

Chapter 8

Controversies and Discussions 2

Definition of hallucination

Aleman, A., & De Haan, E.H.F. (1998). On redefining hallucination. *American Journal of Orthopsychiatry*, 68, 656-658.

In his interesting and thought-provoking article “Toward a new definition of hallucination”, Liester (1998) proposed a revised definition of the concept of hallucination. Taking the widely applied DSM-IV definition as a starting point, Liester argued that there are important shortcomings in current definitions of hallucination. DSM-IV defines hallucinations as follows:

“A sensory perception that has the compelling sense of reality of a true perception but that occurs without external stimulation of the relevant sensory organ.”

Liester (1998) mainly focused on two flaws: the failure to distinguish between pathological and nonpathological experiences and the lack of appropriate consideration to cultural beliefs of the individual experiencing the hallucination. Liester formulated a revised definition of hallucination in which these notions are incorporated. He proposed the following definition of hallucination:

“A sensory experience that has the compelling sense of reality of an “objective” perception, but that occurs without external stimulation of the relevant sensory organ; that occurs in conjunction with and is believed to be etiologically related to, a physical or mental disorder; and that is not ordinarily experienced or accepted by other members of the culture or subculture.”

To our perception, however, the definition is not adequate, as it is based on certain assumptions regarding the nature of psychopathology that remain unjustified. In our comment we will address this issue, and will specifically pay attention to the question whether a definition of hallucination must be restricted to psychopathological experiences, as advocated by Liester (1998).

As recognized by Liester (1998), numerous reports have by now established the occurrence of hallucinatory experiences in the normal population (Posey & Losch, 1983; Young et al., 1986; Tien, 1991; Barrett & Etheridge, 1992; Aleman, Böcker & De Haan, 1998). Moreover, the percentage of normal subjects reporting hallucinatory experiences is substantial, ranging from 10% (Tien, 1991) to 25% (Barrett & Etheridge, 1992). The hallucinatory events reported by these people are very similar to the auditory-verbal hallucinations characteristic of schizophrenia. For example, in the study by Bentall & Slade (1985), 17.7% of the subjects (N=136) scored the item “I often hear a voice speaking my thoughts aloud” as “Certainly applies” and 15.4% scored the item “In the past I have had the experience of hearing a person’s voice and then found that there was no one there” as “Certainly applies”. These studies strongly suggest that hallucinations can be seen as existing on a continuum with normal mental events. As Slade &

Bentall (1988) have stated: "...Hallucinations should be studied in their own right, rather than as part of larger psychiatric syndromes" (p.56).

Liester (1998) is particularly concerned with "the difficult problem of distinguishing "pathological" from "normal" hallucinations." This conception of hallucination is based on a medical model of psychiatric illness in which a categorical distinction is assumed between "healthy" conditions and "ill" conditions. However, there is considerable debate about the validity of such an approach to the classification of abnormal behavior (Blashfield, 1984; Bentall, 1990a). As an alternative, abnormal experiences might be seen as existing on a continuum with normal mental events, differing only in degree of severity. Or, as Crow (1998) recently put it: "...The phenomena of psychosis can be regarded as a component (albeit an extreme or "boundary" condition) of the diversity of human psychological structure..." (p. 504). In this approach it is not necessary to distinguish between "pathological" and "normal" hallucinations. Rather, it is the task of the clinician to evaluate whether the hallucinations arise in the context of a psychiatric condition or not.

There is no a priori reason, therefore, nor is there a theoretical justification for limiting the definition of hallucinations to psychopathological experiences. Restricting the definition of hallucination to psychopathology may result in a rather arbitrary classification practice. Consider the following example. John and Mark both often experience "a voice speaking their thoughts aloud". A psychiatrist conducts a psychiatric examination on both, and concludes that John, in contrast to Mark, presents some (other?) symptoms of psychopathology. Is the same hallucinatory experience, shared by John and Mark, to be defined hallucination in John, but not in Mark? And, if so, what is the hallucinatory experience of Mark to be called?

We also doubt whether the elimination from the definition of hallucination of hallucinatory events that are accepted within certain cultural contexts will prove to be valuable. Whether occurring in a particular cultural context, in a general medical condition or in a psychiatric disorder, the phenomenology of hallucination is similar. As long as the social, cognitive and neurobiological mechanisms underlying hallucinatory experiences are not fully specified, and the etiology thus remains unknown, it does not seem reasonable to term the same phenomenological event as "hallucination" in one instance (e.g. within a psychopathological context), but not in another (e.g. within a cultural context).

Therefore, we are more at ease with the working definition given by Slade & Bentall (1988):

“Any percept-like experience which (a) occurs in the absence of an appropriate stimulus, (b) had the full force or impact of the corresponding actual (real) perception, and (c) is not amenable to direct and voluntary control by the experiencer.”

However, a shortcoming of the definition by Slade & Bentall (1988) might be that vivid dreams (with clear and lively imagery) fulfill the criteria of the definition, and must hence be termed “hallucinations”. It does not seem appropriate to consider vivid dreams as hallucinations, as the possibility of hallucination implies the possibility of adequate discrimination between perceptual events with and without an objective (“real”) basis. This latter ability requires a conscious, awake state. We would therefore like to propose the following revised working definition of hallucination:

“A sensory experience which occurs in the absence of external stimulation of the relevant sensory organ, but has the compelling sense of reality of a true perception, is not amenable to direct and voluntary control by the experiencer, and occurs in an awake state.”

This definition specifies the unique phenomenological characteristics of hallucinations and differentiates hallucinations from vivid mental imagery (“not amenable to direct and voluntary control”) and from vivid dreams (“in an awake state”).

Future research aimed at elucidating the exact mechanisms that give rise to hallucinations is necessary. Increasing knowledge of hallucinatory phenomena may indeed lead to a revised conception of these perceptual “illusions of reality” (Bentall, 1990b). For the moment, however, in order to achieve a better understanding of hallucinations, a working definition confined to the phenomenological level is the best we have.

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