# Extended Concept of Perception

## A Hypothesis Repairing Misconceptions and Misnomers Related to the Phenomenon

Perception is one of the most basic psychic functions which have been extensively studied by the most sophisticated methods. Nevertheless, the concept as well as related disorders seem to be still lacking well delineated boundaries and connotations. This results in some confusion which has its effect on descriptive as well as structural psychopathology. It is also reflected on clinical practice and management. It seems necessary to revise the whole situation .

Perception is defined as "the process of getting to know the environment" or as the process of "giving meaning to signs". It is also defined as " the process of comparing the received sensation to the previously available information". All such definitions emphasize three aspects: a) the relation to *external* environment, b) the *sensory quality* of information and c) the *cognitive* (rather symbolic) element of identification.

All such aspects are debatable since:

a)There is an internal environment as much as external environment and perception should be related to both and not only to know or identify the external environment.

b)There is definite knowing and interpretation of information beyond sensations (extrasensory perception).

c)There is some sort of *getting to know* at the level of holistic awareness without symbolic cognitive identification.

As regards perceptual disorders some aspects of illusions and hallucinations require revision. Illusions are mis-perceptions of real existing external stimuli. It is not uncommon to perceive something as another in normal life. Sometimes the word illusion is used loosely, usually by a lay person, to describe delusions rather than illusions. This is also met with in psychiatric terminology as is the case with the symptom known as *illusion of double* (*l'illusion des sosies*) which is a delusional misinterpretation when the patient believes that a person who is familiar with him has been replaced by a double.

The word hallucination could be also used loosely by the lay person as well as by practitioners (and rarely so in scientific jargon). In our culture the corresponding word is used

| Misnomers | Corrections |
|---|---|
| Pseudohallucinations | a-Imaged hallucination. |
| | b-Genuine Hall.(Insightful H.) |
| Misevaluation of P. | Intellectual misevaluation. |
| Illusion of doubles | Delusional misinterpretation. |
| *(l'illusion des sosies)* | Delusional of impersonation (PSE,10) |
| Extracampine H. | Concretized awareness. |

Table (1) Misnomers in relation to perception

as a verb referring to some sort of incoherence or excitement (when an Egyptian says X *is hallucinating* he usually means that X is speaking nonsense). In scientific language a term like *extracampine hallucination* is also a misnomer. The patient suffering from this symptom usually presents as such: *"I am sure that there is some one behind me on the left almost all the time"*. This is not hallucination. It is but concretization of awareness. The term *concrete awareness* (Sims, 1991) is more appropriate to describe this phenomena.

Another relevant dilemma is that related to the term *pseudo-hallucinations.* Kandinsky (1885) described pseudohallucination as a separate form of perception. Jaspers (1962) adopted this concept and stressed that this type is essentially pictorial, subjective, occurring in the inner subjective space and perceived by the inner eye (or ear). Another use of the term pseudo-hallucination is to describe the experience of seeing something in the external world, while realizing that there is no external correlate to the experience. Kräupl Taylor, (1981) has suggested that the two kinds should be distinguished into imaged pseudo-hallucination and perceived pseudo-hallucination.The former are experienced within the mind while the latter are experienced and located in external space but recognized as unreal i.e.with insight. Gelder et al,(1991) came to the conclusion that " ..it seems better to abandon the term pseudo-hallucination altogether ..". This abandonment is adopted by the PSE 10 (WHO, 1992)

Sims, (1991) considers pseudohallucinations as absolutely different from sense perception (and therefore also subjectively from hallucination) in that the experience is figurative, not concrete or real. Sims referred to Taylor (1981) and came to the conclusion that insight in the vivid internal hallucination is more related to wrong judgement. This again is a conclusion that denies the internal object from its objective existence considering being aware of their objective presence as wrong judgement.

Hallucinations included under Schneider's first rank symptoms are hardly considered as hallucination proper. When Schneider described them he did that using the word voices *and not persons:* "voices arguing" and "voices commenting". This is more related to the phenomenon called "audible thoughts" rather than to hallucination. It is also related to experienced (active) rather than intellectualized

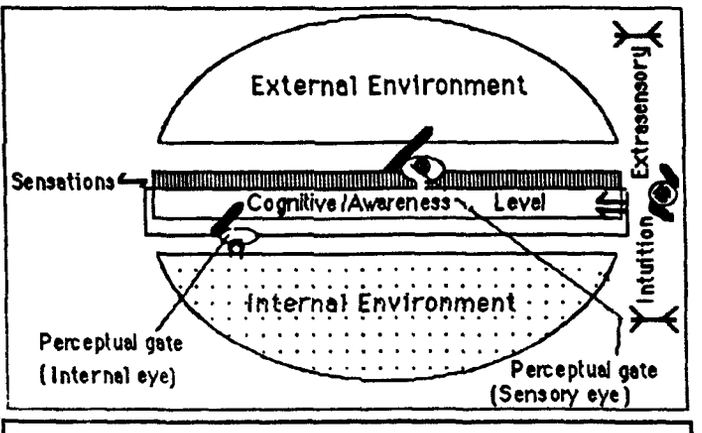


Figure (1) showing *the extended concept of perception:*

(established) dimension (Rakhawy 1983). Once this experience is projected and intellectualized it turns to be either hallucination or delusion or mixed according to the dominant mechanism.

## The Hypothesis:

Revision of the current definition of perception is indispensable if we are to avoid using redundant or vague symptom language in psychiatric practice. Well defined symptom vocabulary is essential to establish proper formulation and therapy.

Perception should be used in a broader sense to include whatever becomes *significantly awared of*. If this is presented to sense organs it should be called sense perception and not simply perception. If it is presented to whatever cognitive gate then this is perception at large.

Perception is to be considered as the *"basic cognitive gate communicating levels of existence to each other with variable degrees of awareness"*. This is likely to widen the range of cognitive aspect of perception to include perception beyond senses as well as perception of inner life of the self schema, self image, body schema and body image (Rakhawy 1993). Such extension of the scope of perception is essential to consider some rare *anormal* perceptual activity as normal variant of physio-psychological activation. It is also useful to include awareness of the inner life, within limits, as normal perceptual activity. *Awareness of inner life is not the least introspection.* The latter is predominantly related to intellectual verbalized activity related to a mode of thinking in the form of symbolic description of the inner world. The internal environment includes real objects rather than thoughts, images, memories or sensation. By *real object* I mean the actual neurochemical organization that represents a schema, a level, an ego state or any other unit of biologically existing organization. Such object is not available to cognitive awareness as independent fact. It acts as an integral unit in the whole of existence. Internal objects are dislodged and become independently active during dreams. They represent the raw material of dream work and dream as creation (Rakhawy 1985 a &b). If such internal object is activated to present to the *internal eye* independently while the individual is awake, this type of internal hallucinations result.

Perception is considered as the essential primary step in a long a series of cognitive processes. This suggested approach widens the scope of perception to include any primary step of awareness in the way for processing, identifying or activating a meaningful (goal-seeking) volitional or affective activity.

For practical clinical use imagery is not related essentially to perception. It is related to memory image and imagination. They are elaborate scenes with scenical imagined details rather than perceived as genuine unexpected sense experience. On the other side insight in the abnormal nature of percepts does not render the experience as unreal. On the contrary it could refer to the fact that it is more authentic. This is usually met with in early stages of development of psychosis. It declares vividness, activity, less intellectualization, less projection and would then be considered as more real than established projected objects as they are re-perceived from outside. Projection is not simply transferring the internal object to the outside world. It is partly alienated transformation of internal object into some other representative in

| | Established Hallucination | Insigtful Hallucination | Image |
|---|---|---|---|
| **Basic Disorder**<br>**Associated disorder** | Perception. | Perception<br>Hyperawareness | Imagination<br>Dissociation |
| **Space** | Outside space (projected space) | Inner objective space | Inner subjective space |
| **Role of volition** | Not apparent | Not apparent | Present,could be elicited (?images comes on call) |
| **Reaction of the patient** | Depends on type and relation to ego (Ego syntonic, dystonic..) | Astonishment with partial insight | Reacts in a fantastic way (like day dream) |
| **Predominant mechanisms** | Projection,<br>Dissociation<br>Alienation | Hyperawareness<br>Dislodgement<br>Dissociation | Fantasy<br>Dissociation<br>Falsification |

Table (2) showing differences between various types of disorders of perception and related disorders according to the extended concept of perception

the external world. The expression "re-perceived" refers to the process of being aware of such transformed alienated object as known to come from external world and not from within.

Admitting that when the percept comes from within does not mean that they are false which usually means fabricated, one should consider that such patient shares the examiner and the therapist his objective attitude. Sometimes during intensive psychotherapy of psychotics the patient regains insight in the experience some long time before being able to assimilate it in the integrated whole. At this stage of recovery hallucinations are still perceived as real percepts but from within and the patient, during therapy, usually speaks about them in their critical scientific terminology (*hallucination)* rather than as real external facts.

**Applications:**

An extended concept of perception would lead to the following practical applications:

1)Disorders of perception should include perception of activated internal object as distinct category from both image and hallucination proper. The term genuine hallucination or insightful hallucinations is suggested. They should be differentiated from images which are not perception at all. (table 2).

2) Multidimensional approach (Rakhawy, 1991) in diagnosis makes benefit of this differentiation. While genuine hallucinations (insightful hallucinations) is in favour

of diagnosing an active/ *wijdanic* (affective) syndrome, imaged hallucination favours diagnosis of established non-wijdanic (non - affective) syndrome. Established (projected, intellectualized) hallucinations could be met with in both active and established disorders the position along this dimension depends on some other associated qualities.

3-During intensive therapy the aim is to assimilate hallucination rather than to hide, cover or even to interpret them. This extended concept makes one able to grasp the difference between projected hallucination and genuine insightful hallucination. Changing hallucination from the former to the latter is a major step in therapy. How comes such genuine hallucination then is called *false (pseudo)*.

4- It helps to correct *some* misnomers as shown in (table. 1).

Other misnomers are corrected according to some other revisions. However, the concept of concretized awareness is very useful in reconsideration of the relation of both awareness and concretization to the cognitive activity related to perception.

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