

PARAPSYCHOLOGICAL DIAGNOSTICS AND THERAPY

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It is important to define the various medical possibilities of parapsychological methods. Parapsychological diagnostics and miraculous healings operate and originate in the unconscious. They presuppose communications of the subconscious (in accordance with the concept of C. G. Jung's collective unconscious).

1. *Parapsychological diagnostic.* Today, we believe that soul and body constitute a unitary whole, with the members and organs of the body being penetrated by the soul, and the soul being embodied in all members and organs. The parapsychological diagnosis, established on the premise of soul-to-soul communication, and the elaboration of a collective subconscious, cannot bring forth more than what is actually present in the subconscious of the soul and in the partial souls of the organ involved. Therefore, a parapsychological diagnosis cannot provide details on a level with those of orthodox diagnostics which consequently remain indispensable to the physician in all cases. On the other hand, the parapsychological diagnostic should always be established for purposes of specific orthodox treatment in terms of classical medicine.

2. *Parapsychological therapy.* This must necessarily be a non-specific therapy, similar to the general stimulation of the organism advocated in orthodox medicine. A diagnosis is unnecessary for this therapy; only the communication between the physician's subconscious and that of the patient is of importance.

3. *Relations between doctor and patient.* As the doctor attempts to reach a diagnosis through parapsychological contact between his subconscious and that of the patient, he may be hampered by the fact that neither has powers of clairvoyance or of absolute telepathy. His conclusions are therefore very relative. In this respect, a parapsychological diagnosis is clearly inferior to the orthodox diagnosis which is established with machine-like accuracy. Responsiveness to contact, and the patient's general attitude is more decisive in these cases than the conscious and subconscious of the doctor. As a matter of fact, the latter is useless in certain cases where belief in God, or a god, or in a fetish, may be therapeutically effective. The personalities of some doctors may be a positive factor in parapsychological healings which may also, to some degree, be influenced by the momentary frame of mind and the mood of the doctor. Generally speaking, parapsychological medical competence is more often prevalent among "primitivists" and amid "primitive" environment than among those with an academic medical formation.

Among the problems to be resolved is that of determining whether so-called orthodox illnesses should be classified according to their responsiveness to parapsychological treatment. In orthodox medicine, we know that this is done for general non-specific therapy.

Conclusion. Parapsychological and clinical diagnostic and therapeutics are not incompatible and do not exclude each other if we are clear on the limitations of each. Within their limitations, they are mutually beneficial in the treatment of the sick.