Visual hallucinations

Support throughout central vision loss

Some people with sight loss experience visual hallucinations. Many worry unnecessarily that there is something wrong with their mind.

No one need face macular degeneration alone. For information and support call 0300 3030 111.
In this leaflet we look at why people with sight loss sometimes experience visual hallucinations and at possible ways to cope with them.

Given the right circumstances, we can all see things that are not actually there. For some of us, the visions, more correctly called hallucinations, come naturally while falling asleep or when waking up – a sort of waking dream.

Hallucinations can also occur because of sight loss, particularly through macular degeneration. It is important to understand that the hallucinations are a natural experience and not a sign of mental illness. When hallucinations happen as a result of sight loss they are known as Charles Bonnet Syndrome; after an 18th century Swiss scientist and philosopher who first described the condition.

Up to half of all people with macular degeneration are thought to experience Charles Bonnet hallucinations at
some time. Visual hallucinations are more likely to occur if both eyes are affected by sight loss. The hallucinations often start after a decline in vision.

What is a visual hallucination?

We can all conjure up pictures in our mind’s eye, for example, a picture of a tomato. We can rotate the imaginary tomato, examine its redness and the smooth texture of its skin. However, the image is vague, entirely under our control and we understand it is part of our imagination. This sort of internal picture, correctly termed a visual image, is not a hallucination.

A visual hallucination is the same experience as really seeing something, the only difference being that the ‘something’ is not actually there.

Visual hallucinations appear to exist in the real world rather than in the mind’s eye. They come and go unannounced and can last for just a few seconds or as long as a day or more.
The syndrome itself can last from days to years. For most people the hallucinations do eventually disappear.

**What do these hallucinations look like?**

Charles Bonnet hallucinations can be simple unformed flashes of light, colours or shapes.

However, many people see more elaborate forms such as geometrical grids and lattices. Some people report seeing disembodied faces with staring eyes, landscaped gardens or vistas, animals, people, or processions of miniature costumed figures wearing hats.

Ironically, the hallucinations are often seen in more vivid detail than real life.

Some people enjoy their hallucinations. However, they are more often an unwanted distraction and can be rather frightening.

When they cause rooms or buildings to seem altered, it can be disorientating when trying to get around.
Can you stop the hallucinations?

The Macular Society has sponsored research by Dr Dominic ffytche of the Institute of Psychiatry in London into non-drug treatments for visual hallucinations.

Dr ffytche recommends using eye movements to lessen the impact and length of hallucinations. Eye movements activate visual parts of the brain in people with macular disease – even if they have little remaining vision. These movements may stop certain types of hallucinations, particularly the grids, checkerboards, lattices and colours.

Try these exercises to help make the hallucinations disappear:

• Imagine two points about a metre (3ft) apart on a wall in front of you. Stand about a metre and a half away and look from one point to the other once every second or faster for 15–30 seconds, followed by a break of a few seconds. Hold your
eyes open during these movements.

• If your hallucinations continue, try repeating this exercise.

• If the hallucinations are still there after four or five attempts, the technique is unlikely to work. You may however want to try again on another occasion or for a different type of hallucination.

Why do the hallucinations happen?

When visual signals leave the eye they go to the back of the brain (the occipital lobe) to the primary visual receiving area, called V1.

From V1 the signals are relayed to a series of map-like areas,
each specialised in a different aspect of seeing. There is an area specialised for movement, an area for colour, several for faces, one for landscapes and many others. Scanning studies have revealed what happens in the brains of people while they hallucinate. These studies help explain some of the features of Charles Bonnet hallucinations.

With our eyes open, the visual brain expects to receive and process a flood of complex electrical signals.

In people with eye disease or a break in the visual pathways, what was once a flood becomes a trickle. This leaves the visual areas of the brain with little to do. The idle visual brain cells, waiting for an appropriate trigger, begin to fire spontaneously. If this happens in the colour area, people experience hallucinations of colour; if in the object area, they see objects and so on.
After a while, the visual brain gets used to the lower level of information from the eye and the spontaneous firing lessens or stops. This explains why, for many people, the hallucinations gradually reduce over time. 

What do we still need to know?

More research into Charles Bonnet Syndrome is needed. For example, we do not know why only some people with sight loss have hallucinations. We do not know how to stop the spontaneous firing without affecting other brain activities.

One thing that is certain is that hallucinations do not mean the person is mentally ill.

However bizarre, frightening or funny their content, Charles Bonnet hallucinations are no more than a normal brain’s response to reduced visual input. While they may be an inconvenience, they are not a cause for concern.

If you find your hallucinations upsetting, talk to your doctor or ophthalmologist about the problem.
Visual hallucinations

Take this leaflet with you as some health professionals outside the eye specialty may not know about Charles Bonnet Syndrome.

Treatment, if any, might depend on establishing whether there are any other causes apart from eye disease. Some people can be helped with drugs used to treat other conditions such as antiepileptic or antipsychotic drugs.

With thanks to Dr Dominic ffytche, Institute of Psychiatry, London.

Helpline
Our expert helpline team can provide you with information, or refer you to our free telephone counselling service.

Call 0300 3030 111
Monday – Friday 9am – 5pm

help@macularsociety.org
The Macular Society is the national charity for anyone affected by central vision loss. This includes anyone affected by a macular condition and anyone caring for or supporting someone with a macular condition. You don’t have to be a national member of the Society to use our services.

Helpline  Advice and information on all aspects of macular disease, including diagnosis, treatment and living with central vision loss.

Befriending  A one-to-one telephone service available to anyone affected by macular disease. This can be anyone with a macular condition or anyone caring for or supporting someone with a macular condition.

Counselling  It’s natural to feel upset or angry with the changes macular conditions bring to everyday life. People experiencing anxiety or distress can
use our confidential telephone counselling service. Our counsellors are fully qualified and are members of the British Association for Counselling and for Psychotherapy (BACP).

**Treatment buddy** About to have injections for your macular disease? Get support and find out what to expect from people who’ve already had the treatment.

Find out more about our services, including local groups; call 0300 3030 111.

**Want to talk online?** Join one of our forums.
www.macularsociety.org/forum
www.macularsociety.healthunlocked.com/join

**Join us**
Many people join us so that they can make a difference. Your support enables us to provide services and helps us fund research into a cure so that one day we can overcome macular disease.

For more information on becoming a member or regular supporter email info@macularsociety.org or call 01264 350 551.
If you've found this leaflet useful please consider making a donation to support our work.