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Review: As If Time Had Slipped a Cog

Reviewed Work(s): *The Déjà Vu Experience* by Alan S. Brown

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Source: *The American Journal of Psychology*, Vol. 119, No. 3 (Fall, 2006), pp. 506-510

Published by: University of Illinois Press

Stable URL: <http://www.jstor.org/stable/20445358>

Accessed: 30-01-2018 12:35 UTC

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His presentation style melds the enthusiasm of a novice with the bridled caution of a curmudgeon. Each chapter is appended with a bibliography for those who need further exploration.

Often, in our academic courses, we are confronted by questions from our students regarding topics that are off the main path of cognitive research. One can comfortably direct any interested students to Draaisma's very readable sojourn around these less-trodden arenas. This book was actually one that I had just checked out of the university library before being asked to write a review and had it at the top of my to-read pile. I was not disappointed in my selection and confess to thoroughly enjoying the book. Furthermore, I discovered another cognitive phenomenon in the process: Why do good books seem so short when we approach the end?

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“As If Time Had Slipped a Cog”

The Déjà Vu Experience

By Alan S. Brown. Essays in Cognitive Psychology series. New York: Psychology Press, 2004. xii + 231 pp. Cloth, \$44.95.

Roughly one in three people never experience déjà vu. To them the description of what déjà vu feels like must seem strange, if not downright contradictory. The

experience of *déjà vu* juxtaposes the conviction that what is happening now is happening for the first time with the vague feeling that it is a repetition of something that happened in a dim past. Woodworth (1940, p. 357) described the *déjà vu* experience as the “weird feeling that one has been through all this before, as if time had slipped a cog and were now repeating itself.” I take this description from Table 2.2 in Alan Brown’s monograph *The Déjà Vu Experience*, which lists more than 50 descriptions and definitions, sampled from a body of literature that ranges from the mid-19th century to the present day. This already points to a prominent feature of this book: Brown takes the long view on his subject.

Reading the descriptions leaves one with a sense of the fragility of the *déjà vu* experience. It has a sudden onset, typically lasts only a few seconds (even if there are rare pathological cases in which *déjà vu* seems a chronic condition), and is sometimes associated with the feeling that one knows what will happen next. Quite a few descriptions qualify the sensation of *déjà vu* as “uncanny,” “weird,” or “eerie.” The sensation of *déjà vu* has no behavioral counterparts to speak of, other than that someone may have a puzzled look on his face for a few seconds and perhaps shake his head in perplexity.

Brown (Southern Methodist University) has published on equally evanescent experiences in the domain of memory such as the tip of the tongue phenomenon and cryptomnesia. Still, it is a brave thing to write a monograph on a topic that in the view of many borders on the paranormal, suggestive of reincarnation and earlier lives. Brown is quick to dispel this association. He does so explicitly in the introduction, arguing that *déjà vu* should be freed from its “occult encapsulation,” and implicitly, relegating parapsychological and psychodynamic interpretations to separate chapters for “non-scientific theories,” which are there only “for the sake of historical completeness.”

The Déjà Vu Experience has a clear outline. Brown first deals with matters of nomenclature and definition, pointing out that *déjà vu* has gone by 30 or so different names (in English literature), often implying a proposed explanation such as “double perception” or “double memory.” Only recently has a definition suggested by Neppe (1983) gained standard status: “any subjectively inappropriate impression of familiarity of a present experience with an undefined past” (p. 3). Brown then moves on to the methods traditionally used in the investigation of *déjà vu* (mostly retrospective surveys) and presents data on the general incidence of *déjà vu*. The percentage of people who have reported experiencing at least one *déjà vu* during their lifetime varies between 23 and 100, which doesn’t seem very helpful. However, the discrepancies are caused by differences between the groups surveyed and are in fact very informative. The mean incidence is 67%, with clinical samples having a somewhat lower incidence than nonclinical samples. The positive correlation between a somewhat lower incidence than nonclinical samples. The positive correlation between a somewhat lower incidence than nonclinical samples. The positive correlation between a somewhat lower incidence than nonclinical samples. Brown suggests, may indicate an increase in the general acceptance of the *déjà vu* phenomenon. *Déjà vu* experiences are also positively related to education and income. It appears that *déjà vu* is spilt on youth: *Déjà vu* experiences tend to become less frequent with age. Brown found no gender differences. A particularly tantalizing finding is that *déjà vu* correlates positively with travel but that this relationship shows no gradient; apparently it is the traveling that matters, not the amount of traveling.

In the next two chapters Brown addresses the potentially stigmatizing subject of

the relationship between *déjà vu* and various disorders. Considering that *déjà vu* experiences sometimes are part of the pre seizure aura in temporal lobe epilepsy, many investigators have wondered whether *déjà vu* could be indicative of epilepsy. Weighing the evidence, Brown argues against *déjà vu* as a reliable diagnostic sign. One of the interesting findings from research on epilepsy is that with patients who have *déjà vu* experiences in their aura, the focus of their seizures appears to be in the right hemisphere. Brown expects that further research on *déjà vu* experiences elicited by electrically stimulating brain sites might indicate which cerebral structures are associated with the origin of *déjà vu*. As for psychiatric conditions, research failed to establish a link between *déjà vu* and schizophrenia, depression, or dissociation. However, depersonalization, a pervasive feeling of unreality about the environment, the self, or both, tends to occur more frequently with people having *déjà vu* experiences. Heymans (1904) already commented that this is an intriguing relationship, considering that depersonalization and *déjà vu* represent opposite sensations: In depersonalization a familiar situation seems strange, whereas in *déjà vu* a new situation feels familiar.

The next four chapters must have been the most difficult to write. They outline the variety of attempts to explain *déjà vu*. Brown has identified 34 different explanations and grouped them into four basic categories: dual processing (“two cognitive processes that normally operate in synchrony become momentarily uncoordinated or out of phase” [p. 127]), neurological (“a brief dysfunction in the brain involving either a small seizure or slight alteration (acceleration/retardation) in the normal time of neural transmission” [p. 127]), memory (“some dimension of the present setting is actually objectively familiar, but the source of the familiarity is not explicitly recollected” [p. 127]), and double perception (“an initial perception under distracted or degraded conditions is immediately followed by a second perception under full attention” [p. 127]). Sorting explanations in just these four categories may sound natural enough, but on closer inspection this particular grouping reflects a veritable taxonomic nightmare. Explanations dealt with in the dual process chapter typically involve both neurological and memory processes. Explanations discussed in the neurology chapter assume a brief alteration in the normal transmission process in the brain, but the thing transmitted is either a perception or a memory image. More often than not a particular explanation has its point of departure in one of the four categories and the rest of its trajectory in one or more of the adjacent domains.

Brown is in no way to blame for this. The point is that *any* categorization of explanations for *déjà vu* is bound to run into trouble. Consider an alternative potential category such as “overlap theories.” Many theories assume that the experience of *déjà vu* is caused by some type of overlap: between cerebral traces (neurology), present perception and recollected images (memory), or two perceptions in quick succession (double perception). Each explanation cuts through several intradisciplinary and interdisciplinary borders, and I think it is impossible to devise a grouping that truly separates explanations instead of demonstrating that they are a severe case of overlap themselves.

Brown’s final chapter is called “It’s Like *Déjà Vu* All Over Again,” and this is exactly how the reader may feel at the end of the book. Most of the 34 explanations have their origin in late-19th-century psychology or neurology, especially the

core explanations such as the ones that assume some form of hidden familiarity with earlier experience, a delay in processing, or the running out of synchrony of two mental or neurological processes. The amount of repetition in hypothesizing is intimidating. Many a 20th-century investigator seems to have worked in blissful ignorance of what earlier generations of psychiatrists, neurologists, and psychologists have done or thought. Some of the high-tech metaphors in modern interpretations of *déjà vu*, such as Karl Pribram's suggestion that the brain acts like a hologram, reading out images on the basis of a partial match between present and stored experience, are really only the latest in a series of analogies reaching back to the 19th century, expressing the core hypothesis that *déjà vu* experiences are caused by overlap exceeding a critical limit. What one does *not* find in this concluding chapter is a survey of what modern theories of cognition have contributed to a clarification of the *déjà vu* experience or, conversely, how present cognitive theories were informed by research on *déjà vu*. With the exception of neurologically inspired research on cerebral sites implicated in the production of *déjà vu* experiences, experimental or theoretical work of the past few decades does not seem to favor one particular basic category of explanations, nor has it enabled us to differentiate between probable and improbable theories.

This state of affairs did not intimidate Brown. He rounds up by presenting a list of questions that deserve further exploration. A promising avenue is the link between *déjà vu* and memory deficits. Diseases involving neurological dysfunctions such as Alzheimer's, Parkinson's, or Korsakoff's syndrome each affect memory and may yield new findings on how memory impairments relate to *déjà vu*. It would also be interesting to learn more about *déjà vu* experiences as a side effect of medication. Teasing out the effects of particular pharmacological agents, such as benzodiazepine or levodopa, may indicate which neurological substances are involved in the production of *déjà vu*. Perhaps new techniques for measuring or locating brain activity can help to clarify the neurological substrate of *déjà vu*.

This, then, is the contents in brief of Brown's monograph. It offers a panoramic view of the landscape of *déjà vu*, paralleled only by Neppé's *The Psychology of Déjà Vu* (1983), with the added advantage that Brown presents an in-depth review of the literature of the last two decades (comprising roughly 40% of his references). In this period research on *déjà vu* has continued to produce widely diverging and often contradictory findings, and it takes a clear-headed author to present all of them in a way that does not simply shift the confusion from the field to the reader. In reviewing what we think we know or thought we knew about *déjà vu*, Brown has done a splendid job.

However, I am a bit ambivalent about the prominence Brown has given to historical material on *déjà vu*. What sets his monograph apart is that he has traced theories of *déjà vu* to their very roots in 19th-century thought, so what are the benefits, actual or potential, of this long view? In the preface of his book Brown confirms what its inclusion in the prestigious series *Essays in Cognitive Psychology* already suggests: His aim is to connect the literature on *déjà vu* with modern research on human perception, cognition, and neurophysiology. Brown also hints at this motive when he writes that he has "delighted in reading historical interpretations of *déjà vu* and being able to connect many of them to modern theories and findings in the broad realm of cognitive research" (p. xii). It is clear

that he has been reading the historical literature with an eye to the present research. But if this has been his goal, there was no need to go back that far; in that case a concise introductory chapter would have sufficed. I find it regrettable that Brown has gathered so much historical material and done so little with it. Even if he takes the long view, he is definitely not a historian. He finds it difficult to treat psychodynamic explanations of déjà vu seriously. He sorts theories of déjà vu rather offhandedly as “scientific” and “non-scientific” theories, whereas a historian would have seized the occasion to point out the shifts over time in what counts as a scientific theory of déjà vu. Brown refrains from providing theories of déjà vu in a context of national or disciplinary research traditions. He orders theories by type—such as neurological or perceptual—rather than by background, such as French psychiatry or German neurology. This precludes an analysis of, say, the rise and decline of particular research programs of déjà vu or a comment on the way in which a professional background in psychiatry facilitated a pathological interpretation of déjà vu. Perhaps it is fair to say that Brown has a taste for the past rather than an eye for history.

The many headings and subheadings in this book all read rather matter-of-factly: “Age at First Experience,” “Hemispheric Laterality and Déjà Vu,” “Association with Preseizure Aura,” “Specific Triggers,” “Gestalt Familiarity,” “Perceptual Inhibition,” “Future Laboratory Research,” and so on. These topics are dealt with in short, typically one-page sections. This may help the reader to quickly navigate through the confusing multitude of hypotheses, findings, and theories on déjà vu, and I am certain that many readers will find themselves admirably served by this detailed survey. However, a less exhaustive but more distanced treatment would have allowed analysis and reflection. But this is indeed a matter of appreciation. Authors of monographs come in two sorts: guides and cartographers. A guide will become familiar with the area, wander the terrain, infer what future visitors may want to see, and finally devise a tour that covers most of the highlights and landmarks, sparing the party the effort of having to repeat these laborious explorations. And then there are cartographers. They will survey the area, draw, measure and register, and eventually come up with a detailed map, allowing travelers to explore the terrain for themselves without the danger of getting lost. Dr. Brown is definitely a cartographer, and a superb one at that.

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