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PHANTASMS OF THE LIVING
AND OF THE DEAD

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THE S.P.R. was founded in 1882. Before it had completed the first decade of its existence there had appeared two publications by distinguished members of it which at once became and have ever since remained classics in a large and important department of psychical research. I refer to the book *Phantasms of the Living* by Messrs Gurney, Myers, and Podmore, which appeared in 1886, and the paper *Phantasms of the Dead* by Mrs Sidgwick which was published in 1885 in Vol. III of the S.P.R.'s *Proceedings*. These two works between them contain an immense collection of carefully investigated and classified cases. They include extremely acute general discussions on the nature of the evidence for such cases, the various possibilities of normal explanation, and so on. And, lastly, they contain interesting theoretical speculations as to the possible modes of telepathic action and cognition involved in various types of well-attested case. I propose to devote this evening's lecture to discussing in my own way some of the topics treated in these two classics of psychical research.

I will begin by defining the term 'hallucination', which constantly occurs in our subject. A person is having an hallucination if the following two conditions are fulfilled: (1) He is ostensibly seeing, hearing, touching, or otherwise sensibly perceiving a certain thing or person or event external to his own body; whilst (2) at that time his eyes, ears, fingers, or other receptor organs are *not* being affected in the normal physical manner by any such thing or person or event as he is ostensibly perceiving.

The most familiar example of an hallucination is an ordinary dream had by a sane person in good health during normal sleep. It will be useful to start with this familiar example and to classify other kinds of hallucination by comparison and contrast with it.

(1) A person while asleep and dreaming generally takes his dream to be an ordinary waking perception. But a sane person in good

health may occasionally have an hallucination when he is awake. He may, e.g., seem to himself to see a human form suddenly appear in the middle of his room when he is sitting there by day with his eyes open. He may notice that he can see the wall through the figure, and that the figure on walking to the door seems to vanish through it without opening it. His knowledge of the normal behaviour of physical objects will at once force on his attention the fact that his ostensible seeing of this human form is not normal sense-perception. He will realise that his experience is an hallucination if he considers the question; and, since he is sane and awake, he can hardly fail to consider it. So we may divide hallucinations into (i) those which are taken at the time by the experient to be normal sense-perceptions, and (ii) those which he recognises at the time to be hallucinations.

(2) In the case of ordinary dreams there is no good reason to believe that anything at all closely resembling the scene which the dreamer is ostensibly witnessing either is or has been or will be taking place anywhere in the world outside himself. Indeed there is generally very good reason to *disbelieve* this. We may express this by saying that most ordinary dreams are almost certainly *delusive* hallucinations. But there is nothing in my definition to require that an hallucination should be delusive. This is intentional. For it has been abundantly established by careful enquiry that a certain proportion of hallucinations are *veridical*. That was one of the most important results of the work reported in *Phantasms of the Living*. In some cases the hallucinated subject ostensibly witnesses a certain person, who is in fact far away at the time, doing or suffering certain things in certain surroundings. To take, e.g., an actual case, he ostensibly sees his brother on board a ship catching his foot in a rope and falling overboard. In this and in other cases the person who was thus ostensibly perceived was in fact at much the same time doing or suffering such things in such surroundings. In many of the cases the nature of the scene and of the events is so peculiar and the correspondence is so detailed as to make it fantastic to talk of chance-coincidence. And it becomes almost meaningless to use this expression when the aggregate of such cases is taken collectively. So we must divide hallucinations into (i) *delusive*, and (ii) *veridical*.

(3) The vast majority of ordinary dreams are, so far as we know, *uncorrelated* experiences. By this I mean at least the following two things. (i) If a person ostensibly perceives certain things or events on a certain night in a dream, it is most uncommon for other persons, whether asleep or awake, to have other experiences at much the same time, which are so correlated with this dream

that they seem to be perceptions of the same things or events. (ii) It is also most uncommon for the same person to have a number of dreams on successive occasions, which are so correlated with each other that they seem to be perceptions of the same objects, either as unchanged or as having undergone certain changes during the intervals.

Now there are *correlated* hallucinations, i.e., groups of hallucinations, occurring in the same person at different times or in different persons at the same or at different times, which are so inter-related that they seem to refer to the same object or event. I shall call any such set of experiences a *co-referential* set of hallucinations. Such a set may take various forms. The following are the most important :

(i) Two or more persons, present together in the same small region of space, may simultaneously have hallucinations, e.g., as of a figure which seems to enter through a closed door, to cross the room, and to vanish into the opposite wall. On comparing notes one or other of the following facts may emerge. (a) They may find that each ostensibly saw such different parts of the same figure as each would have seen from his own position if a real human body had crossed the floor before their eyes. Or (b) one of them may, e.g., have had an hallucinatory *visual* experience as of a figure in a silk dress crossing the room and opening her mouth as if shrieking ; but he may not have ostensibly *heard* any corresponding sounds. The other of them may at the same time have had an hallucinatory *auditory* experience as of the sound of footsteps, as of the kind of rustle that a silk dress would make, and as of a shriek ; but he may not have ostensibly *seen* anything corresponding. I should class these two alternatives together as instances of a *collective hallucinatory quasi-perception*. There is very good evidence for cases of this kind.

(ii) The following kind of case might be imagined, though there are few, if any, well-attested instances. Suppose that, at much the same time and independently of normal inter-communication, a number of persons in different parts of the world had hallucinations which all seemed to refer to the death of the present Pope by poisoning. One man in London might have dreamed that he saw the Pope's corpse lying swollen and bloated with froth at the mouth. Another in New York might have seemed to hear a voice crying 'The Pope has been poisoned'! A third in Stockholm might have been shaving and seemed to see his mirror cloud over and then exhibit the image of a newspaper with the headlines 'Death of the Pope : Poison suspected'. And so on. These hallucinations would constitute a co-referential set, for they would all plainly

refer to a single ostensible event, whether actual or not. But they would not have the very special kind of inter-relations which would make them a collective hallucinatory quasi-perception. I shall describe such cases, if they occur, as instances of a *disseminated* hallucination.

(iii) A person might on various occasions have hallucinations, e.g., dreams, which were so correlated with each other that in all of them he ostensibly perceived the same persons and scenes with such differences on successive occasions as might have taken place if they had persisted and changed independently in a normal way during the intervals. A celebrated case of this kind was investigated many years ago by Professor Flournoy and reported in his book *Des Indes au Planète Mars*. I shall describe such cases as *reiterative hallucinatory quasi-perceptions*.

(iv) In the case last mentioned all the hallucinations occurred in the same person and were ostensible perceptions of the same objects at different stages in their history. But consider now the well-known and quite well attested phenomenon of a 'haunted' room. This introduces further complications which it is important to notice.

To say that a certain room is 'haunted' means at least that over a considerable period a number of *different* persons who have been in it on different occasions have had hallucinatory experiences. So 'haunting' combines at least the following features, viz., that the hallucinations (a) are *localised* as opposed to disseminated, (b) are *reiterative* as opposed to sporadic, and (c) occur in *more than one individual*. Sometimes, however, there are further correlations. One possibility is that the hallucinations are so correlated that each of these individuals on the various occasions seemed to perceive much the same figures performing much the same actions. If so, we have a case of *reiterative* quasi-perception not confined to a single individual. A further possibility is that there may also be *collective* quasi-perception, i.e., on some of the occasions several persons present at the same time may have seemed to perceive the same figure from their several points of view. The 'ideal haunt', if I may use that expression, would involve both reiterative and collective quasi-perception. But most of the well-attested cases fall far short of this. Often the most that can be established is that several persons on several occasions have had one or another kind of queer hallucinatory experience in a certain room. There is often no good evidence that their hallucinations were so correlated as they would be if they were actual perceptions of the same real object from various points of view or at various stages of its history.

We have now reached a point at which it is desirable to consider in more detail the notion of *localisation*. So far this notion has occurred in two contexts, viz., in connexion with collective hallucinatory quasi-perception and with 'haunting'. Now in each of these cases we can distinguish two features, viz., (i) the physical location of the percipient's body, and (ii) the ostensible location of his hallucinatory quasi-percept. In the examples so far discussed the latter is in the immediate neighbourhood of the former. The hallucinated percipient's body is physically located in a certain chair in a certain room, and the hallucinatory figure which he seems to see is ostensibly located near to him in the same room. The point of view from which he seems to see that figure is the same as that from which he actually sees the real objects in the room, and it can be identified with the physical location and orientation of his body. There is, however, an important class of cases in which this simple scheme breaks down. They may be described as follows.

Sometimes a person, whose body is in fact at rest in a certain room, will seem to himself to leave his body, to see it from outside as lying on his bed, to go to this or that distant place, to enter houses, rooms, etc., there, and to perceive from near at hand the persons and things in them. These may be described as 'out-of-the-body experiences'. A much commoner experience, very frequent in ordinary dreams, is to seem to oneself to be moving bodily from place to place, as one does in waking life. Still commoner is the experience of seeming to be in a distant place without any experience of having travelled thither. Such experiences involve a more complete state of hallucination than those which we have so far considered. In most cases these hallucinations are completely delusive, but in some (particularly with certain subjects under hypnosis) the description given by the hallucinated subject of what he seems to see and hear in the places to which he seems to have been translated are found to agree with the facts to a remarkable degree.

It is plain, therefore, that we must in theory distinguish the following *three* spatial notions in connexion with a person who is subject to an hallucination, viz., (i) the *physical location* of his body, (ii) his *ostensible point-of-view*, i.e., the position from which he seems to himself to be surveying the scene, and (iii) the *ostensible location of the hallucinatory quasi-percept*. In most cases (i) and (ii) coincide, i.e., the subject seems to himself to see the apparition from the place where his body is in fact physically located at the time. And in most of these cases (iii) is closely adjacent to (i) and (ii), i.e., the apparition is ostensibly perceived as not far from the

place where the subject's body in fact is. But although this is usual, there is no logical necessity in it. It might conceivably happen that a person had an hallucination in which he did *not* appear to himself to have changed his point of view, but *did* appear to himself to be perceiving, from the place which his body is physically occupying, some *distant* scene.

I shall give the name of *ostensible telesthesia* to all cases in which the ostensible location of the hallucinatory quasi-percept is considerably remote from the actual physical location of the subject's body. We can then subdivide such cases into ostensible telesthesia (a) *with*, and (b) *without*, ostensible displacement of point-of-view.

Now suppose that an individual has an hallucination in which he does *not* appear to himself to have changed his point-of-view, and in which the hallucinatory quasi-percept is as of a human figure *located in the room in which he is sitting*. The situation will appear to him as an *invasion* of his room by another person. Suppose, on the other hand, that he has an hallucination in which he appears to himself to have changed his point-of-view and to be, e.g., in a room in a distant house looking at a person lying on a bed. Here the situation will appear to him as an *excursion* by himself, either *from* his own body or *with* his own body, to the other person's bedroom. (The terms 'invasion' and 'excursion', in this technical sense, are borrowed from F. W. H. Myers.) So we may describe an hallucination as *ostensibly invasive* if (i) there is *no* displacement of point-of-view, and (ii) the hallucinatory percept is as of a living being located in the neighbourhood of the subject's body. We may describe an hallucination as *ostensibly excursive* if (i) there *is* an ostensible displacement of the subject's point-of-view, and (ii) the hallucinatory percept is as of a scene located in the neighbourhood of his displaced point-of-view.

We are now in a position to consider an important class of cases, described in *Phantasms of the Living*, viz., those of *reciprocal* hallucination. The accounts of such cases are not numerous. But some of them are quite well attested, and they are of great theoretical interest. The following is an actual typical example. Mrs *A* is asleep in her bedroom on land. Her husband *A* and another man *B* are in their berths in a cabin of a ship at sea in a storm. Mrs *A* has an hallucination of a dreamlike kind, in which she seems to herself to be somehow conveyed over a stormy sea, to land on a ship, to enter a cabin, and to see her husband *A* and a man who is a stranger to her. She afterwards, without prompting, describes the scene and correctly indicates certain peculiar features of the cabin. At much the same time *A* on board ship dreams that

his wife enters the cabin in her night-dress, that she hesitates on seeing the stranger *B*, and that she then advances to *A*'s berth and leans over and kisses *A*. *A* thereupon wakes up to find *B* staring at him. *B* has had a waking hallucination corresponding to *A*'s dream, and he chides *A* for admitting a strange woman into their cabin at night and being kissed by her.

Another actual example is the following. *X* hypnotises his friend *Y* and directs him to try to travel in the spirit to the house of *Y*'s fiancée *Z*, to try to appear to her, and then to come back and report what he has seen. *Z* is unaware that any such experiment is to be made. On comparing notes afterwards it is found that *Y*'s report of *Z*'s surrounding and actions is substantially correct, and that *Z* had an hallucinatory perception as of *Y*'s presence in her room.

Let us now consider these two examples. As regards *A* and *B* the first case is an instance of *collective* hallucination. But what interests us at present is that, as regards Mrs *A* on the one hand and *A* and *B* on the other, it is a case of *reciprocal* hallucination. *A*'s dream and *B*'s simultaneous waking hallucination were so correlated with Mrs *A*'s experience that what *they* seemed to themselves to see was Mrs *A* in the place where *she* seemed to herself to be and doing what *she* seemed to herself to be doing. The hallucinations experienced by *A* and by *B* were ostensibly *invasive* as regards the hallucinatory figure of Mrs *A*. The hallucination experienced by Mrs *A* was ostensibly *excursive*, since it involved an ostensible displacement of her point-of-view, and since the hallucinatory figures of *A* and of *B* were located in the neighbourhood of her displaced point-of-view. Similarly, the second example is a case of reciprocal hallucination. The hallucination experienced by *Y* was ostensibly *excursive*, and his hallucinatory percept corresponded to the actual situation of *Z*. The hallucination experienced by *Z* was ostensibly *invasive*, and her hallucinatory percept corresponded to the content of *Y*'s hallucination.

We can now give the following general definition of the term '*reciprocal* hallucination'. *A* has an hallucination which is ostensibly *excursive*, in which he seems to himself to be perceiving *B* from a point-of-view in the neighbourhood of *B*'s body. At the same time *B* has an hallucination which is ostensibly *invasive*, in which, without any displacement in his point-of-view, he seems to himself to perceive *A* in his immediate neighbourhood.

There need be no further correlation between the two hallucinations than this. But the correlation might conceivably extend further in either of two different ways. (i) The details of *A*'s

hallucination might correspond to *B's actual* state, situation, dress etc., at the time. Or (ii) the details of *A's* hallucination might correspond, not to *B's* actual state, situation, dress, etc., at the time, but to the contents of *B's* contemporary *false beliefs, delusive hallucinations*, etc., concerning these matters. There are of course similar alternative possibilities of further correlation between the details of *B's* hallucinatory perception and either *A's* actual contemporary state and situation or *A's* false beliefs or delusive hallucinations concerning these matters.

It is important to distinguish these two alternative possible forms of further correlation, for the following reason. In all reciprocal cases the experience had by the person whose hallucination is ostensibly excursive is an instance of *ostensible telesthesia*, as I have defined it. If *either* of our two further conditions is fulfilled in his case, this ostensible telesthesia is in a sense *veridical*. But it will be veridical in a different sense according to which of these conditions is fulfilled. Suppose that what corresponds to the details of *A's* hallucination, if it is veridical, is *always* the contents of *B's* beliefs and hallucinations about himself, and *never* the actual state and situation of *B*, if this is different from what *B* takes it to be at the time. Then we could say that all ostensible telesthesia which is veridical is only *heterosubjectively*, and not objectively, veridical. It corresponds to a fact which is foreign to and independent of the subject, but that fact is itself a mental state of another person. If it should happen also to correspond to a physical fact, that is merely because that other person's mental state happens to be one of *true* belief and *correct* perception. Suppose, on the other hand, that what corresponds to the details of *A's* hallucination, if it is veridical, is *sometimes* the actual state, situation, dress, etc., of *B*, in cases where these are different from what *B* takes them to be at the time. Then we could say that some ostensible telesthesia is *objectively*, and not merely heterosubjectively, veridical. It would correspond to a fact which is not only foreign to and independent of the subject, but is also a fact in the physical world in conflict with the false beliefs and the misperceptions of the other person concerned. I think that the word 'clairvoyance' has generally been used to mean ostensible telesthesia which is *objectively*, and not merely heterosubjectively, veridical. It may well be doubted whether there are any well-attested cases of it, but it is useful to have a theoretical niche available for it.

Now Gurney, in his theoretical discussion of cases of reciprocal hallucination in *Phantasms of the Living*, uses the term 'telepathic clairvoyance'. I think that this is what I have called 'hetero-

subjectively', as opposed to 'objectively', veridical telesthesia. It is an ostensibly excursive hallucination experienced by *A*, in which he seems to himself to be in presence of the distant *B*, and where the details of *A*'s hallucination correspond to *B*'s *beliefs and hallucinations* about his own state and situation at the time, and not to *B*'s *actual* state and situation, if this should be different from what *B* takes it to be.

This brings us to a certain ambiguity in the words 'telepathy', 'telepathic', etc., which it is important to notice. Suppose we say that *A* is having a telepathic experience in reference to *B*. Then we may mean only that the *initiating cause* of this experience of *A*'s was some event in *B*'s mind, and that there is no known physical link between these two events. Or we may mean to assert further that the experience thus initiated in *A*'s mind corresponds in such a way to a certain contemporary experience in *B*'s mind that *A*'s experience can be regarded as a state of awareness either of *B*'s experience *itself* (if it be a feeling or an emotion) or of the *content* of *B*'s experience (if it be a belief or a perception). When all that we wish to allege is the former we will say that *A*'s experience is *telepathically initiated*. When we wish to allege the latter we will say that *A*'s experience is *telesthetic*.

It is fair to assume that any experience which was telesthetic would be telepathically initiated. But the converse certainly does not hold. An experience of *A*'s might be telepathically initiated by a certain event in *B*'s mind, but it might not be a state of awareness in *A* of that or of any other event in *B*'s mind. The effect of the telepathic stimulus from *B* might be simply to set *A*'s mind at work to construct a dream or waking fantasy out of the traces of his own past experiences, and this might have no special correspondence with any contemporary experience of *B*'s. What we can fairly say is that in such a case it would be difficult to find any evidence for the fact that this experience of *A*'s had been telepathically initiated by a certain event in *B*'s mental history. In most cases where we have good reason to believe that a certain experience in *A* has been telepathically initiated by a certain event in *B*'s mental history an important part of the evidence consists in some kind of detailed correlation between this experience of *A*'s and that event in *B*'s life. It follows that, if telepathic initiation of experiences be a fact (as it almost certainly is), then it is extremely likely that it extends far beyond the rather limited range of cases in which we can produce specific evidence for it.

We are now in a position to define the phrases 'phantasms of the living' and 'phantasms of the dead'. Suppose that *A* has an hallucinatory experience, whether veridical or delusive, in which

he seems to himself to see a certain other person *B* or to hear *B*'s voice, i.e., one which obviously refers to *B*, at a time when *B* is not physically present. Then we describe *A*'s hallucinatory percept as a 'phantasm of *B*'. Suppose that *B* is alive at the time. Then *A*'s hallucinatory percept would count as a phantasm of the *living*. Suppose that *B* has been dead for at least a day or two. Then *A*'s hallucinatory percept would count as a phantasm of the *dead*. Obviously there are marginal cases. The authors of *Phantasms of the Living* thought it desirable to extend that phrase to include cases in which *A*'s hallucination takes place within a few hours *after B's* death. This was because there is evidence that a telepathically initiated stimulus may not give rise to a conscious experience until some time after the event which initiated it. It is therefore possible that *A*'s hallucination of a phantasm of *B* may be due to telepathic influence on *A* initiated by *B* at or shortly before the moment of *B*'s death, although its effects did not emerge into *A*'s consciousness until shortly after that moment. Of course no hard and fast line can be drawn, but in practice we shall not count any hallucination as a phantasm of the dead unless the person concerned has been dead for at least 24 hours before the hallucination occurs.

A phantasm of the living is *prima facie* veridical if *A*'s hallucination occurs at roughly the same time as a certain highly unusual event in *B*'s life, e.g., an accident or sudden illness; if the detailed character of the hallucination corresponds in a high degree, either by literal resemblance or by perfectly obvious symbolisation, with the detailed character of *B*'s contemporary state and situation; and if we can rule out normal information, expectation, and inference (conscious or unconscious) on *A*'s part concerning *B*'s experience. It is obvious that there is one important test which we can apply to phantasms of the *living* and cannot apply to those of the *dead*. In the former cases we can find out, by direct enquiry or otherwise, whether, at about the time when *A* had his hallucination concerning *B*, *B* was or was not in the peculiar state and situation in which he appeared to *A* to be. But, even if in some sense or other the spirits of the dead survive, we cannot interrogate them.

In the absence of the above test the main criteria for veridicality in the case of phantasms of the dead are the following:

(1) Was the hallucination *collective*? If two or more persons, without normal communication with each other, had very similar hallucinations, all concerning a certain dead person, at very much the same time, this would suggest a common cause independent of all of them. This, however, is not conclusive. It is possible that

one of these persons, say A_1 , may have had an hallucination of purely intra-subjective origin concerning B , and that this may have telepathically induced similar hallucinations in the other persons A_2, A_3 , etc.

(2) Did the hallucination convey to A information about the dead person B which A could not have got at the time by any normal means? There are some very impressive and well-attested cases of the following kind. B dies at a certain date. Some time later A , who neither knows this nor has the least reason to expect it, has an hallucination, obviously referring to B , in which he is either told or shown by unmistakable symbolism that B is dead. The hallucination corresponds very closely in detail to the circumstances of B 's death, and those circumstances were very peculiar. B had a very strong reason for wishing to communicate the facts about his death to A , and this anxiety on his part is apparent in the details of the hallucination. In such cases it certainly looks *prima facie* as if B , or some part of him, had survived the death of his body and were fulfilling certain persistent desires and intentions by appropriate telepathic action upon A .

(3) Was the hallucination *localised* and *reiterative* and not confined to a single individual? Did a number of persons, who were on different occasions in the same limited region of space and were never in normal communication with each other, have hallucinatory perceptions which are obviously so much alike that it is natural to regard them as successive appearances of the same individual? There are a number of extremely well attested and carefully investigated cases of this kind. Such cases certainly suggest the persistence of *something or other* specially connected with a certain deceased person, which is in some way localised in its sphere of action, and is capable of generating markedly similar hallucinations in different percipients over a considerable period. When one studies the details of the best attested cases of 'haunting' they do not, I think, on the whole suggest the presence of any persistent desire or intention. They suggest, rather, an aimless mechanical repetition of the dreams or waking fantasies of a person brooding over certain incidents and scenes in his past life.

Obviously the phantasms of the dead which are characteristic of cases of 'haunting' must be taken in close connexion with those phantasms of the living which we have described as collective, as reiterative, and as reciprocal. I shall devote the rest of my paper to a brief discussion, in my own language, of certain speculations on these topics which are to be found in *Phantasms of the Living*.

Gurney suggested two alternative theories to account for collective hallucinations. The first is that a certain distant person *B*, who is undergoing some crisis, exerts simultaneously and independently a telepathic influence on *A*₁, *A*₂, etc., who happen to be together at the time, and that they thereupon have hallucinations which more or less closely resemble each other. This might be called the theory of *Multiply-directed Telepathic Initiation*.

As regards this theory Gurney made the following comments. (i) It obviously applies only to collective hallucinations which are *veridical*, i.e., where there is an event in the history of a person outside the group of hallucinated percipients which corresponds to their hallucinations. It would therefore commit us to the hypothesis of some kind of survival in the case of phantasms of the *dead*. (ii) We have some reason to believe that the *details* of a telepathically initiated hallucination are largely the work of the *recipient* of the influence. It therefore seems unlikely that the hallucinations of two or more persons, stimulated telepathically at the same time by the same incident in the history of a certain individual, would in general *resemble* each other. (iii) We have also some reason to believe that there is often a period of latency between the initiation of a telepathic stimulus and the production of an hallucination. This period would hardly be likely to be the same for different persons in the same room on the same occasion. Therefore we should not expect the hallucinations which were telepathically initiated in *A*₁, *A*₂, etc., by the same event in *B*'s history to occur *simultaneously*. (iv) There is good reason to believe that an event in *B*'s history will influence *A* telepathically only if there is a pre-existing *rapport*, e.g., blood-relationship, close friendship, love, etc., between *A* and *B*. We should therefore *not* expect that hallucinations would be generated telepathically in anyone in the room who was a complete stranger to *B*. But in fact such persons are often included amongst those in the room who share the collective hallucination concerning *B*. On the other hand, we *should* expect that what I have called *disseminated* hallucinations would be at least as common as collective ones. Persons who are in close *rapport* with *B*, but are widely separated from each other in space, might be expected to have simultaneous hallucinations corresponding to a crisis in *B*'s life. Now there are a few well-attested cases of disseminated hallucination, but they are much less common than cases of collective hallucinatory perception.

As regards the last of these objections I would remark that cases of disseminated hallucination would be very liable to be overlooked even if they were fairly frequent.

We can now pass to Gurney's second theory. According to this, one of the persons in the room, say A_1 , starts to have an hallucination. This may arise from purely intra-subjective causes, or it may be initiated telepathically. In either case, A_1 telepathically influences A_2 , A_3 , etc., who are in the same room with him at the time, and they have hallucinations which resemble his. This may be called the theory of *Telepathic Infection*.

As it stands, this theory seems to me to be open to several of the objections which Gurney brought against the first theory. Is it any easier to see why the hallucinations produced in A_2 , A_3 , etc., should *resemble* each other or be *simultaneous* with each other when the initiating telepathic agent is A_1 , who is one of the persons *in* the room, than when it is B , who is at a distance?

An objection which Myers brought, and which Gurney discusses, is this. If the theory were true, we should expect to find numbers of cases in which an hallucination, arising in A_1 from purely intra-subjective causes, spreads telepathically to other persons who are in his neighbourhood at the time. Myers contended that there are no clear cases of this. Gurney had to admit that they are not at all numerous. He quotes in detail a few cases of collective hallucination where there is no apparent reason to think that the crop of hallucinations was started telepathically by any *living* person outside the group of adjoined percipients, and where there is no special reference to any *dead* person or indeed to any *person* at all. But in the end he has to admit that telepathic initiation by some mind *outside* the group of percipients, though not a *necessary* condition for collectivity, is at any rate a *highly favourable* condition. This is of course compatible with the theory that the spreading of the hallucination is by telepathic infection within the group.

Anyone who is inclined to accept the theory of telepathic infection has to face the following question, which Gurney himself raised about the rival theory of multiply-directed telepathic initiation. Why should telepathic infection affect those and only those who happen to be together in the same small region of space at the time, and who may be in no special pre-existing *rapport* with the one in whom the hallucination starts?

Gurney suggests that contiguity in space may be only indirectly relevant. The experiences of several persons who have been together for some time, especially if they have been in conversation with each other or have been taking part in some common occupation, have for the time much in common. They form a kind of interconnected pattern. Gurney suggests that this may suffice to form the basis of a temporary *rapport* between them, even in

the absence of any deep or long-standing emotional relationship.

I would observe that this suggestion does not help to explain, in terms of the theory of telepathic infection, the *reiterative* character of the hallucinations in the case of a 'haunted' room. For such hallucinations may occur in persons who occupy the room at various times, have never occupied it together or been in communication, and have no kind of emotional link with each other.

Gurney was not himself satisfied with the theory of telepathic infection in its pure form. He proposed the following modification, in which the theory is supplemented by a diluted form of the theory of multiply directed telepathic initiation. Suppose that an hallucination is initiated telepathically in A_1 by some crisis in the life of the distant B , and that this spreads by telepathic infection to A_2 who is together with A_1 at the time. There are the following two cases to be considered :

(i) Suppose that there is already a long-standing and intimate relationship between B and *both* A_1 and A_2 . Then B may be able to affect both of them telepathically, but the nature of the effect may be different in the two cases. In A_1 the effect may be to generate an hallucination relevant to B 's contemporary crisis. In A_2 the effect may be only to make him more susceptible to telepathic influence from A_1 so that he is readily affected telepathically by A_1 and has an hallucination similar to his. This effect might be called *direct telepathic sensitisation*.

(ii) Suppose now instead that, whilst there is a long-standing and intimate relationship between B and A_1 , A_2 is a complete stranger to B . In that case the temporary community of ideas and interests between A_1 and A_2 may suffice to place B in temporary *rapport* with A_2 . This may be insufficient to enable B to generate by direct telepathic influence any hallucination in A_2 . But it may be enough to make A_2 specially susceptible to telepathic infection from hallucinations produced telepathically in A_1 by B . This effect might be called *mediated telepathic sensitisation*.

In this connexion Gurney quotes a few cases in which two persons were together and the relevant hallucination occurred *only* in the complete stranger A_2 and *not* in A_1 who was closely related to B . Here it looks as if the combination of the pre-existing *rapport* between B and A_1 with the temporary *rapport* between A_1 and A_2 constituted a temporary *rapport* between B and A_2 , and enabled B to produce a relevant hallucination in A_2 *directly* and not through telepathic infection from A_1 . This might be called *mediated telepathic initiation*.

Lastly, Gurney very tentatively proposed a further modification

of the pure theory of telepathic infection to cover cases which are not only collective but also *reciprocal*. Suppose that *B* is undergoing some crisis, and that *A*₁ and *A*₂ are together in a room in a place remote from *B*. Suppose that there is some pre-existing link between *B* and *A*₁, but that *A*₂ is a complete stranger to *B*. The first thing that happens is that *A*₁, in virtue of the *rapport* which already exists between him and *B*, has a telepathically initiated hallucination corresponding to *B*'s crisis. Suppose now that this happens to be *reciprocal*. This implies that *B* has an ostensibly excursive hallucination, initiated telepathically by *A*₁, and corresponding to *A*₁'s state of knowledge and belief about himself and his surroundings at the time. Since *A*₁'s state of mind includes a perception of the room with *A*₂ in it, *B*'s excursive hallucination will thus refer indirectly to *A*₂ as part of the content of *A*₁'s perceptions and thoughts at the time. Gurney suggests that this might be a sufficient temporary *rapport* to enable *B* to initiate telepathically in *A*₂ an hallucination as of his presence in the room.

Gurney takes a very cautious attitude towards this last suggestion. In the first place, it is plainly irrelevant to all cases of collective hallucination where there is no evidence for *reciprocal* telepathy between any member of the assembled group and the distant person whose phantasm they ostensibly perceive. But even in those collective cases where there is evidence for reciprocal telepathy it is doubtful whether we can dispense with the theory of telepathic infection. The argument may be put as follows :

*A*₂, by hypothesis, has never seen *B* and has not the least idea what he looks like. Granted that the reciprocal telepathy between *B* and his friend *A*₁ puts *B* in a position to exert *some* kind of telepathic influence on the complete stranger *A*₂, who is within *A*₁'s field of consciousness and interest at the time, why should the effect take the very special form of an hallucinatory perception of *B* as present? We can understand why the effect of *B*'s telepathic influence on *A*₁ should be to produce in *him* an hallucination as of *B*'s physical presence ; for, by hypothesis, he knows *B* well and therefore has within his mind the necessary materials for constructing such a phantasm. But the complete stranger *A*₂ has no such materials within *his* mind. Gurney argues from this that even in those collective cases which are reciprocal we must suppose that the hallucinatory perception of the phantasm of the distant *B* starts in one of the group who is already familiar with his appearance, and then spreads by telepathic infection to those members who are complete strangers to him.

It seems to me that Gurney has failed to notice that a precisely similar difficulty remains even if we make this supposition. The

fact that the stranger A_2 has not within his mind the materials for constructing a phantasm of B remains, whether we suppose the telepathic stimulus to come to him from A_1 , who knows well what B looks like, or from B himself.

I think that the only advantage which A_1 would enjoy over B as the telepathic source of a phantasm of B in A_2 's mind is the following. A man's friends have a much more detailed and accurate idea of what he looks like from various external points-of-view than he can possibly have himself. Moreover, a person who is undergoing a crisis is hardly likely to be thinking at the time of the appearance which he would present to outside observers. It therefore seems most unlikely that B would have before his mind at the time a vivid image of his own outward appearance. But, by hypothesis, his friend A_1 has, under the telepathic influence of B 's crisis, generated from his memories of B an image so lively as to amount to an hallucinatory quasi-perception of B 's bodily presence. Now experiments in the telepathic reproduction of drawings, e.g., suggest that under such circumstances A_2 , if telepathically affected by A_1 , would be likely to have an image resembling that which is vividly present to A_1 's mind. This, I think, is an essential step in the argument for Gurney's contention that telepathic infection is an indispensable factor even in those collective cases where there is reciprocal telepathy between a member of the associated group and the person whose phantasm they ostensibly perceive.