DÉJÀ VU: ORIGINS AND PHENOMENOLOGY: IMPLICATIONS OF THE FOUR SUBTYPES FOR FUTURE RESEARCH

By Vernon M. Neppe

ABSTRACT: An analysis of déjà vu subtypes is done in accordance with Neppe's universally accepted operational definition of déjà vu (any subjectively inappropriate impression of familiarity of the present experience with an undefined past), the 30 different circumstances for "déjà experience" and the 50 postulated explanations for déjà vu. Neppe hypothesized and then demonstrated 4 phenomenologically distinct nosological subtypes representing 4 different, distinct populations motivating 4 etiologically distinct kinds of déjà vu: subjective paranormal experience (SPE) déjà vu (in subjective paranormal experients), associative déjà vu (in ostensible "normals" or subjective paranormal nonexperients and also in nonepileptic temporal lobe dysfunction and nontemporal lobe epilepsy patients), psychotic déjà vu (in schizophrenics) and temporal lobe epileptic déjà vu in temporal lobe epliptic patients. The approach used serves as a model for phenomenologically relevant analyses in neuroscience, psychology, psychopathology, and parapsychology. This allows standardized, relevant recordings and also requires development of further appropriate questionnaires to ensure phenomenological homogeneity in further research and meta-analyses. Subjective paranormal experience déjà vu has implications for precognition, reincarnation, and dreaming.

Keywords: déjà vu, déjà experiences, multidimensional scaling, nosological subtypes, phenomenological approach, population differentiation, SPE

What Is Déjà Vu?

> We have all some experience of a feeling that comes over us occasionally of what we are saying and doing having been said and done before, in a remote time—of our having been surrounded, dim ages ago, by the same faces, objects, and circumstances—of our knowing perfectly what will be said next, as if we suddenly remembered it.
>
> (Dickens, 1850, Ch. 39).

What is *déjà vu?* For the layperson, it is, technically, the "as if" experience, as if I have "already seen" it before. But in reality, it is far broader. So, déjà vu may literally mean already seen, but it can also mean already heard, already met, already visited, and numerous other "already" experiences. It is not "I have done it before and I know exactly when; I recognize that I'm doing it again." The reason why that is not déjà vu is because the recognition is consequent on a real familiarity, whereas with déjà vu, the familiarity is inappropriate—it doesn't fit.

The formal, recognized scientific definition of déjà vu, which has become accepted world-wide, appears to be quoted in every major article on the subject and derives from my own PhD (Med) thesis at the University of Witwatersrand, Johannesburg, South Africa (Neppe, 1981c). Déjà vu is "any subjectively inappropriate impression of familiarity of the present experience with an undefined past." The definition was reflected in my 1983 book *The Psychology of Déjà Vu: Have I Been Here Before?* (Neppe, 1983h). Every one of these words is relevant and the definition will be revisited throughout this paper.

When Was Déjà Vu First Described?

Déjà vu goes back a long time and the historical landmarks are worth noting: Pythagoras 2400 years ago supposedly described the phenomenon, which was also reported by Ovid some 400 years later (Funkhouser, 2006). St. Augustine (416/2002) was responsible for the first explanation of déjà vu some 1600 years ago, when he said it was due to some deceitful spirits. The first book referring to this phenomenon, describing it even before David Copperfield, though not yet naming it, was Sir Walter Scott's (1815) *Guy Mannering*. A poet also described the phenomenon during the mid-19th century—Dante Gabriel Rossetti in his 1854 poem *Sudden Light* (Schacter, 2001). The first attempt at scientific explanation of this phenomenon comes from A. L. Wigan (1844) in his book *Duality of the Mind*, in which he explained the phenomenon as delays in the different functions of the cerebral hemispheres. The first thesis on the subject was French, from Bernard-Leroy (1898).

When Did the Term Déjà Vu Officially Arrive?

It derives from France in the late 19th century, and books will tell you the official name was given by F. L. Arnaud (1896). (Try as we may, we cannot locate Arnaud's first name). Arnaud described it as *sensation du déjà vu* and argued that it was distinct from other memory distortions, as it was just a bad judgment—misattributing the current to the past (Schacter, 2001). But in fact, 20 years earlier, Emile Boirac (1876) described *le sentiment du déjà vu*. A string of French writers—Boirac, Arnaud, Ribot, Fouillee, Lalande, Ferenczi, Ribot, Loti, Gilles, Kindberg, Méré, Dugas, Le Lorrain, and Leroy—all used the term, consolidating its appeal (Neppe, 1983d). This was important because there had been a debate of the idea in an 1893 special issue of *Revue Philosophique* of whether one paramnesia alone existed (Dugas, 1894; Lalande, 1893).

In the meantime there were some alternative "pretender" terms deriving from recognition of false memory, or false recognition by leading pioneering psychologists and philosophers: Bernard-Leroy, Biervliet, Dugas, Freud, Heymans, and Laurent all referred to it as *fausse reconnaissance* or *fausse mémoire* (Arnaud, 1896; Dugas, 1894; Funkhouser, 2006; Neppe,

1983h). Henry Bergson (1908), who pioneered a great deal in terms of parapsychological thinking, called it *souvenir du present*, and Bourdon came back to it, calling it *reconnaissance des phénomènes nouveaux*. Montesano, in Italy, realized this was the *falsa intuizione di ricordo*, and Emil Kraepelin in Germany used some German terms, *Erinnerungsfälschungen* and *Fälschen Wiedererkennen*, from Lehmann and Linwurzky (Funkhouser, 2006; Neppe, 1983h).

You will notice that the 19th century pioneers therefore used terms that were mainly French, but Italian and German also had their terms, though there were none yet in English. Almost every subsequent term on the subject has been in French, and modern researchers have continued this tradition.

The Lancet, the still famous English medical publication, became the first scientific journal to describe déjà vu and reflected the coloring of the culture at that point in time (Crichton-Browne, 1895). It was somewhat esoteric and a source of pride to have this experience, as Crichton-Brown described:

> No doubt these dreamy states are very common amongst us at the present day, but it will, I am sure, be found on enquiry that they are by no means all-embracing, and while they abound among the educated, the refined and the neurotic classes, they are comparatively rare among the prosaic and the stolid masses of our people. (Crichton-Browne, 1895, pp. 73–75)

Between then and now, a vast literature has accumulated on this entirely subjective phenomenon. Another famous literary example was found in a fictionalized explanation in Joseph Heller's (1961) famous novel *Catch-22*. Did Wigan's ideas 117 years before of a hemispheric difference causing what was effectively déjà vu, influence Heller's character? "Yossarian shook his head and explained that déjà vu was just a momentary infinitesimal lag in the operation of two coactive sensory nerve centers that commonly functioned simultaneously" (p. 268).

The stimulus for the modern differentiation into demonstrable subtypes began in 1971. While a medical student in 1971, I was intrigued by several contradictory paradoxes. I learned in my psychiatry course that déjà vu was symptomatic of temporal lobe epilepsy, yet my further research showed that 70% of the population had this experience (Neppe, 1983f). I also wondered whether so-called "psychics" were having a different kind of experience (Neppe, 1983c).

By 1979, one of the problems was that there was a lack of consistency in screening for and eliciting the déjà vu phenomena, and this made data interpretation difficult (Neppe, 1981a, 1981b, 1981c). Because there were only 12 kinds of déjà experiences, such as, *déjà fait* (already done), *déjà pensé* (already thought), and *déjà raconté* (already told), it was difficult to describe

the déjà phenomenon. As of 1979 nothing really existed to screen for the phenomenon. Most déjà vu studies were based on only one question.

When Did the Modern Era of Déjà Vu Study Begin?

By 1979, when I began my research, we had certain known principles. The literature supported déjà vu occurring at least once in a lifetime in about two thirds of ostensibly "normal" individuals; this information as of today still appears to be correct. Secondly, déjà vu was regarded medically as common in patients with temporal lobe epilepsy. Thirdly, I knew subjective paranormal experients frequently reported déjà vu, yet no adequate studies had been developed for this population. Fourthly, I wondered whether or not psychotics could actually be diagnosed on the basis of some of their peculiar interpretations of their experiences of déjà vu, but there were no data in the area.

My attempt to resolve this bafflement led to a four-volume Doctor of Philosophy thesis (Neppe, 1981c), the first academic book on déjà vu, *The Psychology of Déjà Vu: Have I Been Here Before?* (Neppe, 1983h), and the so-called *Déjà vu Trilogy* of three books (2006–2007) in which I revised the *Psychology of Déjà Vu* as *Déjà Vu Revisited* (Neppe, 2006d). I then added an extremely comprehensive update, *Déjà Vu: A Second Look,* with my subeditor, Art Funkhouser (Neppe & Funkhouser, 2006). This book was motivated by my desire to amplify in a chapter what had happened in déjà vu since 1983 when I wrote the *Psychology of Déjà Vu* (Neppe, 1983h), but I wrote so much that effectively it became a whole new book. Finally, because of the vast number of different descriptions of déjà vu, we needed a glossary, particularly as deja is written with accents in French. Consequently, I developed the third book in the trilogy, namely *Déjà Vu Glossary, and Library* (Neppe, 2007).

And so, the major scientific books on the subject are my four déjà vu books: the first scientific book on the subject in 1983 and three more in 2006. Alan Brown (2004) wrote a book that effectively focused on the Neppe subtype of *associative déjà vu*, largely rejecting any other kind and doubting that déjà vu as a subjective paranormal experience could occur (Neppe, 2006l). This limits the strength of this book.

Déjà Experiences

The modern approach initiated by my 1979–1981 thesis work had a historical base: By 1979, there were eleven different kinds of déjà vu experiences, which I termed *déjà experiences* (Neppe, 1981c). Between 1979 and 1981, I subsequently described ten more kinds of déjà experiences (Neppe, 1981c, 1983d). Coincidentally, Art Funkhouser in Switzerland developed two of these terms quite separately—*déjà rêvé* became the already dreamt experience and *déjà visité* referred to already visiting a locality (Funkhouser, 1981). As shown in Table 1, both are very relevant terms because they could

reflect the subjective experience of paranormality, which therefore may imply that they are variants of subjective paranormal experiences (Neppe, 2006c).

Table 1
The 21 Different Kinds of Déjà Vu Experiences (as of 1981)

Developed before 1979	
déjà vu	already seen (traditional global term for all déjà experiences)
déjà entendu	already heard
déjà éprouvé	already experienced [already felt]
déjà fait	already done
déjà pensé	already thought
déjà raconté	already recounted [already told]
déjà senti	already felt, smelled
déjà su	already known (intellectually)
déjà trouvé	already found (met)
déjà vécu	already lived through
déjà voulu	already desired [already wanted]
Developed between 1979 and 1981 by Neppe	
déjà arrivé	already happened
déjà connu	already known (personal knowing)
déjà dit	already said/spoken (content of speech)
déjà goûté	already tasted
déjà lu	already read
déjà parlé	already spoken (act of speech)
déjà pressenti	already "sensed" (as in "knew" it would happen; a presentiment)
déjà rencontré	already met; specifically relates to interpersonal situations
déjà rêvé	already dreamt *
déjà visité	already visited [a locality]*

*Developed independently by Neppe and Funkhouser in 1981

The work on terminology continued and by 2006 I had developed eight more terms (Neppe, 2006e, 2006f), and Funkhouser invented one more in 2009. Thus, currently, there are 30 different déjà experiences described officially. These are not *different kinds* of déjà vu—not different subtypes. Instead, they are *different circumstances* described as déjà experiences.

Ironically enough, reexamining the old literature during 2009, Funkhouser (and to a lesser degree myself) located some unused century-

old déjà experiences. There are two rather unusual terms that we do not use today, which we discovered only in August 2009 in preparation for a presentation to the Parapsychological Association. I am indebted to Dr. Funkhouser in this regard. Eugene Bernard-Leroy (1898) in his doctoral thesis wrote about the *déjà prevu* experience, which is best described as "already foreseen." However, it has apparently never been used other than by Bernard-Leroy, although we have the English word "previewing." It's possibly close to *déjà pressenti*, or already "sensed"—my (1981) term for "already precognized"—as in "knew" it would happen, presentiment. Should we be using both terms, or is there no place for duplicating information?

Also *déjà revécu*, which means "already lived through" or "already relived," was used by Peillaube (1910). Though we haven't used it since then, I think it is a very good term because it could imply the reincarnation sense that a person may be experiencing. Possibly *déjà revécu* is a subgroup of *déjà vécu*, as the latter term means not only that one has already lived through it, but one can fully experience and recollect it entirely. Lalande's (1893) *déjà vécu* could be divided into a relived experience and a recollected-entirely experience. Rather ironically, too, the term *déjà rêvé*, developed as "already dreamt" by both Funkhouser and me in 1981— "I must have dreamt it, and now it's happening"—turned up in our search backward, mentioned by Alfred Fouillee (1885).

Any of the numerous new terms in deja vu must be valuable with significant empirical or theoretical scientific contributions. The older *déjà vu experiences* derive from the French terms. Additionally, we located *déjà articulé* (already articulated) from Lamaître (1908) referring to an article of his of 1905; Vignolli (1894) used *déjà percu* (already perceived); and also Lalande (1893) used *déjà passé* (already passed).

Technically, therefore, we have 35 terms, of which 30 *déjà experiences* are still used. Clearly, there is substantial misuse of the term in common usage (reflecting sometimes repetition of an event but well remembered by all), and the jokes linked with it are for fun, not science, such as *déjà boo*, the feeling that I have been frightened like this before (Mineart & Bell, 2005). These jokes reflect the unacceptable. They serve only one purpose, humor. They are neither parsimonious, the simplest and most logical explanation, nor educational.

Hypothesis Testing

My approach in 1979 reflected the several key questions that needed to be asked leading to hypotheses requiring testing. Consequently, we have the answers at this point. First, are there different déjà subtypes or is there just a single way to adequately explain all déjà vu experiences? In other words, are the déjà vu experiences of those patients reflecting temporal lobe epilepsy the same as those of schizophrenics? Are these the same as in "psychics" and can these not be distinguished from those in the 70% of the population of ordinary people who have these experiences?

Next, could déjà vu be classified as one kind of subjective paranormal experience? We knew that it was a subjective experience by definition, but can part of it, or all of it, be regarded as subjectively paranormal? And several questions always become relevant in these contexts: What is its relationship to reincarnation or to past life memories? What links are there with actualized precognition? And finally, in that regard, can we apply the methodology used for analyzing déjà vu phenomena to other areas of parapsychology?

Causes of Déjà Vu

What causes déjà vu to occur? I realized it was very likely that we were not dealing with a uniform phenomenon, and this has been supported by my latest review of the literature, in which I found exactly 50 different explanations for the déjà vu phenomenon (Neppe 2009). Many causes are very similar and others are idiosyncratic and, although postulated, are unlikely to have a basis in reality (Neppe, 1983g, 1987a, 1987b, 1987c, 1987d, 2006g, 2006h; Neppe & Funkhouser, 2006). Of these 50 reported mechanisms or causes of déjà vu, we could probably more appropriately divide them into eight major categories, as reflected in Table 2 (Neppe, 2006c).

Table 2
A Major Broad Categorization of the Postulated 50 Causes of Déjà Vu

a.	Disorders of memory: restricted paramnesia (partial forgetting), redintegration (part reinstates the whole)
b.	Error in recognition: recognition disorder, not memory
c.	Ego defense: repression of anxiety: "I've been through this before and I came out okay, so I don't need to feel stress."
d.	Ego-state disorder: derealization, depersonalization, twilight state
e.	Psychotic misinterpretation of reality: peculiar, idiosyncratic meaning
f.	Sense of time distortion: temporal perceptual delay
g.	Epileptic firing: abnormal electrical activity within the brain.
h.	Subjective paranormal experience, e.g., precognitive dreams, reincarnation, retrocognition, presentiment, etheric reduplication

Fundamentally, we could divide the proposed causes of déjà vu into *psychological causes*, which would include the *memory* distortions, the *psychodynamic* components (for example, the anxiety defenses), and the *psychotic* elements. We could perceive déjà vu as due to *cerebral* misinterpretations (including *paroxysmal firing*) or to delay across the different *hemispheres* or to *focal* abnormalities (for example, abnormal functioning of a particular area of the brain). Other explanations could invoke the *paranormal* causes, including reincarnation, precognition, and distortions of time. These are well discussed in my more recent book *Déjà vu: A Second Look* (Neppe & Funkhouser, 2006).

I shall now amplify a few of these causes below.

Ostensibly Normal Individuals and Common Explanations

Disorders of memory. Most studied is the vast area of disorders of memory relating mainly to the ostensibly normal person and more recently to patients with paramnesias, such as in Alzheimer's disease (Moulin, Conway, Thompson, James, & Jones, 2005). Memory disorders in déjà vu include three fundamental concepts:

- The *restricted paramnesia*, as described in the classical work of Banister and Zangwill (1941a, 1941b): Essentially this is partial forgetting. One is exposed to certain stimuli, does not remember every detail, then comes into a situation where there is some component of that stimulus. This has been done at an olfactory level as well as at a visual level, and it appears that aspects are familiar.
- Another variation, so-called *redintegration* (not reintegration), where quite literally the "part reinstates the whole," producing a déjà vu impression. This may be commonly combined dynamically: You're anxious about a meeting with your boss, walk into his office and see a little picture there that you've actually seen before. This familiarity then pervades the whole place (Neppe, 1983b, 2006k, 2006l, 2006m).
- Recognition is the third "memory" component, the one focused on in modern research. This can be tested by how people recognize certain facets, but not the whole, something like a picture. Are there components pertaining to more recognizable information (Neppe, 1983h; Reed, 1979)? This to some degree reflects the modern researcher Alan Brown's (2003) approach. But these are approaches in ostensibly normal individuals. Memory has components pertaining to registration, recall, recognition, and retention. And on the recognition side (Thompson, Moulin, Conway, & Jones, 2004), errors may be produced resulting in déjà vu in normal individuals, and some work is now being done in Britain on persons with Alzheimer's disease (Moulin et al., 2005).

However, the descriptions are incomplete phenomenologically, reflecting an area where disorders of memory are highly relevant but may not fit the classical definition of déjà vu.

Distortions of interpretation. Several theories explain déjà vu by distortions of interpretation. These pertain to ego-state disorders such as derealization and depersonalization, and they also include the so-called twilight state of impairments of consciousness (Siomopoulos, 1972). These are predominantly linked up with distortions and the same kind of theoretical framework that one sometimes sees in out-of-body experiences (Neppe, 2002, 2009).

Ego defense interpretations. Ego defenses are also used to explain déjà vu: "I've been through this before; it's all right, I don't need to feel stress"; effectively: "I have a sense of relief because of my déjà vu experiences." So one represses the bad side, the anxiety (Boesky, 1973; Neppe, 1983b).

Of course, memory disturbances, mistaken interpretations, and ego defenses can all occur in combinations in the ordinary, ostensibly normal individual, and they are linked with what I call "associative déjà vu," where associations induce the déjà vu.

Seizure Disorders

Epileptic firing, classically in temporal lobe epilepsy, consequent to abnormal electrical activity in the brain produces an experience which evokes familiarity because the same firing was occurring before. In fact, the experience is familiar because the same pattern is being re-evoked in the brain as part of the stereotypical seizure, but there is a strange sense that it cannot be so (Neppe, 1981d, 1982, 1986).

Psychotic Disorders (Including Schizophrenia)

The third group we must consider are those who have psychotic misinterpretations of reality. This occurs in individuals with psychotic conditions such as schizophrenia. These patients exhibit special features in their déjà vu experiences, including peculiar, idiosyncratic meanings. Their interpretations are very often self-referential, where they are totally misinterpreting information and directing it to involve themselves. However, it is fascinating that one cannot elicit psychotic thinking until one starts asking about déjà vu. Yet, one finds there is then such illogicality in the connections of their thought associations that it becomes more obvious (Neppe, 1981d, 2006g).

Parapsychological Bases (Time Distortions)

The sense of time distortion is an important one, particularly in the parapsychological sense because there is the delay component of something

happening but at a later or earlier point, and picking this out creates an inappropriate familiarity sense.

In the subjective paranormal experient, this is intense: They regard themselves as aware of the present, the past, or the future. This is different from Wigan's (1844) initial hemispheric explanation implying a momentary temporal perceptual delay.

There are variants of explanations: The real subjective paranormal experience, the precognitive dreams, reincarnation, retrocognition, and also presentiments of immediate precognition seconds later versus delayed precognition, which may be minutes, hours, days, weeks, months, or years later, and I posit that there possibly is a different mechanism than presentiment (Adachi et al., 2003; Kohn, 1983; Neppe, 1983a, 1983b, 1983d, 2006b, 2006g). Table 3 reflects the seven different kinds of déjà experiences that are parapsychologically relevant.

Table 3
Different Parapsychologically Relevant Déjà Experiences With Year of Development

déjà pressenti	already "sensed"—as in "knew" it would happen; presentiment (Neppe, 1981c),
déjà retrosenti	already sensed the past (Neppe, 2006e)
déjà preconnaître	already precognized (Neppe, 2009)
déjà prevu	already foreseen (Leroy, 1898) — not used
déjà rêvé	already dreamt (Fouillee, 1885; Funkhouser, 1981; Neppe, 1981c)
déjà vécu	already lived through, fully experienced/recollected in its entirety (Lalande, 1893)
déjà revécu	already lived through (Peillaube, 1910, p. 513)—not used

The Landmark Differentiation

The year 1979 turned out to be a landmark because my own research began at that time, and with respect, with that came what can be perceived as the modern shift of déjà vu classification.

My key question then was: Is déjà vu a single phenomenon or phenomenologically distinct in several populations and if so, in what way? I needed to develop a measuring instrument, and I developed the Neppe Déjà Vu Questionnaire, with which I would analyze déjà vu in detail phenomenologically (Neppe, 1981c, 1983d). There were several components: The Déjà Vu Screening Questionnaire screens for the

many déjà experiences in a broad readership; then the Déjà Vu Detailed Questionnaire is used to elicit qualitative differences in possible subtypes; it is administered individually to analyze phenomenological specifics in different populations. This was combined with detailed interviews where specific examples of déjà vu were required.

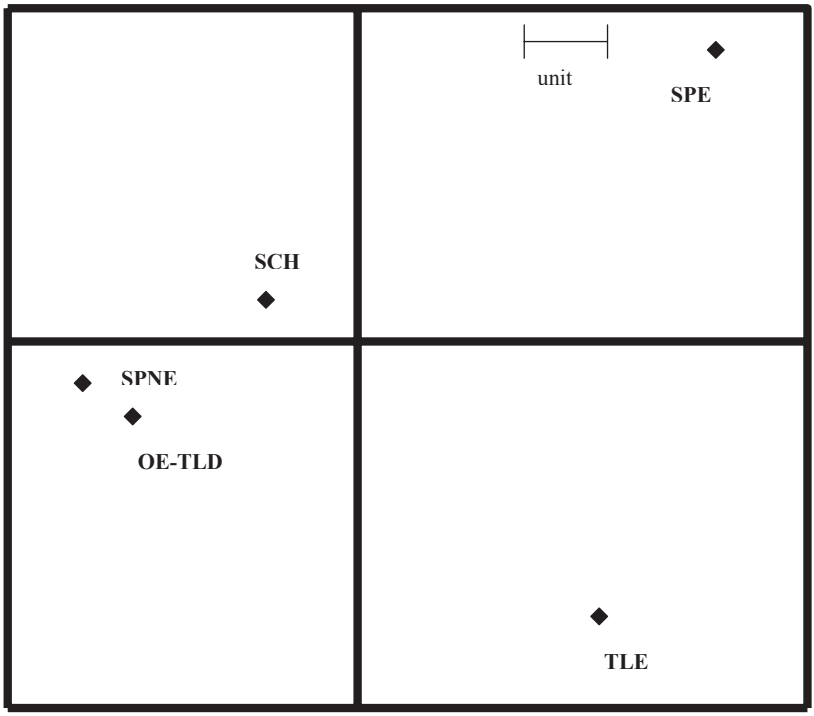
I hypothesized that there are four phenomenologically distinct nosological subtypes, and I needed to use comparative populations. I used two distinct populations:

- A *neuropsychiatric population* of *temporal lobe epileptics* compared with schizophrenics. The schizophrenics reflected the psychosis. The temporal lobe epileptics reflected a subtype of all epileptics that I thought would be specific, so I also included other nontemporal lobe epileptics as well as those who were not epileptic but had temporal lobe dysfunction. I hypothesized that the experiences of these nontemporal lobe epileptics would appear rather like the "normal" kind of déjà vu, as there would be no firing specifically in the area of the brain that would cause them to experience this déjà vu awareness that it had happened before. It was very important to differentiate this, because otherwise one would ask: if a person has a seizure and has a particular aura, but the aura is frontal lobe, for instance, could the person be experiencing the same aura and thinking that it is déjà vu? Would it be that this subgroup of epileptics would know it was not déjà vu because they would experience the appropriateness of the experience, and perceive it as logically different?
- The second distinct population was "ostensible normals" who had never had any psychic experiences that they interpreted as such, whom I called *subjective paranormal nonexperients*. They were compared with people who regarded themselves as "psychics," that is, those who reported subjective paranormal experiences based on specific, detailed criteria for subjective validity and specificity. The question was, did they have a distinct kind of déjà vu?

I studied the 21 then-known kinds of déjà vu experiences (circumstances) including the nine more I had described, and I subdivided them into numerous phenomenological descriptions with several items per set to ensure homogeneity of responses (Neppe, 1981c, 1983d). I was able to establish the 22 phenomenological descriptions and assign these data to the 22 different dimensions of theoretical representative space. I then applied these hypotheses by analyzing the data using multidimensional scaling and 22 different dimensions using median column geometry. I was greatly assisted by a remarkable professor of statistics, Dan Bradu (Neppe & Bradu, 2006). I was lucky enough that our data ultimately represented the defined populations in four different quadrants. With all four quadrants

represented, we were able to demonstrate that there was an existence of the four nosological subtypes, and at least four different types of déjà vu exist, as demonstrated in my book, *The Psychology of Déjà Vu* (Neppe, 1983h).

Moreover, this was predictable across diagnostic categories and we could classify these different symptom categories as qualitatively different amongst the four. I called the four: subjective paranormal déjà vu, temporal lobe epileptic déjà vu, schizophrenic (later called psychotic) déjà vu, and associative déjà vu (Neppe, 1983d, 1983h).



Coordinates

	x-axis	y-axis
Subjective paranormal nonexperients (SPNE)	-3.164	-0.320
Subjective paranormal experients (SPE)	4.076	3.443
Temporal lobe epileptics (TLE)	2.717	-3.050
Schizophrenics (SCH)	-1.013	0.601
Other epileptics/temporal-lobe disfunctions (OE-TLD)	2.615	-0.674

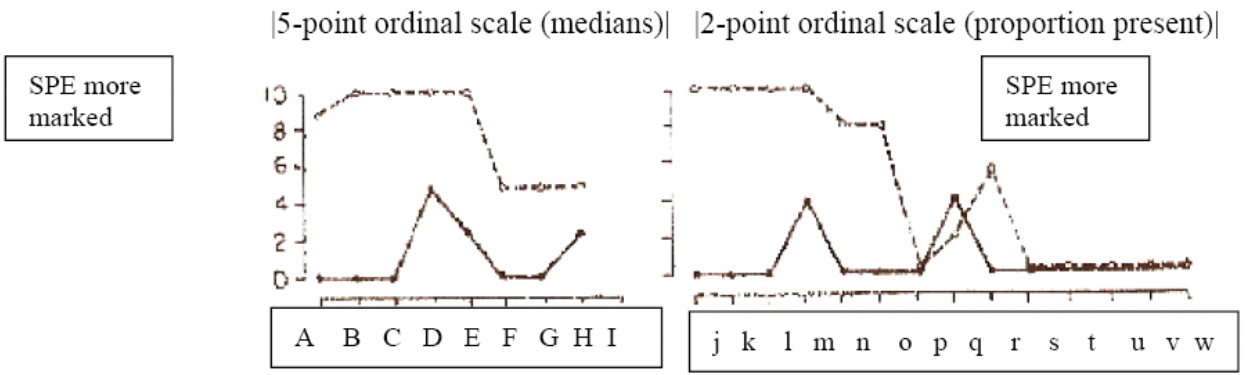
Figure 1. Graph representing the differences between the five groups based on the five-point qualitative parameters of déjà vu. (Distance between two column points approximates the Euclidean distance between the two columns as vectors in R^{22})

Figure 1 shows multidimensional scaling, with the graph showing median column geometry representing the differences between the four quadrants. This has five groups because the nontemporal lobe epileptics and the nonepileptic temporal lobe dysfunctions were studied as a separate group, and as hypothesized, this population fitted into the subjective paranormal nonexperience group. Their results were very close and this itself was very useful because it shows the linkup of the neuropsychiatric with the so-called "normal" subpopulation in this regard, implying a certain unified population. The graph represents differences between the five groups based on the five-point qualitative parameters of déjà vu. The distance between two column points approximates the Euclidean distance between the two columns as vectors in R^{22} (Neppe & Bradu, 2006).

Experts looking at this graph would argue that *psychotic déjà vu* is not too different distance-wise in R^{22} from the subjective paranormal nonexperience one. But we not only have to examine the major distance between the two, we must also keep in mind the fact that there were only a few phenomenological components that were different. In other words, psychotics were having associative déjà vu with nothing being profound, but their distinct feature and problem was that what they were adding to this was a consistent misinterpretation of reality and referential phenomena (Neppe & Bradu, 2006).

This is well reflected in the analysis of Figure 2, showing the specific dimensional features in the five subpopulations. Therefore, in the multidimensional matrix, we have the representations in the four different quadrants and we can demonstrate four aetiologically distinct kinds of déjà vu experience occurring in four different populations, as reflected in Figure 1. Moreover, when we look at this more closely, we find that there is sufficient distinctiveness to classify an individual déjà experience description as in Figure 2. Obviously, there are individual subjects that may overlap in a déjà vu subtype, so we can have a psychotic patient with temporal lobe epilepsy. And individuals may belong to more than one group: for example, a temporal lobe epileptic patient and an SP experient can theoretically overlap, although I've never seen it. Associative déjà vu can obviously occur in all groups; just because some people have temporal lobe epilepsy doesn't mean that they cannot have associative déjà vu. And when this occurs in the psychotic patient, it could post hoc "tinge" the description psychotically.

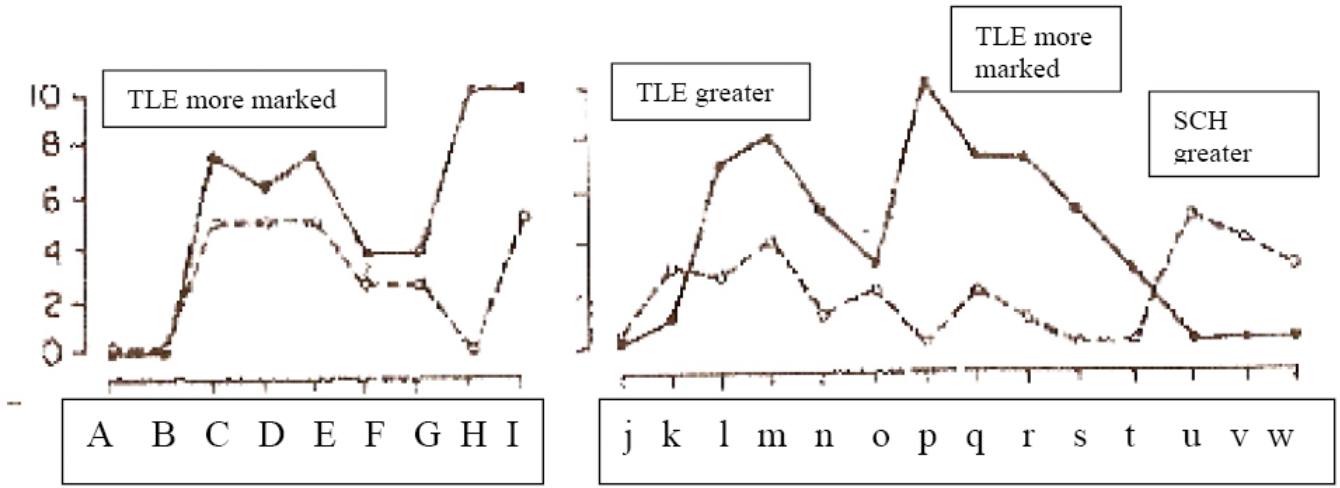
To these four, we possibly can add a fifth: I mentioned the Alzheimer study in Britain of demented patients. However, there are two problems: First, the descriptions do not necessarily fit the definition of déjà vu; and second, if they do, the variant of a full phenomenologically different subtype of déjà vu is unproven (Moulin et al., 2005). However, the descriptions are phenomenologically incomplete, and I cannot even definitely regard this as another subtype.



SPNE = Subjective paranormal nonexperients; SPE = Subjective paranormal experients

Figure 2A. "Normals" category difference in déjà vu between subjective paranormal experients and nonexperients

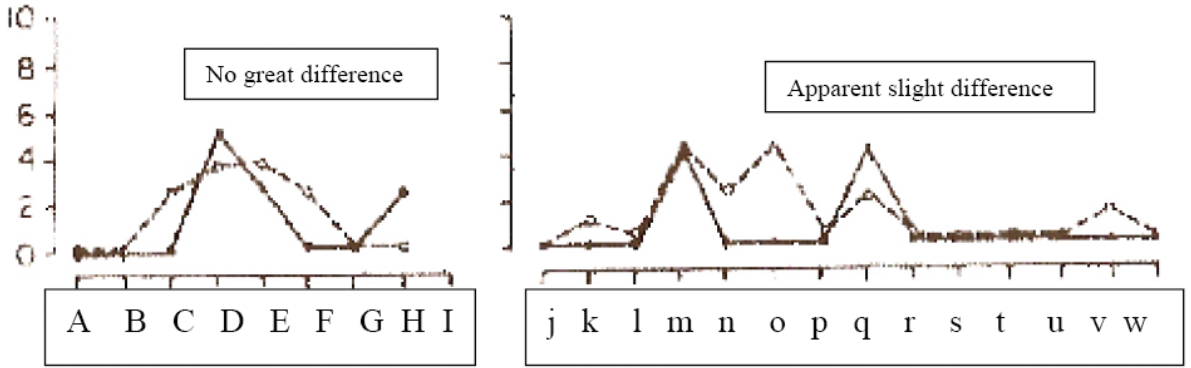
A = More than one perceptual modality of déjà vu	j = Acceptable SPE
B = SPE time-distortion	k = Claimed SPE
C = Clarity of déjà vu	l = Marked cognitive change
D = Clarity of chosen case	m = Marked environmental awareness
E = Degree of familiarity	n = Experiential growth
F = Emotional intensity	o = "Sensing" familiarity
G = Strongest point	p = Post-ictal features
H = Frequency of déjà vu	q = Special circumstances
I = Illness relating to déjà vu	r = Marked body awareness
	s = Déjà aura to seizure
	t = Jamais vu aura
	u = Psychotic special meanings
	v = Psychotic self reference
	w = Psychotic SPE



TLE = Temporal lobe epileptics; SCH = Schizophrenics

Figure 2B. "Neuropsychiatric" category difference in déjà vu between temporal lobe epileptics and schizophrenics

A = More than one perceptual modality of déjà vu	j = Acceptable SPE
B = SPE time-distortion	k = Claimed SPE
C = Clarity of déjà vu	l = Marked cognitive change
D = Clarity of chosen case	m = Marked environmental awareness
E = Degree of familiarity	n = Experiential growth
F = Emotional intensity	o = "Sensing" familiarity
G = Strongest point	p = Post-ictal features
H = Frequency of déjà vu	q = Special circumstances
I = Illness relating to déjà vu	r = Marked body awareness
	s = Déjà aura to seizure
	t = Jamais vu aura
	u = Psychotic special meanings
	v = Psychotic self reference
	w = Psychotic SPE



SPNE = Subjective paranormal nonexperients; OE-TLD = Other epileptics-temporal lobe dysfunction

Figure 2C. Illustration of similar "associative déjà vu" of the subjective paranormal nonexperients and the nonepileptic temporal lobe dysfunction – other epileptic group.

A = More than one perceptual modality of déjà vu	j = Acceptable SPE
B = SPE time-distortion	k = Claimed SPE
C = Clarity of déjà vu	l = Marked cognitive change
D = Clarity of chosen case	m = Marked environmental awareness
E = Degree of familiarity	n = Experiential growth
F = Emotional intensity	o = "Sensing" familiarity
G = Strongest point	p = Post-ictal features
H = Frequency of déjà vu	q = Special circumstances
I = Illness relating to déjà vu	r = Marked body awareness
	s = Déjà aura to seizure
	t = Jamais vu aura
	u = Psychotic special meanings
	v = Psychotic self reference
	w = Psychotic SPE

Different Types of Déjà Vu

Associative Déjà Vu

Let's look at some examples. First, associative déjà vu is so called because it is associated with this vague sensation of déjà vu that happens to ordinary people, maybe 2/3 or 70% of the population if screened well for déjà experiences (Neppe, 1983e; Neppe, 2006d). It occurs only infrequently in any individual, maybe a few times in a lifetime, it lasts only a few seconds, and the experient is left with an impression of perplexity:

> Why did this happen? Was it something in my past?

They attempt to rationalize the experience, and it's at that point that we find possible distortions of memory, of remembering, or of recognition occurring. The scientist will analyze and ask: "Did the part reinstate the whole?" implying redintegration; or "Was this something that was only partially forgotten?" implying redintegration. And, of course, there is a psychological release, as reflected by the following participant, a psychiatrist, a smoker who always had guilt about his smoking and had an unconscious sense of conflict:

> The one [experience] I'm describing happened a year ago. I went into a little corner café to buy cigarettes. I had never been to that particular shop before nor had I ever seen the shopkeeper before. As I was buying it, I felt the shopkeeper and the whole situation were familiar and I had gone through this experience before. This often happens when I buy cigarettes and has occurred in several small cafés.

In this example, an inappropriate feeling of familiarity is evoked by a present situation. Yet, the situation should be familiar as he had frequently been in very similar situations. The déjà experience is repetitively evoked by the same situation that involved doing the same thing, possibly reflecting his ambivalence about smoking and his relief at the familiar impression of "I've done it before; it's okay" (Neppe, 1983h).

This kind of repetitive déjà experience relating to a very specific precipitator is highly unusual in associative déjà vu individuals. Otherwise his experience is typical, as such subjects describe no great change in emotion, do not have the postictal features we see in temporal lobe epileptic déjà vu (there is no headache, sleepiness, confusion, or consistent stereotypical related symptoms). There is no illogicality, as we see in the psychotic déjà vu, and there is no sense of distortion of the present with the past as we see in subjective paranormal experience déjà vu.

Temporal Lobe Epileptic Déjà Vu

Let's look at temporal lobe epileptic déjà vu. Here's an example:

> …. up to nine [experiences] per day for days on end. They always take the same form but the actual details will depend on where I am. While I am having the experience, it is as if I have been there before talking—this feeling of familiarity. The whole room, what the client asked me, that too was very familiar. At the same time, I got the impression of a small river in the house. She said my whole face was quite white. I continued the conversation as if nothing had happened but meanwhile everything … (sometimes it's a river, sometimes it might be chickens). Afterwards, I had a slight headache, and felt tired but not sleepy. This time I was not confused (I sometimes am), and I did not get a rotten egg smell, which I sometimes get.

In this instance, the patient has features after the episode suggesting some kind of seizure. These are called postictal features: sleepiness, confusion, headache, sometimes nausea. The déjà vu may precede frank blackouts, or seizures. Experiencers have associated epileptic features where they may be having some other kind of complex partial seizure phenomena with impaired consciousness, or simple partial episodes such as burning smells, for example; or they might have distortions in their vision, or become very irritable; and these, in turn, may lead to full blown convulsive seizures (Neppe, 1982, 1983d, 1985b, 1986; Neppe & Funkhouser, 2006).

In temporal lobe epileptic déjà vu, the déjà vu experience is repetitively exactly the same. This itself is a kind of paradox because, of course, they've had the same exact experience before—it's a stereotypical march—but they perceive the happening as inappropriate at this time. Yet they know what is happening because they know the whole sequence, and depending on their level of clouding of consciousness (meaning here complex partial seizures), they may or may not be able to describe the full events. There may also be an awareness of one's own body or of oneself. Sometimes there are significant changes of their mood—they may become dysphoric or labile—or they notice a definite change in their thinking. These cognitive-affective changes may last seconds to hours, depending on the individuals.

They will describe these events frequently and the occurrence strongly correlates with seizure control as these déjà vu experiences are actually seizures themselves.

Psychotic Déjà Vu

What about psychotic déjà vu? In this instance, the subject interprets and misinterprets his whole world in terms of a special meaning, as in this example:

> Once I saw photos of Israel where Jesus was born. It showed the crib, and the star. I felt very significant feelings. It did something for my mind. I had a warm feeling. I felt I was near home. I felt I had been there before a long time ago—centuries ago—at the time of Christ. Sometimes I feel I'm an eternal spirit, Socrates, Churchill.

Now here is the difference: They have special meanings, usually related to themselves; they understand certain components, but it is bizarre and often idiosyncratic. The self-referential quality invariably is linked with a vague knowledge and a sense of thought disorder and with it may be some frank psychotic features.

I have pointed out how such happenings are not too distant in the 22-dimensional framework from the associative déjà vu, but the differences are profound in terms of the specific analysis of certain subtypes being regularly different (Neppe, 1983h; Neppe & Funkhouser, 2006).

Subjective Paranormal Experience Déjà Vu

One of the most profound kinds of experiences is subjective paranormal experience déjà vu. It is exciting to listen to and remarkable to hear about its varied presentations. Here is an example of *déjà retrosenti*:

> I came to Johannesburg for the first time about six years ago. I had never been there before. I found I just knew how to get to places. I had an impression of knowing the place in detail, as if I had been there before. The experience is ongoing. I still just know my way around. Even today I don't use maps. The familiar section from the very first time is the older section. I can't find my way around the new suburbs; buildings or roads built recently are unfamiliar. When I go past, I may say, "What happened to that building?" I will know that there was something else there before: I will feel a little sad that it has come down. Sometimes I can state which building it was. At times I am aware that certain buildings have been pulled down … I just have a "knowledge" of certain areas that are very familiar…. Time plays no role; I cannot distinguish the past, present or future.

Here the person has this specific strong knowledge; he knows, doesn't speculate. He moves backwards in time with facility. He had profound recognition and awareness. This is typical of the subjective paranormal experience quality of their déjà vu. There is the movement forward and backward, suggesting subjective precognitive and/or retrocognitive events. There is a "very real" familiarity impression, a peak of experience not only at the onset. It may be a growth of their experiences. It is a polymodal perceptual déjà vu experience—visual, auditory, sometimes smell, taste, and this "knowing." There is an intense awareness of environment; it is clearly being remembered. They are reliving the whole impression, with the time distortion being either backward (*déjà retrosenti*) or forward (*déjà pressenti*).

Our most recent new déjà vu circumstance is *déjà preconnaître*—already precognized. Here the persons have a precognition—an awareness of what is going to be—and yet, at a later point in time, they have this same feeling of precognition again and they do not remember exactly when they had that original precognition. It's just the sense, "I'm having this and I've had it before," yet they cannot explain it. It correlates with a very important dilemma in parapsychology, namely, is subjective paranormal experience déjà vu provoking precognition, or is it actually precognitive experiences that have actualized themselves? But here it's not just "I must have dreamt it before," but in *déjà preconnaître* it is, "I'm sure I've had this premonition before but I know not where or when" (Neppe, 1983h, 2006i; Neppe & Bradu, 2006).

Subjective Paranormal Experiences and Déjà Vu

These déjà experiences hypothetically manifest more frequently in the subjective paranormal experience déjà vu subtype. Subjective paranormal experience déjà vu involves "time distortions," specific subjective paranormal awarenesses, a profound intensity, and a specific predictive "knowledge" with nonpsychotic and nonictal qualities. In other words, subjective paranormal experience déjà vu does not have features of seizure phenomena, and there is not the vagueness or delusional component, or the self-reference components, or the self-referential passivity occurring to the experient that we see in psychosis. Instead, the awareness is specific, it involves a prediction of some kind, and invariably there is a profound intensity.

Subjective paranormal experience déjà vu facilitates the key answers to the questions we asked about its specific niche: Of the (at least) four phenomenologically different déjà subtypes required to explain déjà vu, one subtype is subjective paranormal experience déjà vu. Because of its close relationship to subjective paranormal experiences, and also to subjective paranormal experients, this subtype specifically therefore becomes one kind of subjective paranormal experience, as much of a subjective paranormal experience as an out-of-body experience, or a near

death experience, or possibly even ESP. Subjective paranormal experience déjà vu is not most parsimoniously explained by reincarnation, but with some kind of movement backwards in time, retrocognition. Reincarnation is phenomenologically more detailed (Neppe, 1983d, 2006i; Neppe & Bradu, 2006).

Subjective paranormal experience déjà vu, with its predictive elements, has an undefined past; an actualized precognition results from a defined event that happened beforehand, so it becomes a demonstrable actualization of an event.

In déjà vu, there may commonly be elements of retrocognition and precognition in the same component: One knows what will happen next behind the door and yet one is able to know what had happened at some different moment in the past.

This research has major implications. It reflects the fact that detailed phenomenological analysis is necessary, that we need to develop screening questionnaires, and detailed questionnaires with individual interviews, in order to differentiate out differences. The associative déjà vu subject is the so-called normal with the vague perplexity. Temporal lobe epilepsy déjà vu has the temporal lobe phenomena, and possible temporal lobe symptoms with ictal and postictal features. The psychotic déjà vu has psychotic distortions and loosening. Subjective paranormal experience déjà vu has anomalous distortions of time and place. Each occurs phenomenologically in distinct groups: subjective paranormal experients, psychotics, so-called "normals," and temporal lobe epileptics. The subjective paranormal experience déjà vu usually involves distortions of time, this specific paranormal awareness. And there is a profound intensity. These experiences occur frequently, but not always, because some have this only occasionally, and it is correlated with other subjective paranormal experiences. These persons have a specific predictive knowledge; they know exactly as opposed to the vagueness that we see in schizophrenics, for example. Here's one reflecting the really mystical *déjà pressenti*:

> About a year ago, I innocently picked up a book. Even though I had been sleepy at the time, I suddenly felt very excited. This experience made me alert, tingling and vibrant—like a door opening, affirming things that I never knew existed, of a whole everything. Earth was too small for this comfort, wisdom and elation. I had no ego. I knew what I was reading, even though I had never read it or come across it before, and I knew what I was going to read further on. The ideas were very familiar—wow!—like opening a fridge and smelling and tasting the leg of lamb inside before you even see it. But that's much too mundane, it was not like that at all. It was almost a litany or a prayer; it was part of me. This knowledge of concepts

> was extremely familiar, but I didn't know it intellectually. It came to me intuitively. Even now when I pick up the book, it is so reassuring. I felt like the wise old woman of the universe. (Neppe, 1983h, p.120)

We move forward now to historical exploration.

Lessons From the Neppe Research

What lessons have we learned? One of the methods that we have learned is to differentiate the different subtypes of déjà vu. This is very important because we have at least four subtypes. This implies four distinct aetiologies, an extremely relevant concept, particularly as they occur in four different subpopulations and empirically validate what was theorized.

Continued Analysis

But we can continue such analysis. Of course, the development of the original Neppe Déjà Vu Questionnaire of 1981 was certainly a relevant milestone; however, the added knowledge requires a revision. This occurred in 2006, with the development of the New Neppe Déjà Vu Questionnaire (Neppe, 2006e). This has not yet been empirically validated, but the possibility of using questionnaires such as these over the Internet becomes a cogent one, as provisionally done by Funkhouser (http://silenroc.com/dejavu and www.deja-experience-research.org).

Additionally, we need to develop supporting instruments. For example, does subjective paranormal experience déjà vu correlate with other kinds of subjective paranormal experience? And if so, a natural and easy study would be looking at correlations, which requires skill at developing other kinds of questionnaires; for example, questionnaires screening for other subjective paranormal experiences, as reflected by my work, NEASTS (Neppe Experiences of Anomalous Subjective Type Screen) with its subcategories SEASTS (Screening Experiences of Anomalous Subjective Type Screen), BEASTS (Brief Experiences of Anomalous Subjective Type Screen), and DEASTS (Detailed Experiences of Anomalous Subjective Type Screen). And this, therefore, implies the need for detailed phenomenological analysis to differentiate the key subtype features. Similarly, questionnaires to screen temporal lobe disease and epilepsy need updating. This too, has happened: Originally in 1977 I developed the Neppe Temporal Lobe Questionnaire (Neppe, Ellegala, & Baker, 1991). Later, circa 1987, I revised it into its current form, the INSET (Inventory of Neppe of Symptoms of Epilepsy and the Temporal Lobe; Neppe et al., 1991). We have experience with the INSET in an estimated 1,000 patients, though a fertile area for students, graduates, PhD candidates or junior faculty is to analyze the data from the INSET, much of which is easily available.

Revisiting Our Definition

We not only can, but should, apply methodology used for analyzing déjà vu phenomena and use it in other areas of parapsychology and also in neuroscience. Consequently, the definition of déjà vu becomes more cogent—any subjectively inappropriate impression of familiarity of the present experience with an undefined past. Every one of these terms is important. If it was a defined past, it could be an actualization of a precognition. If it was appropriate in terms of the impression of familiarity, this is part of recognition; familiarity itself becomes a cognitive level as part of the learning process, and the obvious subjectivity relates to events happening to individuals at their level, but with no one else experiencing it or validating it. Has this definition of déjà vu withstood a quarter of a century of research? Yes it has: Almost every serious paper has cited this definition, and it appears consistent, reliable, and measurable.

If indeed there is a specific cognitive level for appreciating inappropriate familiarity and consequently experiencing déjà vu, when does that come about? At what age can children report this? Five years old may be the cutoff; certainly at this point this is the lowest reported age:

> I was only five years old. I can assess this because that was when we went on a holiday including Lake Tanganyika. Maybe that was the reason it stuck in my mind—because l was quite small. We went on a little launch on the lake. The adults were trying to catch crocodiles. I felt great excitement, and was also a little afraid. My child mind worried that the crocodiles would turn over the launch. We went only to a little island actually in the lake. You can imagine how small it was. As I walked on it, it looked familiar. I thought I had been there before. The whole scene seemed familiar, no specific features. I had never been on an island like this. The feeling was quite ridiculous, because there probably weren't even any houses. (Neppe, 1983h, pp. 70–71)

This is an example of *déjà vu visité* and it is important because it reflects a critical cognitive milestone for a person able to experience déjà vu.

Let's revisit some of the eight newest déjà vu experiences (Table 3; Neppe 2006e, 2006f), adding the ninth (*déjà preconnaître*—already precognized) to Table 3. I use four as illustrations. This allows appreciation of the sheer complexity of the concept, and it allows another source, other than the book *Déjà Vu: A Second Look*, to record such detail (Neppe & Funkhouser, 2006).

Table 4
The Nine Newest Examples of Déjà Vu

déjà paradoxe	already paradoxical
déjà après	already after (postictal)
déjà ésotérique	already esoteric
déjà rétrosenti	already sensed (reanimated past)
déjà halluciné	already hallucinated
déjà touché	already touched (physically)
déjà mange	already eaten
déjà senti	already smelled; rediscovered Gilles (1921)
déjà preconnaître	already precognized

Let us examine four examples of these:

Déjà Esotérique

This type includes the classic schizophrenic special meanings, self-referential ideas, and delusional misinterpretations, and a dull vagueness, added to a routine initial déjà vu (Neppe, 2006j, Neppe & Funkhouser, 2006):

> There was this guy ... When I was young, I thought about him. I thought I would see him one day. When I saw him, I knew I had seen him before ... I thought in my mind I would meet him. When I met this man, I thought folding a newspaper in half would be one of his codes to me to go through life. I realized this when he actually did fold his newspaper.… The code means I'm on his side. He was giving me a message: "Go get a shotgun." He didn't speak. This meant he didn't want anyone to know how his voice sounds—as if he is a CIA member. I know he is a member of the CIA, because if I joined the CIA I would meet guys like him (Neppe, 2003h, pp. 159-162).

And Now, Three Linked With Temporal Lobe Déjà Vu

Déjà paradoxe. This illustrates the paradox of having, in fact, experienced something before, and yet repetitively re-experiencing its inappropriate familiarity. The complexity is typical in this instance: the profound familiarity sense linked with the specific setting at that moment, and the illogical fear of a fear sensation, so typical of some complex partial seizures (Neppe, 2006j; Neppe & Funkhouser, 2006).

> Suddenly, lasting a flash of a second the whole place became familiar: the walls, the curtains, the receptionist, the counter, the ceiling. This experience was identical in quality to previous experiences I'd had, and I knew I would have a blackout.… Along with the feeling started an experience of intense, unexplained, unprecipitated fear, which lasted about thirty seconds. … During that phase everything was unfamiliar again, and I developed the intense uncontrollable desire to go away. Then I blacked out (Neppe, 2003h, p. 138-139).

Déjà après. This is clearly an example of temporal lobe epileptic déjà vu, including déjà vu with an aura, the stereotypy, the inappropriate familiarity, the other specific consistent symptoms, and the seizure itself (Neppe, 2006j; Neppe & Funkhouser, 2006):

> I was in the kitchen. Suddenly, I had a feeling of discomfort (like wanting to pass a stool). Then came a feeling of lightness. It was more a sensation—light and bubbly. I can hardly describe it. (It's so difficult: It's the same sort of feeling every time, but I don't always have an attack.) … I became aware of a sensation that wasn't normal for me: I know it's happened before and yet I don't know where. This was followed by a blackout, and after that I had a fullness in my bladder and I wanted to pass water … sensing of the whole situation of my body … there is a sense of sameness, the same sort of thing, but it's not a recognition of the fit—I was more aware of the whole kitchen, everything. I don't think of a coming fit … sometimes I get this sensation on its own—by itself—like when I meet people (Neppe, 2003h, p. 138).

Déjà halluciné. This is a truly remarkable example of a rare event—déjà vu of a hallucination, again showing a different manifestation for temporal lobe epileptic déjà vu, with the clue of loss of consciousness or complete amnesia, at the end (Neppe, 2006c):

> It happened this morning. I was lying in bed. Suddenly there were these two large white gates in front of me. They actually existed—I saw them but in reality there are no gates in the room. This occurred in a flash. I recognized the gates. They were very familiar. I felt I had gone through it all before. I don't know what happened next. Maybe I had a blackout or a fit (Neppe, 2003h, p. 144).

Temporal lobe epileptic déjà vu has these intense differences because the kind of seizures may be different and the postictal experiences are different, as opposed to the associative déjà vu with the so-called "normals": the very perplexity of the psychotic déjà vu with the psychotic distortions and the loosening of thinking and subjective paranormal experience déjà vu, where there are the anomalous specific distortions of time and place and subjective paranormal experience.

The Phenomenological Approach

We can also apply the lessons learned from déjà vu phenomenological research and generalize it to parapsychological work and neuroscience. The most important principle is that we want to appreciate that in phenomenology, like must be paired with like, and nonlike must be categorized with a variety of nonlike phenomena and then reanalyzed for correlates and differences. In other words, we need to ensure a consistency in terms of our interpretation. This may be the most important lesson of the Neppe déjà vu research, applying phenomenological research and emphasizing the development of the phenomenological school in both parapsychology and the neurosciences. In the context of all possible paranormal experiences, whether subjective or objective, in the empirically based research environment, we should analyze information phenomenologically.

We can easily generalize this methodology to out-of-body experiences and to the olfactory hallucinatory experience. In fact, I have examined olfactory hallucinatory experiences, comparing the consistency of those in temporal lobe disease with those in subjective paranormal experients, and evaluating the overlap. We have also applied this method to our temporal lobe symptomatology research, where the temporal lobe appears to be the source from which subjective paranormal experiences are either derived or are modulated through the brain. One can, moreover, demonstrate this at two different levels: Subjective paranormal experients are highly functioning but have significant possible temporal lobe symptoms; by contrast, temporal lobe epileptics have significantly more subjective paranormal experiences (Neppe, 1983a; Palmer & Neppe, 2003, 2004). We can also apply the lessons learned from déjà vu phenomenological research by examining the correlates of such psychological phenomena as the experimenter effect or the personality effect on psi. We can also apply these to subjective paranormal case analyses, both prospective and retrospective. We can move further to examine how the subjective links up with objective paranormal experiences, as in the experimental research paradigm.

The lessons, therefore, are not restricted to the subjective paranormal experiences in the Neppe work and their application to temporal lobe symptomatology, to olfactory hallucinations, and to the

subjective paranormal olfactory hallucination work (Neppe 1983a, 1985a), as well as the application of phenomenological analyses to any subjective experiences (Neppe, 2009). Just as we apply hallucinations and delusions in analyzing psychiatric diseases such as the psychoses, we can phenomenologically compare this with nonpsychotic experiences, because hallucinations might even have subjective paranormal experience components (Neppe, 1983e).

Moreover, prospective paradigms may allow for a more detailed data set if we apply the lessons that have been learned and prospectively do detailed analyses. We must then apply phenomenological details showing a methodology that allows for data recordings that are standardized and relevant that can be applied for all time. I have suggested the A–Z access classification of such experiences, the so-called SEATTLE, using subtypes of these 26 axes (Neppe, 2009). These can be directed in many ways: For example, in precognizing events, we may use subclassifications as necessary—I have used a classification I call the TICKLES system combined with various metaphorical kinds of systems, what we call the MOLDINGS components (Neppe, 2009).

This déjà vu research is a contribution to all phenomenology because it demonstrates that we should use detailed evaluations of psychological experiences, thereby permitting deeper understandings of the similarities and differences of subjective realities. Like is paired with like, nonlikes are not paired because there are different kinds of nonlikes. Two "likes" might not be completely identical, but they may be identical in certain features, and we have to differentiate those features from other ones. We can apply this to pathological hallucinations and delusions, as well as, possibly, paranormal hallucinations. We can apply it to subjective psychopathology discomfort, to subjective anomalous experiences, or subjective psi experiences, and we can apply it to symptoms of higher brain functioning, including the frontal lobes and also the temporal lobes of the brain. We can even use it as a model for medical history taking. These lessons are very important, and the broader lesson is the motivation of detailed documentation and screening for events. This is equally applicable to parapsychological research and to neuroscience research.

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Abstracts in Other Languages

French

DEJA-VU: ORIGINES ET PHENOMENOLOGIE : IMPLICATIONS DE QUATRE SOUS-TYPES POUR LA RECHERCHE FUTURE

RESUME : Une analyse des sous-types de déjà-vu est réalisée en suivant la définition opérationnelle universellement acceptée du déjà-vu de Neppas (toute impression subjective inappropriée de familiarité d'un vécu actuel avec un passé indéfini), les 30 circonstances différentes d'« expérience de déjà » et les explications postulées pour le déjà-vu. Neppe a fait l'hypothèse et démontrait quatre sous-types nosologiques et phénoménologiques distincts, représentant 4 populations distinctes motivant 4 sortes de déjà-vu étiologiquement distinctes : l'expérience paranormale subjective (SPE) de déjà-vu (chez ceux qui vivent des SPE), le déjà-vu associatif (chez ceux qui n'ont pas de SPE et sont apparemment « normaux », mais aussi lors d'une dysfonction non-épileptique du lobe temporal et chez les patients ayant une épilepsie non associée au lobe temporal), le déjà-vu psychotique (chez les schizophrènes) et le déjà-vu chez les patients atteints d'épilepsie du lobe temporal (TLE). L'approche employée sert de modèle pour des analyses phénoménologiques pertinentes en neuroscience, psychologie, psychopathologie et parapsychologie. Elle permet un enregistrement

standardisé et détaillé, tout en requérant le développement de futurs questionnaires appropriés pour assurer l'homogénéité phénoménologique dans la recherche future et les méta-analyses. Le déjà-vu de SPE a des implications pour les conceptions de la précognition, de la réincarnation et de la rêverie.

Spanish

ORÍGENES DEL "DÉJÀ VU" Y FENOMENOLOGÍA: IMPLICANCIAS DE LOS CUATRO SUBTIPOS PARA LA INVESTIGACIÓN FUTURA

RESUMEN: Un análisis de los subtipos de " déjà vu", fue realizado, de acuerdo con la definición operacional, universalmente aceptada de Neppe, de las experiencias de "déjà vu" (cualquier impresión subjetiva de inapropiada familiaridad, de una experiencia presente, con un pasado indefinido), de 30 diferentes circunstancias, asociadas a la "experiencia déjà" y 50 explicaciones propuestas, para el fenómeno del déjà vu. Neppe hipotetizó y posteriormente demostró 4 subtipos nosológicamente distintos, representando 4 poblaciones diferentes que motivan 4 tipos de déjà vu, etiológicamente distintos: Déjà vu, en Experiencias Paranormales Subjetivas (EPS); " déjà vu" asociativo (en personas "normales", o no experimentadores de experiencias paranormales subjetivas. También en pacientes sin trastornos asociados a epilepsia al lóbulo temporal); déjà vu psicótico (en esquizofrenicos) y déjà vu, en pacientes con Trastorno al Lóbulo Temporal (TLT). El abordaje usado sirve como un modelo para análisis fenomenológicamente relevantes en neurociencia, psicología, psicopatologia y parapsicología. Esto permite recuentos estandarizados y relevantes, también requiere el desarrollo de nuevos cuestionarios apropiados que aseguren homogeneidad fenomenológica en posteriores investigaciones y meta-análisis. El Deja vu en EPS tiene implicaciones para la precognicion, reencarnación y los sueños.

German

DÉJÀ VU: URSPRÜNGE UND PHÄNOMENOLOGIE: IMPLIKATIONEN DER VIER UNTERGRUPPEN FÜR ZUKÜNFTIGE FORSCHUNG

ZUSAMMENFASSUNG: Déjà vu-Untergruppen werden analysiert in Übereinstimmung mit Neppes allgemein akzeptierter operationaler déjà vu-Definition (jeder subjektiv unangemessene Eindruck der Vertrautheit einer gegenwärtigen Erfahrung mit einer undefinierten Vergangenheit), 30 unterschiedlichen Ausprägungen für „déjà-Erfahrung" und 50 postulierten Erklärungen für déjà vu. Neppe vermutete und wies dann 4 phänomenologisch unterschiedliche nosologische Untergruppen nach, die 4 verschiedene, selbständige Populationen repräsentieren, die 4

ätiologisch getrennte déjà vu-Arten hervorbringen: subjektive paranormale Erfahrung (SPE) von déjà vu (bei SPE-Berichterstattern), assoziative déjà vu (bei scheinbar „Normalen“ ohne subjektive paranormale Erfahrung sowie bei Patienten mit nichtepileptischer Temporallappendysfunktion und Epilepsiepatienten ohne Temporallappenbeteiligung), psychotischem déjà vu (bei Schizophrenen) und temporallappenepileptischem (TLE)-déjà vu bei TLE-Patienten. Der Zugang dient als Modell für phänomenologisch bedeutsame Analysen innerhalb von Neurowissenschaft, Psychologie, Psychopathologie und Parapsychologie. Dies ermöglicht standardisierte, einschlägige Aufzeichnungen und erfordert die Entwicklung weiterer geeigneter Fragebögen zur Sicherstellung der phänomenologischen Homogenität zukünftiger Forschung und Metaanalysen. Déjà vu bei SPE hat Implikationen für Präkognition, Reinkarnation und Träumen.