

PSYCHOPATHOLOGY AND PARAPSYCHOLOGY —SOME POSSIBLE CONTACTS—

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In one of his editorials in the *Journal of Parapsychology*, J. B. Rhine wrote that, to a great extent, parapsychology is a historical derivative of psychiatry.¹ This statement poses a problem: Is the relationship Rhine spoke about merely a historical one, or is there some closer, perhaps functional, interaction between the two complexes of facts, hypotheses and theories that we define as psychopathology and parapsychology?

Historically the relationship between psychopathology and parapsychology was apparently a very close one. R. Sudre, whom we can still consider to be an exponent of nineteenth-century parapsychology, states in his *Traité de Parapsychologie*:² "The metapsychical faculty is to be found more often in the somnambulant people, in the hysterical, the hypnotical ones, and in general in psychotic subjects."

Probably this association between the two types of phenomena depends on the observation of psychopathological traits in mediums. Sudre says that most of the great spiritualistic mediums had some nervous disorder or personality disturbance or at least "were nervous." Sudre's quite vague statements on psychopathological symptoms in mediums were formulated in a more precise way by Janet, who in his classical work, *L'Automatisme psychologique*, wrote: "The gift of mediumship must depend on a peculiar pathological condition, from which hysteria and insanity could later develop."

This opinion was shared by some early psychical researchers such as Myers³ for instance. And it has been followed more recently by Moser, whose treatise, *Okkultismus*,⁴ is in my opinion a rich and accurate compendium on psychical research prior to the statistical experimental era.

Today we consider three types of phenomena as part of the psychopathological picture of hysteria: acute seizure-like manifestations, pseudoneurological disturbances, and a complex of peculiar behavior characterized by the terms *hysterical personality* or *hysterical style*. It

would be interesting to know with which of these pathological manifestations of hysteria these early researchers saw a relationship. The examination of the works of Myers and Moser shows that with none of these three kinds of hysterical pathology is there a recognized specific relationship, but that this link is believed to exist with a kind of hysterical disorder which has been observed in a very few cases. This consists of those rare manifestations named "dissociated personalities" or "autonome Teilpsychen" (Bender⁵), if sufficiently organized, or products of "psychological automatism," according to Janet, if less personified and individualized.

According to Moser⁶ and more recently to Bender⁷—*Mediumistische Psychosen*—this type of phenomenon, although rare, is of great importance for the understanding of the mechanism by which pseudopersonalities apparently completely unrelated to the participants are generated during séances. In such situations the sitting techniques (such as use of a planchette or a table) would allow the emergence of such "autonomous partial personalities" which to a naive outlook may easily be taken to be "discarnate agencies," "spirits" and the like.

The existence of cases of multiple personality, such as those described by Azam,⁸ Janet,⁹ Prince,¹⁰ and outside of the spiritualistic milieu more recently by Thigpen and Cleckley,¹¹ proves that this phenomenon is not necessarily dependent on that cultural milieu. However, this second element seems to be important in two respects: first, as Bender has demonstrated,¹² because this atmosphere provides the subject with practical techniques that help psychological automatism to establish itself; and second, because the mere approval of a certain type of behavior seems to enhance it. In this connection I think it useful to cite the research done by Lubchansky, Egri and Stokes¹³ on a sample of the Puerto Rican population in New York City. This study showed that the particular spiritualistic milieu of that community fostered in almost any subject treated by "medicine" some behavior, states of consciousness and pseudohallucinatory experiences that in a neighborhood some hundred feet away are considered abnormal and much rarer. From another recent work, by Hirsch and Hollender,¹⁴ we see the importance to hysterical pathology of the positive sanction to some kinds of behavior given by the group the individual belongs to. In the particular case considered by these authors, that of hysterical psychosis, the psychopathological manifestations do not completely coincide with the symptoms of hysterical dissociation, but there are some which seem to be similar, as for instance depersonalization and the tendency to hallucinate, as we find it in the sensory modality of psychological automation (Bender¹⁵). Though

there are sufficient clinical proofs in favor of the similarity, if not identity, of certain hysterical phenomena and the behavior of spiritualistic mediums, this does not yet mean that this pathology is strictly correlated with the occurrence of real parapsychological phenomena.

I think it important to stress that in the great majority of multiple personality cases, real parapsychologically interesting phenomena have not been seen, or, at least, have not been described by the authors. Although in some cases they have, they represent a really small minority. Prince even describes an attempt made by "Sally" to write automatically.¹⁶ Thus, the proneness to dissociation, in the sense given by Janet to that word, and the guessing ability, in the sense of ESP, would seem to be two distinct dispositions. And this conclusion is confirmed, I think, by the parapsychological irrelevance of much of the material produced during spiritualistic sittings.

However, it has been said, and this seems to be Bender's opinion also,¹⁷ that, provided there is a guessing ability, the dissociative state, either spontaneous or "artificially" induced, might help the emergence at a behavioral level (not necessarily at a conscious level, as generally such a production is experienced by the "medium" as alien to himself) of materials that appear to facilitate a guessing performance indicative of ESP.

Indirect evidence in favor of it could be provided by experimental studies in which the guessing performances of subjects in the waking state and under hypnosis were compared. In their review of these experimental studies Honorton and Krippner¹⁸ show that hypnotized subjects obtained recurrently better results than when they were not hypnotized.

Rhine¹⁹ has already said, in connection with the question of psychopathology and parapsychology, that ESP ability evident in the guessing situations correlates positively with the psychodiagnostic measurements of social adaptation. He referred particularly to the work of G. Schmeidler²⁰ utilizing a scale based on the Rorschach test. Eysenck,²¹ who has examined the literature relating to the possible links between extraversion and the guessing performance, has found a positive correlation. Other experimental works by Rao²² and Kanthamani²³ show that the guessing performance correlates negatively with the neuroticism scores given by their tests. This result makes it quite improbable that there should be a correlation with hysteria as a personality disturbance. Although we must not necessarily admit that Eysenck's hysterical subjects are identical with the clinical category of hysterical personality, I think we should give due consideration to the results of these experiments.

The work done by G. Sannwald²⁴ and J. Mischo²⁵ seems to be at least partially in favor of a positive correlation between hysteria and spontaneous ESP occurrences. Sannwald studied a sample who had had presumably paranormal spontaneous ESP phenomena, in comparison with another sample, similar in its main characteristics except that there were no spontaneous experiences. Mischo did work on two subjects, who were involved in RSPK in two German poltergeist cases investigated by the Freiburg team. In both studies standard projective techniques were utilized; in the second there was also a battery of inventories. I wish to remark that both authors did not have primarily in view the question of a possible correlation between hysteria and psi phenomena, so that the responsibility for drawing these conclusions from their material is solely mine.

At the end of his study Sannwald traces a general picture of the "mean personality" (my expression) resulting from the group of subjects with spontaneous experiences, and tries to establish differences from that of the other group. The first of the two groups is characterized by such traits as affective lability, reduced adaptive capacity with a tendency to adaptation, reduced assimilation, strong phantastic activity, tendency for projection, weakness of the ego and lack of self-confidence, hysteroid tendencies and extraversion. Mischo's study, although far less extensive, comes up with results: irritable personality, high excitability, infantilism, low tolerance to frustrations and ego-weakness.

From the work of L. L. Vasilyev we can obtain some more data about the question of hysterical personality and parapsychology. Although he gives very few details on psychological and psychopathological aspects of his experimental subjects, I think it possible to utilize some of his data. I will consider that his subjects belong at least to the category of hysterical personality, although he refers to an hysterical hemiparesis in one of them. Vasilyev had two exceptional experimental subjects, whom he describes as hysterical, Ivanova and Fyodorova. However, not all his good subjects were hysterical. Of his search for good subjects in 1937, he says that after the examination of many subjects only two were judged to be interesting, a hysterical, 33 years of age, and a healthy subject, 28 years of age. And in the same book²⁶ he refers to another healthy good subject. Although Vasilyev's data are quite scarce, it is possible to conclude that there is no strict correlation between hysteria and mental suggestion. And in consideration of his tendency to look for his subjects in Leningrad's psychoneurological clinics, it is easy to think that the prevalence of hystericals among his subjects could have been affected by his sampling. So, I think that if there is any significant correlation between the hysterical

personality and the occurrence of parapsychological phenomena, it is important that we go further in resolving the apparent contradictions in the empirical evidence that has been gathered so far.

Another chapter on the possible relationship between psychopathology and parapsychological phenomena was probably in connection with the process of defining psychiatric nosology and nosography, thanks to the important contributions of the French and German schools. An answer to this question has been sought on a purely empirical level, on experimental grounds. We know of the research done by Shulman,²⁷ Bates and Newton,²⁸ Zorab²⁹ and Urban and Köck.³⁰ We also know that their results are quite poor. Shulman found a difference in guessing performance between psychotic depressives and involuntional melancholics; Bates and Newton found no difference at all among the various diagnostic categories: schizophrenia, affective psychoses, involuntional melancholia, neuroasthenia, organic brain damage and psychopathology. Zorab failed to find the slightest significant result and observed no difference between his diagnostic categories. Urban and Köck obtained an improvement in guessing performance after narcoanalytical and electroshock treatment. This finding seems not to have had any consequence, neither on experimental nor on theoretical grounds. Another type of problem connected with the relationship between psychosis and parapsychology seems in a certain sense to be the reverse. It concerns the possible role of parapsychological phenomena in the formation of the psychopathological picture of psychoses. It was Ehrenwald³¹ who dealt with it, mainly on a theoretical and speculative level. He put forward the hypothesis that two classical clinical pictures of schizophrenia might be codetermined by the presence of an active and clearly apparent ESP ability of the patient. To summarize Ehrenwald's assumption briefly: In a schizophrenic, unable to separate interior material from exterior material, the delusion could originate in telepathically perceived materials. On the contrary, the stupor of the catatonic schizophrenic could be caused by an excessive inhibitory mechanism, induced by the refusal to perceive anxiety products of heteropsychical material. Ehrenwald's hypothesis has been criticized by some authors, among whom are West,³² and Eisenbud,³³ the latter stating that the empirical evidence is too poor.

Although I agree with Eisenbud in his criticism of Ehrenwald's hypothesis, I think that the main objection to be made to it should be that it requires from the psychotic patient a frequency of ESP phenomena by far too high in comparison with the frequency until now seen in guessing experiments and spontaneous cases. And if we could admit a priori that in the schizophrenic there could be a sort of libera-

tion of the ESP function, we could not hold this hypothesis any more in viewing the experiments in guessing made with psychotic subjects. On the basis of this experimental evidence we would attribute to the psychotic more or less the same guessing ability we have already abundantly seen in normal people.

If we admit, as it has been suggested by Jonas and Klein³⁴ that the ESP function is a physiological function of the brain, we should also admit that at least for ESP cognition, which is transmitted from the receptor to the effector (verbal response, motor response, vegetative response), the ESP function shares with other psychical functions like thought, sensory perception, attention, vigilance, some fundamental mechanisms of probably neutral character. Now, it is probable that if in one particular mental illness some of these mechanisms are disturbed, this alteration will affect at least some aspects of ESP function.

In these last years, in the field of experimental psychology there have been some changes at the level of the models possible for psychical functions. Some cybernetic models have been proposed that have proved to be very fruitful. One of these is Broadbent's "filter theory" for vigilance and attention, and in general, perception. This tendency has manifested itself also in parapsychology, as is demonstrated by the model for ESP advanced by Osis and Bokert³⁵ in 1971. Of course, this conception of ESP is not an "atomic" one, in the sense of being indivisible, but an analytical one, assuming several subfunctions, partly shared by other psychical functions, partly exclusively pertinent to ESP, as for instance the receptors, which make up the complex mechanism of ESP function and guessing performance.

This is, I think, the only possible way of explaining some "secondary" aspects of the guessing performance, such as the decline effect, the dependence of the score on the positive or negative expectation of the subjects, the dependence on the relationships and reciprocal attitudes of experimenter and subjects, the guessing selectivity, psi missing, and so on. I think that this variability of the guessing performance can be explained only by a complex mechanism where separate subfunctions interact in different ways, giving different resulting outputs every time.

Now, if we assume that in certain categories of mentally ill, for instance in the schizophrenics, any of these subfunctions fail to function well, we should see a decrement in the guessing score, and, if the experimental situation is adequately complex and varied, we should be able to identify different "secondary effects." We could have abnormal declines; we could experience an incapacity to rapidly alternate from psi hitting to psi missing and vice versa, or to sustain inten-

tionally psi hitting for more than a certain span of time, or an inability to guess selectively one set of targets without being able to disregard other sets of targets. So we could speak perhaps of a pathology of ESP function, similar to the pathology observed in mentally ill patients, concerning perception, thought, memory, and so on.

As I could not test these ideas by directly experimenting with mentally ill patients, I have tried to apply these concepts to the data obtained by Bates and Newton in 1951, in different categories of mental patients (involuntional, hebephrenics, catatonics, neuroasthenics, paranoid, depressed manic-depressives, manic manic-depressives, those with organic brain damage, psychopaths); they obtained different mean run scores in the two conditions of high aim guessing and low aim guessing.

Here are the figures:

	<i>High Aim</i>	<i>Low Aim</i>	<i>Difference</i>
Involuntional	5.49	4.18	1.31
Hebephrenics	5.62	4.84	0.78
Catatonics	5.47	4.73	0.74
Paranoid	5.44	5.02	0.42
Manics	5.55	4.24	1.31
Depressives	5.76	4.60	1.16
Neuroasthenics	5.54	3.95	1.59
Organics	5.37	4.77	0.60
Behavior Dist.	5.79	4.50	1.29

I have calculated and put into the third column the differences between the figures in the first column and those in the second. From this table it is quite evident that the figures for the three types of schizophrenia and for the organic patients are different from those of the other patients belonging to other diagnostic categories. These have differences constantly higher than one, while the former have differences constantly lower than one. It does not make much sense to evaluate the significance of the difference between these differences, as the mean scores are calculated on different numbers of runs. However, I think it interesting to note that according to a recent review by McGhie,³⁶ schizophrenics and organic brain damage patients are the two categories of mental patients whose selective attention is most surely and constantly impaired. For manic-depressives, neurotics and psychopaths this evidence does not exist. This conclusion by McGhie could be of importance for the interpretation of Bates's and Newton's data. We could imagine, as an explanation, an impairment in the constant and sustained attention needed to keep the experimental instruction of high and low aim guessing functioning, based on the inability, common to

schizophrenics and organic patients, to maintain any mental activity for any length of time. This would result in the inability of steering the processes of psi hitting and psi missing into certain predetermined directions, as is done by normal subjects, or patients who do not demonstrate this defect in attention.

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DISCUSSION

ORME: One of the interesting characteristics of psychopathology in regard to the paranormal is the consistency with which hysteria, or mechanisms believed to be associated with hysteria, are mentioned. Indeed, I mentioned yesterday in my own paper, that there is consistency in the mention of hysterical symptoms. The thing that worries me, however, is that in personality studies and studies of psychopathology, if there is any category which is very difficult to establish as possessing any kind of right to existence (if that is the word), it is hysteria. In fact, there are a number of studies that tend to suggest that if one is negative enough, the condition does not exist at all. It is a collection of unrelated features. Another thing that worries me about this is, as I said in my paper yesterday, that a lot of people report how paranormal experiences chance to occur, in the spontaneous sense, when the people are alone or relaxed, or even dreaming. The usual suggestion these days tends to be that hysteria is associated with extravert personalities. One would have thought that it should have been associated with introversion as the condition likely to occur in spontaneous cases. I do not necessarily suggest that this is all wrong, i.e., to suggest there are associations. But I wonder whether our techniques of measuring personality and psychopathological traits are as good as they ought to be. Of course, I think this is a point when you come to studies of experiments, taking different diagnostic groupings and categories. There is one other possibility that occurs to me. It sometimes seems to me that the kind of personality or person who does well in experiments is the exact opposite to the kind of person who reports spontaneous occurrences.

ALBERTI: I think there is a controversial personality typology of the good, i.e., sensitive subject. The most widespread one is an extraverted personality, well adjusted to his environment. But there are other factors involved that lead one to think that the introverted personality is also involved. There are those, depicted as introverted personalities, quasi-autistic ones, who live alone. I think this trend is characteristic of a personality found perhaps in shamans, or, in general, in the institutionalized patient, or in the magicians of primitive cultures.

KAPPERS: When I read on the program "Some Possible Contacts between Psychopathology and Parapsychology," I thought something different would be treated than has been done. Dr. Alberti has spoken about the theoretical background of psychopathology and parapsychology. As a general practitioner, may I say here that there are practical reasons for a medical man to know something about parapsychology. A friend, who became acquainted with parapsychology through his friendship with me, made the decision to take a woman patient to a mental hospital, because she had a strong aggression against her four-year-old child. During a hysterical depression, her child was pushed twice from the staircase when nobody else was present. My friend realized her aggression worked out psychokinetically and this brought about his decision to take her to the hospital. Another reason for a medical man to have some knowledge of parapsychology is out-of-the-body experiences. I am often consulted by people who have had such an experience. It was very soothing for the anxiety-ridden person to learn from me that out-of-the-body experience is a not infrequent variety of normal human experience.

KOESTLER: You mentioned the tricky subject of experiments under hypnosis. I wonder if the following experiment has ever been tried: To have a triangular situation in a classic-type telepathy experiment, not only sender-receiver, but also a good medical hypnotist who hypnotizes the two subjects and gives them the suggestion that they are going to be in mental contact. He gives to A the suggestion: "You are going to be in mental contact with B." This could be reinforced, on a sensorimotor level, by giving them each, for instance, a tuning fork to hold, to show that if you strike one tuning fork, there is resonance in your hand. Then carry out qualitative, not guessing experiments, but the Gilbert Murray type of picture transmission, with, if possible, subjects in deep trance. Has this type of thing been tried? The rationale for it is, of course, that you would create interaction instead of one-way action from agent to sender.

ALBERTI: The use of hypnosis has been researched. It is quite a complicated one. Because you can hypnotize both, you can give post-

hypnotic suggestions so they can work in a waking state under hypnosis. I just wanted to have an answer—or a partial answer—to the question: Does the presence of hysteria help to improve ESP phenomena, spontaneous or experimental?

CAHN: I would like to help Mr. Koestler on his point. There are two series of studies that I am familiar with. One was a study using not really hypnosis, but sensory isolation, by John Lilly in Bermuda, involving two people in two tanks. I think he made some reference to that at the 1969 Parapsychological Association Convention. There are also some studies that I have made involving a method of mutual hypnosis, in other words, starting out with two persons, myself inducting one first, and then, once they got to a certain point of depth of hypnosis, asking them to carry each other on down. In these experiences—I cannot call them experiments, as they were not well controlled—they were simply asking each other or talking to each other about what they experienced, if there was a similarity of experience and so on, without external criteria. These subjects commonly report that they do indeed feel a telepathic contact, that there is an awareness. Now, this needs to be systematized, but at least it is a start.

ZORAB: Dr. Alberti, you were so kind as to mention my name in connection with research on psychotics. But our greatest difficulty was to keep the attention of the psychotics. Would you mind telling me whether you would consider Palladino to be a hysterical subject?

ROGO: Regarding Palladino, I would say that, from the reports, she did show hysterical symptoms. However, I wanted to mention something to Dr. Alberti about his use of Morton Prince and the Sally Beauchamp case. I think it must be kept in mind that Morton Prince, although he was a member of the American Society for Psychical Research, denied the concept of psychic phenomena. Now there was a lot which was very suggestive of psi in the Beauchamp case. Sally not only wrote automatically, but there were crystal gazing experiments done. While there is nothing in the book which actually says there is anything veridical about this, I do not think that Morton Prince would have put it in if he got any results, because he hated the concept of psi. I think it is very suggestive that Walter Franklin Prince, who did believe in psi, got psi with multipersonality cases. Morton Prince, who did not like psi, did not get it. It is a case, perhaps, on the one hand of experimenter effect, and maybe on the other, it is a case of not finding the needle in the haystack because one does not look.

BELOFF: I feel very strongly that whenever one discusses personality as correlative with ESP performance, one ought to be careful to distinguish between the ability involved and the kind of personality that

might lead a person to go in for this sort of thing, to become a medium, to become a guessing subject or that kind of thing. You were talking a while ago about whether being a hysteric enhances one's ESP. I think this is probably quite the wrong way of looking at it. And one can perhaps forget, for the moment, about the topic of parapsychology. If you were to make a personality study of, say the chess masters, you would no doubt be able to find very distinctive syndromes which would distinguish them from you and me perhaps. But at the same time, this personality syndrome you would find does not in any way explain or could be said to enhance their chess-playing ability. Their ability may be something genetic. Whatever it is, is one thing, and the kind of personality who spends his life at a chess board is again something else. I think this kind of distinction should be brought out.

ALBERTI: I know that the possible relationships, in very general terms, between psychopathology and parapsychology are close. I had to choose some special questions. And this one, although it is quite naive, "Do you think that to be ill helps to do something better?" seems to have been one of the main informative questions in many experiments on that subject. It seems to me that many workers hoped to find in these mentally diverse subjects a particular proneness to produce ESP phenomena. And so I showed this facet.

WEST: I only want to find out if there is a difference between altered states of consciousness or mental dissociation phenomena and the kind of personality variables measured in clinical tests, as with neurotic extraversion questionnaires. It may be that psychic phenomena are associated with disassociated states. That would not necessarily lead one to suppose that they were associated, in general, with, let us say, extraversion or any other personality variables on questionnaires.

BRIER: I thought your treatment of the correlation between parapsychology and psychopathology was very sensible. George Zorab was saying how difficult it is to work with psychotics, I wonder if other parapsychologists without clinical training, like myself, have had this problem in working with neurotics, where it is sometimes very difficult to discriminate between a person who is having an ESP experience and one who is just neurotic and making it up. I have had difficulties with people; I could not decide whether a person was having an ESP experience or the whole thing was a product of his mind.

ALBERTI: It is a great problem of course. If you stay on purely qualitative grounds, it is a little more difficult to work out exactly if it is or if it is not.

NOVILLO: Dr. Alberti, you said that we cannot reduce, we cannot

minimize parapsychology if the problem of studying this mind-body dualism is taken into account. Do you think it is very important in parapsychology to analyze and be able to know what is the nature of the cause of parapsychological phenomena? Because if we understood what was the cause of parapsychological phenomena, we would be able to interpret a lot of the phenomena and to conduct experiments. Do you not think so?

ALBERTI: Yes, but I do not know if this is the easiest way.

NOVILLO: This is the foundation of parapsychology, not the cause.

ALBERTI: To use parapsychology just to resolve the general problems of mind and body is really to minimize it. Parapsychology should give us the possibility to work out the rules governing these phenomena and to reduce them if possible.

ROGO: I just want to respond to Dr. Brier. I think this is a problem that every parapsychologist has. I think the best way to approach this problem is to look for patterns into which spontaneous cases seem to fall. For instance, there are certain patterns that differentiate an out-of-the-body experience from just a somatic illusion that a mentally disturbed person is likely to have. I think that all types of spontaneous cases do have general patterns. Just by taking a new report and analyzing it according to your own experience of what has turned out to be an ostensibly real case and one that has not, you can get a very good guideline toward what you can accept as being a real case and what is not. The only problem is that many people in fictitious cases are usually lying, basing their statements on what they have read on real cases. So it is a vicious cycle, I am afraid.