

Felt presence: Paranoid delusion or hallucinatory social imagery? ☆

Tore Nielsen *

*Dream & Nightmare Laboratory, Sacré-Coeur Hospital, Montreal, Canada
Department of Psychiatry, Université de Montreal, Canada*

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Abstract

Cheyne and Girard characterize felt presence (FP) during sleep paralysis attacks as a pre-hallucinatory expression of a threat-activated vigilance system. While their results may be consistent with this interpretation, they are nonetheless correlational and do not address a parsimonious alternative explanation. This alternative stipulates that FP is a purely spatial, hallucinatory form of a common cognitive phenomenon—social imagery—that is often, but not necessarily, linked with threat and fear and that may induce distress among susceptible individuals. The occurrence of both fearful and non-fearful FPs in a multiplicity of situations other than sleep paralysis attacks supports the notion that FPs are hallucinatory variants of social imagery and that they are not necessarily bound to threat-activated vigilance. Evidence linking FPs with anxiety disorders supports the notion that the distress they evoke may be mediated by a more general affective distress personality factor. To illustrate the predominantly spatial character of FP hallucinations, similarities between FP and phantom limbs are summarized and the possibility that these two phenomena are parallel expressions (self- vs. other-presence) of a mirror neuron system is considered.

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1. Introduction

Cheyne and Girard (2007) present a thought-provoking study of felt presence (FP) experiences arising in association with sleep paralysis attacks. They interpret their findings to support the notion that FP is a pre-hallucinatory expression of a threat-activated vigilance system (TAVS) that enables the formation of more specific, visual, auditory or tactile, hallucinations. The FP achieves this by binding or conceptually integrating

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* Address: Centre d'étude du sommeil, Hôpital du Sacré-Coeur, 5400 boul. Gouin Ouest, Montreal, Que., Canada H4J 1C5. Fax: +1 514 338 2531.

E-mail address: tore.nielsen@umontreal.ca.

sensory content that is consistent with the TAVS/FP threat motif. The authors do not consider FP to be hallucinatory per se, but rather a ‘feeling state’ that incorporates content into subsequent hallucinations. This notion appears to stem from the common observation that FP experiences, unlike conventional hallucinations, frequently occur without sensory or pseudo-sensory determinants, i.e., they are ‘felt’ to be present but are neither seen nor heard nor sensed by touch. In supporting this point of view, the authors concur with others (e.g., Jaspers, 1963) who distinguish hallucinations from delusions on the basis of presence or absence of sensory content, but they appear to depart substantially from Cheyne’s own previous position that FPs are ‘the most elementary form of hallucination’ (Cheyne, 2001, p. 3). The position now taken is that the non-sensory character of a FP qualifies it as a delusion, more specifically, as ‘a temporary but powerful paranoid delusion of an unspecified threatening external agency’ (p. 22).

Cheyne and Girard further propose that the vigilance system producing FP experiences is activated by the seemingly threatening conditions of a sleep paralysis attack: inability to move, helplessness, the supine position and darkness. Activation of the TAVS in this manner is experienced subjectively as a nonspecific sense of a threatening presence. With greater activation of the TAVS, the FP facilitates development of more intense hallucinatory experience by serving as an ‘attractor’ for more specific sensory information such as visual, auditory, tactile and pain imagery that is consistent with the sense of threat. The presumed order of causal events is displayed in the upper part of Fig. 1. In brief, the threat-activated FP facilitates the binding or conceptual integration of sensory and pseudo-sensory information into a sensorily recognizable hallucination of an external threatening agent.

My assessment of this model is that, while plausible, it is not completely consistent with either the phenomenology of FP experiences or evidence linking FPs to anxious temperament. I suggest an alternative explanation by which the presumed order of causal events hinges upon a different sequence (see lower part of Fig. 1). In this case, the paralysis attack enables activation of hallucinatory social imagery in the form of a FP—similar to what normally occurs during dreaming (see Nielsen & Lara-Carrasco, *in press*). The FP leads naturally to an emotional reaction that is appropriate to the ongoing context—fear is common but not exclusive—and also to distress in susceptible individuals. The latter are individuals who possess an affect distress personality style (Levin & Nielsen, *in press*) which may be associated with a variety of anxiety disorders. This alternative explanation implies that the TAVS model errs concerning 2 specific suppositions:

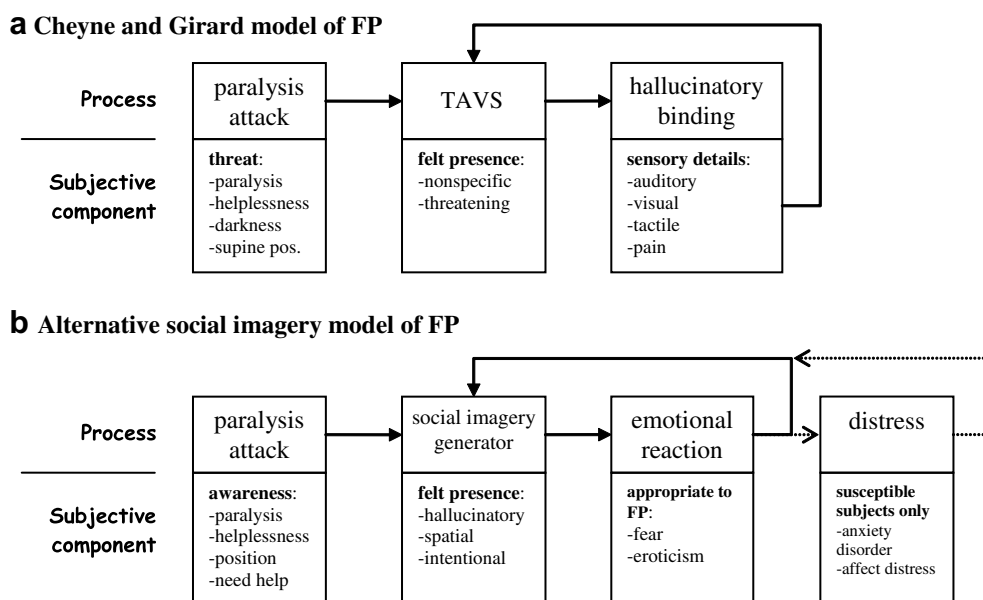


Fig. 1. Schematic representations of two models of felt presence production during sleep paralysis attacks. In model a, felt presence is triggered by threat and contributes to hallucination; in model b, felt presence is hallucinatory content that triggers fear and, in susceptible individuals, affective distress.

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