Maternal visions

When my mother was 93, she worriedly told me that she thought she was going crazy. She had been living alone and independently for the 20 years since my father died. She cleaned her house, cooked her meals, read The New York Times every day, and completed the daily crossword puzzle (complaining that it wasn’t fair that there were words that hadn’t been invented when she was in school). She appeared to be cognitively intact and without obvious perceptual difficulties.

In recent weeks, in that lazing transitional state between being asleep and becoming awake, she had begun to see her long-deceased husband standing at the bedside. As had been his custom, he was wearing a three-piece suit and sporting a bow tie; he just stood there. My mother felt that he was patiently waiting for her to join him. I was able to reassure her that the experience was not uncommon, was seen in normal people, and wasn’t a sign of mental illness. What was perhaps most assuring was that psychiatrists even had a name for what she was experiencing: “hypnopompic hallucinations.” Although she never mentioned it during her remaining years of life, I assume she continued to see him in the early mornings and now found it comforting in her relative loneliness.

Astute clinicians with experience in emergency or postoperative recovery rooms and intensive care units know how common such experiences are. Stress, trauma, illness, drugs (illicit, over-the-counter, and prescribed), impaired perception, and altered states of consciousness are all predisposing. However, even without such factors, many of us are aware of such experiences. Walking on a crowded street, we may hear our name called or hear the phone ringing when we are in the shower. When we check, we can find no external signal and realize we have heard something that was not there in the “real” world.

A heightened sensitivity

Oliver Sacks has taken a string of such anecdotes, plucked from the literature, his clinical practice, and personal communications, added a sprinkling of neuroscience and soupcon of “perhaps,” and turned them into a book. Of course, there is much literature (both lay and scientific) concerning what used to be called “apparitions.” As early as 1843, Meyer had come up with “a scheme for evoking hallucinations in all sensory fields” (1). In 1909, Herbert Silberer (2) published a “Report on a Method of Eliciting and Observing Certain Symbolic Hallucination-Phenomena.” Heinrich Kluver published “An Experimental Study of the Eidetic Type” (1), in which he describes studies of “percept-images” (1926), and in 1928, his book, “Mesca: The ‘Divine’ Plant and Its Psychological Effects” (3), described both the simple geometric and complex hallucinatory experiences induced by ingestion of the drug.

When one mentions “hallucination” to most people, their first thoughts are likely to be of “crazies”—people suffering from schizophrenia or severe manic-depressive illness. If pushed, some will think of the vivid nature of dreaming percepts, unrelated to immediate perception and yet more real than when we just imagine something. Although both are clearly related to altered brain function, Sacks elects not to include them in his book, except peripherally.

Sacks begins his book with an anecdote about Rosalie, a blind woman in her 90s, who had begun to see things, “odd hallucinations which seemed overwhelm-

1 Correspondence: Department of Psychiatry, Weill Cornell Medical College, 1300 York Ave., New York, NY 10065, USA. E-mail: wafrosc@med.cornell.edu doi: 10.1096/fj.13-0501ufm
An aura of bliss

Another set of chapters in this book deals with the hallucinations associated with neurological (rather than perceptual) illnesses: Parkinsonism, migraine, epilepsy, narcolepsy and cataplexy, and delirium. Again, there are a series of well-told anecdotes, a bit of neuroscience, and a few suggestions of meaning and import. Patients with narcolepsy, for example, often experience brief sleep episodes without being aware of them or episodes with a sense of a weight on the chest. They awaken and feel the world has changed; perhaps they are haunted. When diagnosed after many years, a patient wrote that she was “having to reevaluate many of my ‘paranormal’ experience . . . having to reintegrate a new view of the world . . . letting go of a mystical, almost magical view.” Not infrequently, patients with epilepsy will experience, in their preseizure aura, a feeling of bliss, of exaltation, of being in heaven. This may result in religious conversion (Saul in the desert!). Interestingly, 3 years later, one of Sacks’ subjects, who had experienced such a seizure-related conversion—after 3 additional seizures, became elated again—stated that his mind had “cleared”; he had lost his faith. There are also chapters on grief and trauma as predisposing to hallucinations.

The doors of perception

The longest chapter is entitled “Altered States.” It describes the wide variety of hallucinatory responses to the psychoactive drugs—the euphoriants, inebriants, hypnotics, excitants, and hallucinogens. De Quincey, Baudelaire, Gauthier, Poe, Coleridge, and Aldous Huxley are among the writers who used and wrote about them, some sharing their cannabis at the Club des Hachischins by the banks of the Seine. Moreau, Havelock Ellis, Weir Mitchell, and Heinrich Kluver were among the early professional scientists who studied mind-bending drugs; self-experimentation often followed. Sacks discusses them all, at least briefly, and quotes some of what they wrote about their experiences, including William James’ description of the sense of “transcendence” in response to inhaling nitrous oxide. Oliver Wendell Holmes had a similar experience and wrote down his now “deep” understanding of the world; after coming out of the experience, he read what he had written: “A strong smell of turpentine pervades throughout.” What may seem profound under the influence of the drug may turn out to be trivial.

The remainder of the chapter describes Sacks’ own experience with a variety of drugs—cannabis, amphetamines, LSD, chloral hydrate, and opiates—some taken orally, some intravenously. Although these were taken mostly on weekends, there were also periods of daily and clearly excessive use. On one occasion, he stole the opiates from his physician parents’ medical bags to self-inject. Perhaps, in part, because he came to this period of experimentation relatively late—in his 30s, while already a young professional—most of his experience was pleasant, often “transcendental,” and interesting. However, there were a number of bad trips. During one of these, he developed overwhelming panic. He describes forcing himself to become an observer in an attempt to maintain at least a semblance of control. “Description, writing, had always been my best way of dealing with complex or frightening situations—though it had never been tested in so terrifying a situation. But it worked.” Perhaps this book is a late continuation of that earlier effort to achieve control and mastery.

The cabinet of Dr. Sacks

Sacks describes his book “as a sort of natural history or anthology of hallucinations.” In 16th century Europe, people began to acquire and exhibit collections of curious objects: shells, fossils, minerals, stuffed animals, old tools, scientific instruments, etc., in rooms that became known as “wunderkammern,” or wonder chambers. One had a stuffed crocodile hanging from the ceiling. Over time, many of these morphed into museums, some into circus freak shows. Hans Sloan’s collection formed part of the nucleus of The British Museum. This book is indeed a kind of wunderkammer, full of wonderful stories, a bit of science, and some guess work. He suggests that the hallucinatory experiences that he describes may be the origin of myths, of
religion, of the “paranormal,” of the idea of being transported and held by aliens, etc. Like some of the objects in such wunderkammern, some of his suggestions will prove to be untrue—the result of false inferences and imputed meanings. Nonetheless, he tells the tales well. Written for the general reader, it is an excellent bedside table book, one that can delight for a few pages before sleep and then be picked up again on another night for a bit more. Although it describes some of the phenomenology of hallucinations, it does not lead the reader toward understanding. It will be the future development of neuroscience that will determine how much is “museum” and how much is “freak show.”

Sacks’ book has the appropriate scholarly appendages: interesting footnotes (at the bottom of the page, where they belong), an extensive bibliography, and a detailed index.

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William A. Frosch

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