

METHODS OF PARANORMAL DIAGNOSIS

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In an historical introduction, mention is chiefly made of the observations of the old magnetizers regarding the diagnoses of illnesses by mesmerized subjects. This leads to the problem of what viewpoints must be considered in the study of paranormal diagnosis. It is necessary, in paranormal diagnoses, to seek a distinction between telepathic and clairvoyant factors. In some observations of his own, the author has found that sensitive individuals, in their attempt to make a diagnosis, frequently elicit from patients the pains they actually feel or what they themselves think about their illness or what they have learned from the doctor.

In cooperation with a hospital, groups of patients must be assembled. These should include: (1) Patients who know what their sickness is; (2) Patients whose ailment is apparent to others but not known to them; (3) Patients who have not yet been examined but whose subjective discomforts probably indicate the nature of their illness; (4) Patients in whom the cause of the illness cannot presumably be determined from their discomforts. (For example, a kidney ailment caused by a focal infection.)

Paranormal diagnosis should be investigated in distance experiments and in the presence of the patient behind a screen. If the sensitive is allowed to get in close contact with the patient, touching or not touching him or using a pendulum or a divining rod, the hypothesis of physical agencies causing the impressions, or motor reactions, ought to be considered besides the normal sensory clues

which might transmit the information. Furthermore, it is essential to make a phenomenological analysis of the impressions by which the sensitive individual gets information about the illness: sympathetic pains, mental images of the diseased organs, general awareness without any visualization, etc.

Various methods of paranormal diagnosis are presented: the pendulum diagnosis, diagnosis by means of an inductor (psychometric object), and methods of diagnosis with the divining rod, all of the latter based on a private "radiation mythology."

If in the social relation between the healer and the patient psi factors are found to be at work in regard to the diagnosis, this finding may be considered as a hint that possibly psi factors may also play a part in the healing process. It would be advisable to select such a group of patients for experiments in distance healing.