had studied, and Green and McCreery (22) analyzed recurrent features in a larger group of modern cases. I have myself investigated several cases of apparently paranormal apparitions and have published reports of two of these (23, 24).

It has been argued that apparitions occurring when the person seen is dying or in some life-threatening situation are meaningless coincidences to which informants (and parapsychologists) attach a significance that they do not merit. The statistical analysis of a large series of apparitional experiences coinciding with deaths (3, 25) and analyses of the details of individual cases (26) have shown these arguments to be wrong. But discussions of these matters are also interred in the specialty literature of parapsychology; with rare exceptions (27) the conventional medical journals do not assist curious persons to find what they might wish to read on the subject.

Earlier I defined a hallucination as a "waking sensory experience having no identified external physical stimulus." But this definition breaks down when we consider cases in which the identified external physical stimulus was beyond the range of the percipient's sensory organs.

Persons not fully committed to materialism may wish to consider the question of whether a lumping together of paranormal experiences with those of psychotic persons may do more than simply suppress reports of them; it may actually prevent them from happening. This could have a circular effect and lead to an apparent vindication of skepticism. When cases become fewer, they are more likely to be considered abnormal and hence undesirable, and this would reinforce existing inhibitions against having them. Human beings can learn not to have experiences that might enrich their lives and give them a larger view of themselves and the universe. Psychiatrists can help to reverse this baleful process by developing a greater understanding of the varieties of unshared sensory experiences. Such experiences often have personal value for the individuals who have them, and they can also contribute to knowledge about human nature. But if they are to be given this latter value, more of them must be brought out of hiding and fully studied.

If I am correct in asserting our need for a new word denoting a variety of unshared sensory experiences, we could adopt a phrase like "idiosyncractic perception."

But a single word, "idiophany," might serve even better. (Professor David Kovacs of the Department of Classics at the University of Virginia suggested the word "idiophany" when I described the need for such a word to him.) It comes from the Greek words *idios* (private) and *phainomai* (appear). Under "idiophany" we can subsume the hallucinations of psychotic patients and also the unshared sensory experiences of normal persons, whether they correspond veridically to some physically distant event or not.

If this proposal is adopted we can retain the word "hallucination" for the unshared sensory experiences of persons who are mentally ill. This would be using it in its original, etymological sense. Other types of idiophanies, such as those due to expectancy and the rare but important ones that convey information paranormally, may be designated by other names. The latter group, for example, might be called "veridical paranormal idiophanies," at least until we can find a simpler phrase, or perhaps a single name, for designating them.

By whatever name we call them, idiophanies need to be seen as comprising several superficially similar but fundamentally different types of sensory experience. Until psychiatrists appreciate this they are likely to deprive themselves of opportunities for understanding better all the types of sensory experiences that could come within their purview.

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