HALUCINATION AND TRANCE: AN ANTHROPOLOGIST'S PERSPECTIVE

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Ten years ago, in a paper written for a psychiatric audience, the anthropologist A. F. C. Wallace spoke of hallucination as "one of the most ancient and widely distributed modes of human experience" (1959: 58). This broad claim is facilitated by his definition of hallucination as "pseudo-perception," which includes dreams and hypnagogic imagery. While I do not wish to make my definition quite so broad, I must recognize the considerable difficulty which exists in distinguishing waking hallucinations from the two other types of pseudo-perceptions in the self-reporting of ethnographic informants. For example, in many North American Indian societies, young men went out in quest of a vision, to obtain the help of a guardian spirit. From their reports, usually narrated many years after the event, it if often impossible to tell whether the "vision" they experienced was, in fact, a waking hallucination, a sleeping dream or hypnagogic imagery and, for the purposes for which they sought the vision, this distinction is, in fact, quite immaterial.

For the psychiatrist and the American layman in general as well, hallucinations are likely to be the hallmark of insanity. As Sullivan put it, "although hallucinations do not necessarily usher in schizophrenic episodes, they very frequently do so" (1953: 361). The experience of hallucination is seen by Sullivan as a uniquely personal one and elsewhere he tells us that hallucination "is expressive of a dissociated tendency to integrate some particular interpersonal situation" (1947: 139).
What, then, distinguishes the anthropologist's evidence concerning hallucination, which allows him to give these pseudo-perceptions such an important place in his attempt to study a uniquely and characteristically "human mode of experience" from that of the psychiatrist, who sees in it a private and deviant attempt of dealing with personal problems and, typically, a danger signal heralding severe pathology?

Before we attempt to answer this broad question, it might help us to establish a comparative framework for our investigation. And we may gain a better perspective on these matters, if we start out with some distinctions and provide some numbers. There exists a large body of descriptive anthropological literature, dealing with hundreds of societies in all parts of the world. Unfortunately, this literature is not systematically concerned with the matters which happen to interest us at the moment, and this fact tends to limit our control over sampling of the societies in important ways. Nonetheless, if we chose a large enough sample, distributed over the several world regions, we may be able to make some meaningful general statements. Over the past several years, together with a group of associates, I have studied such a sample of 488 societies. This sample was chosen to obtain information on the subject of dissociation, or, more broadly, altered states of consciousness, as that term has been used by Ludwig (1968). In our study, we included reports of hallucinations or pseudo-perceptions, but attempted to exclude dreams, wherever that was possible. We also included fugue states, hypnotic states, etc. In many societies, some of these phenomena are interpreted as due to possession by spirits, that is to say, as due to the invasion of the individual by some other power or personality. In native terminology this is often phrased as the replacement
of the individual's "soul," or one of his "souls," by that of some other being. Thus, the actions he carries out, the behavior he engages in, the things he says and does, are no longer his but those of the "possessing" spirit, or, at times, of several possessing spirits. Now, in fact, there are important phenomenological differences between those states of altered consciousness which are interpreted in the local cultural theory as due to possession (we have called these "possession trance") and those which are given some other native explanation (we have called the second variety "trance"). At least, such differences exist for the ideal types of "possession trance" and of "trance," which we may place at the opposite ends of what is, actually, a continuum. For the moment, however, this continuum shall not concern us and we shall be speaking only of our polar opposites. The differences which we have discovered are found in a number of dimensions of the phenomena. Of these, two are of particular interest to me at this time: (1) the cognitive or cultural dimension and (2) the relation of the states to the use of drugs.

Let me emphasize the difference between possession trance and trance once more. We may say, with Wallace (op. cit.), and indeed I have said so elsewhere (Bourguignon, 1965; 1968), that to talk of "possession" is to talk of native theory and to talk of "dissociation" or "altered states of consciousness" or "trance" is to use the unbiased and supra-cultural language of the observer. (Parenthetically, we may note that the theory of possession may be applied by a given population to a variety of phenomena, not all of which involve trance states, but only the latter are of interest to us here.) In fact, however, the situation is a bit more complicated than this distinction between the categories of the native and of those the
observer may suggest: as ideal types, possession trance and trance are distinguished not only in native theory but also in observable behavior. The reason for this is to be found in the feedback of cultural theory on native behavior. In societies where there exists a traditional pattern of possession trance, the random dissociational behavior of individuals will be interpreted by the subjects themselves and by others around them as due to possession by spirits. If such an interpretation takes place, the subjects will readily behave accordingly: the theory of spirit possession, which is part of their cognitive orientation, organizes and structures their dissociated behavior. Any type of experience is interpreted by the individual in terms of his knowledge of the world, in terms of his expectations, in terms of the reactions of others to him in the circumstances at hand. In this respect dissociation is no different from other experiences and other types of behavior. If we may then continue our contrast of possession trance and trance as ideal types, we find that the possession trancer, once he learns his expected role, performs for an audience. The trancer, on the other hand, experiences (sees, hears, etc.). He may then perform by reporting these experiences, but this is not quite so generally the case, the experience may be a private one and remain so. The possession trance performance is generally followed by amnesia, its message being addressed to an audience, rather than to the actor himself. Trance, however, is remembered, for the experience is either of importance to the group and must then be reported to the group or it is important to the subject and as such must be remembered by him. The possession trancer, in other words, is the mouthpiece of the spirit who tells others of matters of significance, while the trancer hears the spirits speak to him and to him alone. The
possession trancer is active, or at least, appears active, manipulated by an alien volition. Perhaps, in terms that recognize the psychological importance of native theory, we might say he is a "passive actor." The trancer, on the other hand, who appears passive, is an "active recipient." The possession trancer demonstrates the behavior of spirits to others, but he does not encounter them. The trancer, on the other hand, perceives and encounters the spirits, he does not demonstrate their presence to others, or does so only secondarily. The possession trancer establishes a relationship between his audience and the spirits, he is the medium through which such a contact is made. The trancer establishes a relationship between himself and the spirits, and this contact may or may not be utilized for the benefit of a group. Possession trance is a public event, trance essentially a private event. The possession trancer impersonates, the trancer hallucinates.

While these comments apply best to the extreme, ideal types and while it is a slight oversimplification to identify "trance" as we have used that term, with hallucination, I believe this oversimplification is indeed only slight. One more point of clarification and definition must be added, however, with reference to the phrase 'ritualized trance' which I have used.

By ritualized trance I mean that the behavior in question fits into a framework of cognition and action which is shared by the subject, his associates, and the experts. These may be religious functionaries, acting as diagnosticians, therapists, cult leaders, whatever. It is also true that the behavior is learned, either intentionally or through example and experience. Trance and hallucinations may be induced or spontaneous. If it occurs spontaneously, it may be integrated into a cycle of ritual
behavior and thus brought under control. For example, the trancer may become a shaman and is taught that the hallucinations are a first step in his development, one that will later recur only under controlled conditions, induced intentionally. However, if the trance is neither intentionally induced nor part of the acquisition of a new religious and social status, it may be considered an illness or deviancy to be cured, a sign of madness. For example, Devereux tells us that among the Mohave Indians there is a taboo against the hunter eating his own kill. Such a hunter will have hallucinations: "he sees game everywhere" (1961: 42). The Mohave consider this a type of insanity brought about by the infraction, one that is similar to the type of madness that strikes warriors. While the causes of such hallucinations are clearly linked to culturally derived concepts of guilt, such hallucinations are not part of any ritual sequence, a change of social status or the reorganization of a social group. As such, they are not the kinds of ritualized hallucinations we have been concerned with in our research. Rather, they resemble the pathological hallucinations the psychiatrist encounters. They are mentioned here to emphasize the point that ritualized hallucinations are not the only type found in traditional societies, even though they are the type we have focused our work on. In many ways, of course, hallucination is learned behavior in Western society as well. An important difference between Western pathological hallucination and the ritualized trance of traditional societies lies in the observation that the meaning of the experience is not generally shared: however "real" the experience may be to the patient, to his associates and to the psychiatrist they are a product of his disordered fantasy. In this
non-sharing of the cognitive evaluation of the hallucination lies, of course, a complicating element in the patient's case.

With these points in mind, we may now address ourselves to the results of our comparative study and consider some numbers. As mentioned previously, we studied the literature on 486 societies. We found a form of ritualization of dissociational states in 437 of the total number; that is, we found it in 89% of our worldwide sample. Possession trance is found in 51% of this sample (251 societies) and trance in 62% (302 societies).

As these figures indicate, there is an overlap between the two types of dissociation and some societies (to be precise, 115 or 24%) have both some form of possession trance and some form of trance. Now, if we consider trance to involve hallucination, we see that 62% of our worldwide sample have ritualized patterns involving hallucinations (Bourguignon, 1968).

These are rather striking figures and justify the anthropologist’s impressionistic judgment that dissociational states in general and trance/hallucinations in particular constitute a psycho-cultural phenomenon of major importance. We are here dealing with what is apparently a universal human capacity, which many societies, but by no means all, have utilized in their own ways for their own ends. It would now be interesting to know, but no body of evidence exists to tell us this, whether the existence of ritualized trance has any bearing on the incidence of frankly pathological hallucinations in a particular society. It has been argued that the existence of a ritualized form of trance provides a social niche for deviants or on the other hand acts as a safety valve for potential deviants, or gives evidence of the high incidence of deviancy existing in a given society, for example during periods of stress. There is no systematic
body or data to support any one of these hypotheses. Nor do we know whether the institutionalization and ritualization of trance is the result of the widespread existence of such experiences. What is known is that there is, in many societies, more or less systematic learning of how to develop trance states and these states are then systematically induced on the one hand and, on the other, conform to a considerable extent to a culturally constituted model.

These ritualized hallucinations (or visions, to use a term with fewer pathological overtones) are utilized in a variety of ways, but almost always in a context which we must call religious. They establish a tie between the individual and a personal guardian, as typically among North American Indians, or they may provide the basis for a movement of cultural, religious and social transformation. Frequently such states are induced intentionally. As such, there are a series of methods, but the preference varies from region to region and period to period. The two principal methods appear to be those involving deprivation: of movement, of sensory contact, of food, drink and sleep, leading to exhaustion, hypoglycaemia, disorientation, etc. Sometimes specific self-punishment or self-torture will also be used. The other principal method involves the use of drugs. On the whole it should be noted that the two methods are rarely linked or combined, that their use is hedged around with rules, prescriptions, expectations and so on, and that the content of the visions, as far as we know, tends to be rather stereotyped within a given cultural context. There is some freedom of innovation, but the integration of dissociated elements, the source of the hallucination in idiosyncratic experiences and needs which is of significance in Western psychiatry is likely to be limited. It appears to be
greater where only the rare individual searches out the experiences as opposed to the society where they are required of most in a given social category or are available to all who wish to undergo the necessary rigors.

It may be of some interest to note that drugs appear to be used more typically in connection with a passive, receptive hallucinatory trance state rather than with an active, impersonating possession trance state. We have analysed these two types of dissociation in relation to drug usage among North and South American Indians. Our figures show that there are significant differences between them in this respect. Thus, $\frac{1}{4}$ of the societies in our American Indian sample that have trance states produce them by means of drugs, whereas only 15% of those with possession trance do so. (The difference is significant below the .001 level.) On the other hand, it should be noted that the majority of our societies induce trance states, as well as possession trances, not by drugs but by other means.

In North America, the primary substance in use is peyote, in connection with the Peyote cult, which is still spreading northward, having originated in pre-Columbian times in Mexico and the Southwest. Peyote, it should be noted, was not linked to the aboriginal vision quest and represents a separate cultural complex. In South America, where the vision quest did not exist, a variety of drugs were or are used, sometimes by shamans, sometimes by all. The nature of some of these substances has recently been dealt with by a most interesting symposium (see Efron, et al., 1967). Here I only wish to point out the highly mundane uses that the Indians often make of drug states and other hallucinatory states. It is noteworthy that current defenders of hallucinogenic drugs in the United States like to talk of their
so-called "mind-expanding" qualities, of the desirability of the altered states of consciousness they produce. To the Indians, the drugs are used for such ends as finding a remedy for an illness, or the discovery of lost objects. In the North American vision quest, the power granted to the visionary by the spirits may be success in hunting, in warfare or in gambling. One Anahuaca Indian of South America told visiting anthropologists (Carneiro, 1964) that he did not have to go out of the jungle to find out about the inventions of the white man. When the Anahuaca drink ayahuasca (Banisteriopsis caapi) they see spirits called yoshi whom they also see in dreams. These yoshi had told him all about these things.

It is fair to say that the uses to which the drug experience is put, and indeed the nature of the experience itself, are highly conditioned by several factors in addition to the pharmacological properties of the substances: the expectations and the context in which the drugs are taken, (fear or trust, for example), the content of previous experiences (e.g., Jivaros are likely to see jaguars, Americans are much less likely to do so) but also, and this has perhaps not been previously stated quite so strongly, the type of society into which the drug experience is integrated and the nature of that integration. However, a more detailed statement concerning these matters will have to await a fuller analysis of our data.
NOTES


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