PSI IN THE CLINICAL FRAMEWORK OF ABNORMAL PSYCHOLOGY

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In ancient times it was widely believed that insanity was due to a supernatural cause. Even in the eleventh century, scholars such as Michael Psellus still believed that mental illness was due to the unhealthy influence of supernatural beings over the living. So, it is not odd that even though the development of psychology and psychiatry in the last hundred years has shown how behavioral disorders relate to the dysfunctions of the mind or body, parapsychologists today are once again considering that supernormal processes may be a factor in mental illness.

What I hope to achieve in this presentation is an appraisal of how psi might be an implicating or causative factor, generally unrecognized, in some psychopathological disorders; how psi factors might help us to understand these dysfunctions; and finally to speculate on how this data may help in revising and formulating theories about the phenomena of abnormal psychology.

The first question to be considered might be: is there any evidence at all that psi is a factor in mental illness? Some good general groundwork on this subject has been presented by Jan Ehrenwald,[1] who cites several cases that would suggest that psi appears, at least in flashes, to schizophrenics. He cites the example of a schizophrenic girl who spontaneously told him her age which, while incorrect, corresponded to a simultaneous miscalculation he had made mentally. An even more striking case recorded from his practice concerns a young catatonic schizophrenic who, during a succession of disjointed and meaningless phrases, uttered the name of an anesthetic with which Dr. Ehrenwald was experimenting and echoed the therapist's hopes about the effectiveness of the compound. From an anecdotal standpoint, several cases can be found in the autobiographies of cured schizophrenics. I would like to point out that Barbara O'Brien, in her book *Operators and Things,*[2] specifically mentions the many precognitions and telepathic experiences that occurred during her recovery from schizophrenia.

However, it should be noted that many psychiatrists tend to dismiss such occurrences by convincing themselves that schizophrenics have acute empathy toward the therapist or other persons. For instance, in going over the writings on this enigmatic disorder, one finds such passages as: ". . . the schizophrenic's uncanny sensitivity to unverbalized and only partially conscious feelings in the psychiatrist"; or ". . . the sensitivity of the schizophrenic to react to emotional stimuli which are subliminal for the perceptual apparatus of the non-schizophrenic." I think it obvious that these descriptions of some of the phenomenology of schizophrenia allude more to the psi factor than to some sort of hypersensitivity.

Of course it would be hard to determine whether cases such as these are more common among the mentally ill than among the normal population who also show spontaneous psi abilities. However, if we consider that psi seems to appear more often than might be expected in schizophrenic states, there are various ways one might fit such a factor into the general scheme of schizophrenia. One theory of schizophrenia states that the disorder is caused by an inability of the sufferer to discriminate between acceptable and non-acceptable impressions received daily through verbal and non-verbal communication.[3] This inability creates a mental overload causing schizophrenic deterioration. I might suggest that the overload of impressions could be more readily understood as to its devastating effect upon the personality if it extended to psi impressions as well. The fact that psi phenomena occur more often in sleep, and often in distorted or symbolic forms, suggests that such impressions are automatically subliminated and one can only wonder what would occur if the mind were not only unable to defend itself against a constant barrage of psi impressions, but also if it could not discriminate at all between verbal, non-verbal, and psi communications. Certainly a considerable distortion of reality would occur. Such a speculation might explain the phase that schizophrenics often go through at the onset of the disorder, when the patient may claim to be the constant recipient or generator of telepathic impressions.

Another popular theory of schizophrenia, that of Bateson, reduces the causative factor in the disorder to the "double-bind" situation where the patient can no longer cope with constant communications that, in their literal versus implied or hidden meaning, are self-contradictory.[4] Again, this theory could be extended to incorporate, beyond the verbal content of the messages, the patient's awareness of the hidden thoughts and unconscious motivations of the communicator. A breakdown might easily occur if the paradox between what his sense

perceptions say and what his psi faculties impress upon him becomes unbearable.

We might speculate endlessly on these theories and on how psi communication might enter into them. However, I feel that the classical theories and models used in abnormal psychology are inadequate to explain certain cases of mental illness. In fact, I feel there is sufficient evidence that certain symptomatology classified as schizophrenic could be of a wholly psychic nature. As is well known, it is believed that what we diagnose as schizophrenia may be a blanket term covering many different mental problems that share common symptoms. If that is so, certain cases masquerading as schizophrenia may well be of a psi nature and only under rare conditions is this psi factor openly manifested.

Perhaps no better case could be used to illustrate this point than that of Frederic Thompson.[5] Though an old case, it serves the purpose well since it was meticulously investigated at the time by James Hyslop; medical and neurological consultations were made; and it illustrates not only how psi may enter into cases which appear to be mental illness, but also how an understanding of abnormal psychology may help us explain certain bizarre psi functions.

Thompson was a silversmith who developed compulsive urges to paint after having met the painter Robert Swain Gifford. So far the case appears to be merely one of abnormal obsessive compulsions. Yet, a year later Thompson discovered that the onset of these compulsions and his ability to paint corresponded to the time of Gifford's death, of which he had been unaware at the time. It is here that the psi factor manifests itself. The paintings by Thompson were later verified as being, in some cases, almost identical to unfinished sketches done by Gifford that had never been publicly displayed.

While the incredible strength of the evidence makes this case a clear-cut example of psi appearing in a most unusual way, it is significant to note that until the veridical element came into focus it would have been impossible to see in the case anything other than a severe mental disorder, as Hyslop himself first diagnosed it. What is also of interest is that while he was investigating the case Hyslop had two neurologists listen to Thompson's narrative and both were inclined to diagnose his condition as "dementia praecox," since the narrative was full of experiences resembling delusions of occult persecution, hearing of voices, anxiety reactions and fugue states. One wonders if this same situation may not be occurring today in the practice of therapists not versed in parapsychology. No doubt were we to

exhibit Thompson before a group of psychiatrists, he would, even now, be diagnosed as schizophrenic with obsessional tendencies.

This case raises some very thorny issues: could such disorders have little to do with an unhealthy mind, but instead be a product of psi abilities, or even discarnate influences? Or, considering models used in abnormal psychology, can we explain Thompson's motivations or state of mind as allowing him to exert his psi faculties either to reach out and gather necessary information to enforce his delusions or, on a survivalistic theory, to open his psi faculties to receive Gifford's impressions? On the one hand the case seems to be a typical reaction to the death of a love object, showing that psi can be exercized to reinforce the needs of the subject. On the other hand such cases do indicate not only that some mental illness might be caused by the reception of psi from living agents, but that a sort of involuntary mediumship, or "obsession" as Hyslop believed, could be due to the agency of discarnate influences.

All I wish to point out in this discussion of the Thompson case is that when we accept the validity of psi communication we must be alert to the possibility that the ability may be detrimental to the persons involved. Also, and this is perhaps a crucial point in this entire presentation, the therapist must be on the lookout for such cases in his own practice. All too many times, relating psi experiences to the therapist causes him to automatically view the alleged experience as being an indication of an unhealthy state of mind, especially if the patient shows indications of other psychological problems. A psychotherapist of my acquaintance had a patient suffering from acute anxiety and guilt. The patient made constant references to apparent precognitive dreams, one involving a serious automobile accident. It was not until the therapist became aware of the likelihood of the psi nature of these experiences that his eyes were opened to the possibility that the guilt may not have risen from feelings of hostility toward members of her family, but was in fact a reaction to her own psi ability and her total inability to cope with or understand it. When this was realized the therapist was able to help the patient to understand her experiences and to cope with her traumatic reactions to them. A rapid improvement was then made.

Incidents such as I have narrated make us wonder exactly to what extent psi factors operate in behavior disorders and if therapy divorced from this possibility would be effective. One classification of cases that are of special interest to me when formulating such opinions are those wherein psi faculties, while not playing a prominent role in the disorder, develop rapidly after recovery. In these cases it is probable that

a psi factor was latent and complicated the disorder. This is especially prominent in cases of paranoia. Not only is this borne out in historical cases but from some quantitative studies as well. This theory, that psi may underlie some cases of mental disturbance even when not apparent, is borne out in two cases treated by Walter Franklin Prince.[6] Each patient showed signs of paranoia with delusions of persecution by supernatural beings. However, after they were both cured of this "delusion," marked psi abilities were unfolded which were verified by Prince.

Here is where I depart from standard interpretations of this disorder, which do not take into consideration the evidence of psi. While I can well accept that delusions of persecution do in fact result from the effect of the disorder on the thought processes of the victim, I cannot accept that *after* the cure of the patient, these delusions would continue unless they actually were a very real part of the disorder. A similar situation exists with some cases of multiple personality. Also, why should psi ability *result* from the disorder if it were not related to it? This is all the more complex because such incidents occur in cases of multiple personality such as with Doris Fischer. In multiple personality, which is a complex neurosis, not psychosis, actual delusions of thought do not occur, yet it is again suggested that psi was influencing the symptomatology and became prominent after recovery. A similar suggestion is made by Daniel Schreber in his famous volume *Memories of My Nervous Illness,* upon which Freud built his theory that paranoia is a reaction to latent homosexual feelings. Schreber claimed, after his cure, that his illness could be explained only by accepting that his was a case of incipient mediumship and that the real problem lay with the effect of psi influences upon him.

Ehrenwald has also noted that in cases of paranoia a psi factor might be involved. Again, this reinforces my own belief that in many cases psi is used by the mentally ill to strengthen their own predicament. Ehrenwald, drawing from his own practice, quotes cases where the patients' delusions of persecution by the therapist have represented not only real feelings of hostility, but also a supernormal awareness of potentially hostile actions by the therapist. Here again I feel that the paranoid may have the ability to use psi to misinterpret the actions of those about him as a means of reinforcement. For example, in an incident Ehrenwald quotes, the psi awareness that the patient was about to be given an injection by a therapist was interpreted as a very hostile act. Let me point out that this shows that there is a very purposeful reason for the functioning of psi and that the content of such incidents shows that psi manifestations in these cases are not merely

spontaneous incidents unrelated to the syndrome, but are an intricate part of it—the use of psi as a reinforcing agent.

In extreme neurosis the psi factor might become so prevalent that a correct understanding of the disorder itself might be contingent on understanding and appreciating the psychical implications. Probably the best example of this is to be found in the fascinating records of Doris Fischer, another case which comes to us from Prince.[7] This case history represents one of the most complex examples of that strange disorder, multiple personality. Because of a series of childhood shocks, Doris developed numerous dissociated personalities—her "real" self, an inadequate personality called "Sick Doris," an antithesis to her real self, "Margaret," and an enigmatic personality manifesting only during sleep, called "Sleeping Margaret." There was also a "Real Sick Doris" to complicate matters.

Apart from being one of the few detailed histories of this rare disorder, the record is also an impressive account of psi—for Margaret and Sleeping Margaret had overt telepathic abilities. Doris saw apparitions, sometimes veridical. When Prince had integrated the personalities (with the exception of Sleeping Margaret who never disappeared and affirmed her independence from Doris), Doris rapidly developed remarkable mediumistic abilities apart from the many flashes of telepathy during the phase of the alternating personalities. Doris's mediumship included not only telepathy, but clairvoyance, clairaudience, and spiritistic communications. In fact, in his final writings on Doris in his book *The Psychic in the House*,[8] Prince admitted that the complexities of Doris's psi experiences compelled him toward a survivalistic explanation of them. Early in this case he had tried exorcism to test the possibility of obsession by discarnate influences. James Hyslop also experimented along these lines. I would argue that it must be admitted that Doris was a medium all along, and that we can understand the case only by realizing this possibility. This would likewise suggest that there is an integral relationship between multiple personality cases and mediumship. If we review some cases of multiple personality, psi is often either implied or manifested. In the famous case of Miss Beauchamp,[9] crystal gazing and automatic writing were manifested. Unfortunately, nothing was revealed that might throw a light on whether anything veridical came from these talents. However, in the case of Mollie Fancher,[10] clairvoyance, telepathy and veridical spiritistic communications were as frequent as the personality changes. We could say the same in the case of Frau Hauffe.[11]

Is it then possible that somehow psi is an underlying factor that is common to both multiple personality and mediumship? Are these phe-

nomena two aspects of a similar type of personality? In the cases of Doris Fischer and the earlier one I quoted from Prince, mediumship of a high level was developed after the disorder was cured. Parallels between multiple personality, dissociation and mediumship have often been made. Lady Troubridge found the relationship of Mrs. Leonard to her control, Feda, similar to the relationship of Doris Fischer to Margaret.[12] I would like to go a step further by arguing that the relationship is not merely that such "controls" might be secondary personalities, a theory I cannot wholly accept, but that there exists a deeper relationship than meets the eye concerning the similarities between the two.

Just as the various personalities in cases of multiple personality represent different traits of an overall integrated personality, so in *some* cases of mediumship this same dichotomy occurs in the personalities of the controls. In the case of Hester Dowden,[13] "Peter" was the extravert, "Astor" the introvert, "Eyen" irresponsible, "Shamar" sentimental. Each aspect of a well-integrated personality was represented. However, in Doris these personalities were not confined to the trance state. I am tempted to consider the possibility that perhaps multiple personality may be incipient mediumship or that, at least, there are basic underlying causes leading to both mediumship and extreme cases of dissociation. In some cases the personality fragments are subliminated and with the added catalyst of the psi ability trance mediumship may develop, in other cases multiple personality may occur. I should add that this in no way tells against a survivalistic element that may underlie mediumship. I am merely suggesting possible pointers in understanding mediumship along lines of abnormal psychology. I am speaking here only of the psychological cause of mediumship and the state that is conducive to its development, not to the nature of the communications.

There is some evidence to show that mediumship and dissociation are related apart from the fact that multiple personality cases often show paranormal abilities. For instance, in the initial stages in the development of mediumship, little evidence of anything supernormal is shown, and, in fact, symptoms of mental illness are often present. Again, this should suggest that we need to be cautious of automatically diagnosing abnormal symptomatology as being the manifestation of a purely psychological disorder. In the case of Eileen Garrett, before trance mediumship developed, her early years were complicated by odd panoramas of color, moving and flashing lights, auditory hallucinations, and the like.[14] All these phenomena would indicate, in most cases, such problems as neurological disorders and depersonalization.

In the light of later developments it becomes quite impossible to view these bizarre symptoms as anything but an initial stage of Mrs. Garrett's mediumship. At this point, the psychical and the psychological become indistinguishable.

Mrs. Smead, one of Hyslop's mediums, at first was prone only to dissociative states with fictitious controls and meaningless communications.[15] It was only after some years that the psi ability took over and Mrs. Smead was transformed into a gifted sensitive. All this suggests that an overall view of abnormal mental problems should include the possibility that certain symptomatology, though superficially indicating mental disorders, might also be heralding the manifestations of the psi ability.

I have now indicated how psi seems to intrude itself into the symptomatology of the major behavior disorders. Yet one might feel that I have still not adequately demonstrated that psi is any more prone to appear in these states of mind than in normal healthy states of mind. On one hand I hope I have shown that many paranormal incidents do have an overall unity, that of being a reinforcing agency. However, a complicating factor is that some modern quantitative experiments have failed to verify psi in behavior disorders. The Austrian psychiatrist Urban [16] failed to find any marked psi ability in paranoids claiming such ability. Carroll Nash did not find significant scoring with patients classified, by the Minnesota Multiphasic Personality Inventory (MMPI),[17] as having neurotic or psychotic tendencies. Before offering what I feel to be the main unifying features of psi as it appears in the entire classification of abnormal personality types, I would like to explain why I do not feel that citing these two studies is a nullification of my hypotheses about psi and behavioral disorders, and why it is to be expected that such tests would fail.

I think we are at the point where we can say that there appear to be various "levels" of psi, that is, actual different types of ESP. For example, on one level spontaneous psi seems to be of an altogether different nature from the ESP inferred from statistical studies. Whereas spontaneous psi manifests most often in an emotionally pressing situation and is basically an unconscious process, laboratory psi, as I dub it, is a conscious process that does not seem dependent on an emotionally charged setting or communication-oriented situation. Though spontaneous ESP seems to function best when an altruistic communication is needed, Eisenbud has argued that, from his psychoanalytic practice, psi appears to be a very selfish and even destructive force.[18] These observations were made from a very limited set of data: ESP as it occurs in the psychoanalytic session.

Now we have several distinct strata of psi, and from this is it logical to assume that a person manifestintg psi at one level can transfer it into another level? I think not. For example, there is a growing amount of spontaneous and anecdotal evidence that psi does appear catalyzed by psychedelic drugs. However, laboratory studies have failed to verify it in attempts to guide a spontaneous form of psi into an experimental framework.[19, 20] Psi is often reported by those with a deep emotional bond, yet the statistical studies by John Beloff have failed to verify this also. It should be brought out that many gifted subjects who could produce in a spontaneous and free setting, such as Croiset or even Mrs. Verrall, have failed to do well in quantitative testings. I think this stems from the fact that different types of psi ability may function only under certain circumstances, and are not interchangeable. In the mentally ill, we have persons who seem to manifest psi spontaneously to reinforce their predicament, as I have suggested. It would not be difficult to see why the specific level of psi in these persons would not be functionable when shifted into an experimental framework. Simply, psi serves a specific need that is not at all essential to them in a laboratory setting; thus it disappears. This same phenomenon could acccount for the failure of many projects such as Dr. Beloff's which I have just mentioned, and it is why I feel Urban and Nash failed to verify experimental ESP with their subjects whereas other researchers, such as Montague Ullman, have stated that psi *is* frequent during the onset of psychosis in the therapeutic situation.[21] Urban's study also shows an interesting paradox, which he allowed to pass without adequate comment—that while paranoids did not show psi ability during the disorder, their ESP scores did show an improvement after initial treatment. This fits in with my comments that with paranoia, psi often develops after the disorder clears up, implying that it was an implicating factor. Thus this statistical study does suggest one of my general theories. A slight improvement in the disturbed condition of these patients would be a perfect time *for* a shift in psi level to occur and manifest it in a new setting.

Another area of consideration is to analyze cases of psi manifesting in mental disturbances to see if we can find patterns consistent in different types of mental illnesses. This area has always been one of my main interests, and I think some definite conclusions can be reached.

If we go carefully over the records of the types of cases I have quoted, there is one psi effect that does crop up so often as to suggest a pattern. This effect is what is popularly known as the out-of-the-body experience (OOBE). I do not plan to argue whether or not we are justified in considering that the OOBE is in fact a very unique form of psi and

one distinctly separate from somatic disturbances such as distortion of body image often found in the mentally ill. The vast amount of literature now available on the subject indicates that it is—especially the thirteen volumes written almost exclusively on the OOBE by Dr. Robert Crookall who has not only collected over 450 cases of the phenomenon but has subjected his data to careful qualitative and quantitative analysis as well as content analysis. Anyone familiar with these volumes will immediately see how the OOBE differs from distortion of body image.

In researching the autobiographies of recovered schizophrenics I was surprised to note references to a "delusion" superficially similar to the OOBE. However, I soon came to realize that several of these accounts —often occurring at the onset of the disorder—did not fall into the category of classical types of somatic delusions, but did actually represent the OOBE as a genuine psi effect. For example, Miss Thelmar, in her fascinating but little known book, *The Maniac*,[22] relates how at the onset of her six weeks of madness several OOBEs took place. In her remarks on these experiences she noted such features as the "click" so often reported by those who have experienced the phenomenon during the process of release and reintegration of the consciousness with the physical body. She also mentioned the thread-like "cord," again often reported as uniting the psychical and somatic bodies during the experience. This is quite notable since Miss Thelmar's book was published in 1909 and the prevalence of these experiences in the phenomenology of the OOBE was not generally known until the writings of Hereward Carrington and Sylvan Muldoon many years later.[23] Miss Thelmar further claimed that her own illness was caused by a problem in reintegrating her consciousness and her body.

Further possible allusions to the OOBE can be found in Thomas Hennell's *The Witnesses*, and in the records of a case treated by Hyslop.[24] Another case is offered in *The Prison of My Mind* by Barbara Benziger, who writes of her psychotic breakdown: "I was outside of myself, watching me all the time and this had happened occasionally in the past—I would be looking at myself doing something—but now I could not merge the two anymore. I was told to stop looking at me from the outside, to get back into the inside of me."

We find the same pattern in cases where psi was a definite implicating factor. At the height of the Thompson-Gifford case, Frederic Thompson admitted that many of his strange subjective experiences led up to a grand OOBE. This experience included such features as the feeling of ecstasy and closeness to death, catalepsy, visions of a golden light and the hearing of music. These constituents are not asso-

ciated with usual somatic delusions. Again, Thompson's narrative fits in with details not known to be indicative of the OOBE until Crookall's painstaking analyses of the traits of the OOBE published in 1964.[25]

In multiple personality cases, OOBEs were recorded by Mollie Fancher and Frau Hauffe. In the case of Doris Fischer, the famous sensitive Mrs. Chenoweth (Minnie Soule), brought in to "psychically diagnose" the case by Hyslop, mentioned in trance that the problem lay with an incipient OOBE.

In a way, by trying to relate various psychological disorders to the OOBE I am really not offering any new thoughts. In fact, the neo-Platonist Philoponus claimed that "derangement" was caused by the problem of reintegration during the OOBE and attributed the theory to Aristotle. Whatever the case may be, the prevalence of out-of-the-body phenomena in cases of mental illness and alleged mental illness—especially those histories where psi factors are already present—seems to indicate that the key to understanding psi and behavioral problems may lie with this unique phenomenon. Further, the overall pattern of these OOBE reports would tend to verify the belief that psi experiences as recorded in behavior disorders are not spontaneous occurrences unrelated to the disorder, but an integral feature of the disorder itself.

Why should this relationship exist? I think the answer lies in viewing behavioral problems, especially psychosis, not so much as dysfunctions of the mind, but more as states of consciousness, since many altered states of consciousness seem conducive to the functioning of psi. Much has been written on the similarities between the psychotic experience and the mystical or peak experience.[26, 27] While I reject the notion that they are the same, I cannot help but feel that the similarities between the two are indeed deeper than just coincidental. Of course, the major difference between the two experiences is the meaning the experience has to the individual, yet they do share similar characteristics and while mystical experiences are considered altered states of consciousness, psychotic ones rarely are. In recent years the writings of Maslow and Laing,[28, 29] very popular in the United States, have prompted many to reconsider both these states as levels of consciousness and integral parts of the general schemework of psychological experience instead of in completely negative terms or religious nomenclature. I do not think that it is by chance that the OOBE that occurs so often in mental cases also appears just as frequently during the mystical experience, and I could easily cite several examples of OOBEs occurring during peak experiences and vice versa.[30] Now I am also prone to think that the OOBE itself is a state of consciousness, especially since Charles Tart's work on finding psychophysiological

correlates to the experience have shown EEG patterns similar to ones recorded in classical altered states of consciousness, such as during Zen meditation.[31]

Because the OOBE takes place during both mystical and psychotic experiences, a general framework for this interrelationship can be proposed. I would suggest that psychotic states of mind, as well as the mystical state, do not bear upon the relation of the mind or consciousness *to* the body, but to the functioning of the consciousness *apart* from the body in some instances. This is suggested by Thelmar in her analysis of her own schizophrenic breakdown. Because OOBE, peak, and psychotic experiences are in my view altered states of consciousness, we could expect interrelations between them, and in fact, we do find that (1) psi appears in both psychotics and as a concomitant to many OOBEs, and in some peak experiences; (2) the OOBE occurs during mystical and psychotic states; (3) mystical experiences occur during OOBEs and even during psychotic states in a way that it is hard to explain if the experience were due only to depersonalization resulting from the psychosis. However, this is not the whole story, for there is one further consideration to be made of this proposal.

If we draw a scheme of levels of consciousness we would expect that altered states would have these similarities. A propensity for having the OOBE in the first place might very well also make one prone to either mystical, psychotic or psi levels of human experience, and this factor is the crucial point of my theory.

There is one more concept that should be considered. I cannot dismiss from my mind the implication that if we accept survival of death, and if we then believe that some cases of mental illness are due to the effect of discarnate agency, as James Hyslop, Titus Bull and Elwood Worcester came to accept, then we would *expect* that an OOBE would occur during the initial takeover of one mind by another during the psychic invasion. Certainly, such cases as the Thompson-Gifford one and those quoted from Prince point in this direction and I feel this interpretation has much to say for itself. In going over these half-forgotten experiments which tried to show that mental illness was due to spiritistic obsession, I am constantly struck by the allusions to the OOBE that revealed data about the experience which could not have been known at the time.

Here then are two possible ways to explain and unify the data at hand relating psi to disorders of the mind. No matter which theory is chosen they both deeply affect our concepts of "delusions" or "normalcy" and our general view of the disorders of thought reported by

the mentally disturbed, which may not be as much delusion as standard concepts of abnormal psychology would suggest.

Of course I do not believe that all cases of mental illness fall into these classifications. But, all in all, where does all this discussion lead us? Perhaps only to the realization that the dynamics of our behavior may well have two dimensions, the psychological and the psychical, and that both must be considered within the framework of abnormal psychology.

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DISCUSSION

Zorab: Integrated personalities have hardly any need of psi and that is why they do not produce it. I do not know of a poltergeist case in which the poltergeist medium was an integrated personality. All the poltergeist mediums are either girls or boys in early puberty, or they had all more or less something on their minds, complexes perhaps, but they were not integrated personalities. In an article I wrote for the American Society for Psychical Research, I pointed out that there is no case to be found, as far as I know, of a really contented, happy personality possessed by a poltergeist medium. Psi has a function. Of all the subjects I have come across, all of them have had in their youth something that drives them to make an impression on the environment, on the people around them, on their families, and they do this by producing certain phenomena.

By the way, you mention Gifford and several other cases of possession. I wonder why you did not bring forward the so-called Watseka Wonder case. Is there not quite a lot of identification between the Watseka case and the others?

Rogo: I think it was a matter of degree and the degree of takeover in the Watseka case was one I thought to be outside the scope of my paper.

Zorab: But why is it, Mr. Rogo, that before the eighteenth century there never was a possession by a deceased person. All of them were possessed by devils. These had the same effects as the later possession cases by deceased persons.

Rogo: I think you can find cases going back to the fifteenth and sixteenth centuries that did manifest possession by the dead.

Servadio: I am quite in agreement with almost everything Mr. Rogo

said, except for the survival-of-spirit hypothesis with which I am not in agreement. But I would like to enlarge a little bit on what Dr. Zorab said. There is a strong trend, nowadays, to make mental illness a sociocultural product. Dr. Szasz in the States wrote a book called *The Myth of Mental Illness*. Now, that is going too far, but there is certainly a sociocultural dimension to mental illness. But, could we not say the same thing for some mediums? If we take the anthropological field, we see that mediums or shamans are largely the product of the society in which they live. Many of these people are sick people. The shaman is abnormal in both senses. He is supposed to have parapsychological gifts but, at the same time, he is an outcast. When I went to the Lucania area in 1957, making a sort of parapsychological-psychological-anthropological expedition for the Parapsychology Foundation, I found that the magician-healers of the peasants were very abnormal also from a psychopathological viewpoint. So you see that the two parameters have a certain tendency to combine, and this seems to give some reason to the old Latin adjective "sacer" which meant at the same time "sacred" and "accursed."

ROGO: I agree that both the functioning and manifestations of psi and mental illness are, to a great extent, influenced by their culture. I think if Ted Serios had come upon the scene eighty years ago he would have been a spirit photographer, not a thought photographer. However, this part was brought about and very strongly supported by Gardner Murphy, and I think I can do no better than cite Hart who pointed out that there is no culture that has not developed the concept of communication with the dead through a medium.

ORME: I am sure that everybody who has worked with mentally ill people occasionally comes across phenomena which they feel might be paranormal, but generally one feels this is infrequent.

ROGO: Most of my general theories were based on a system that many people would find questionable. That is I went through the clinical literature of autobiographies of cured mental patients to see what they have to say about their own experiences. And in much that I have looked over, in the case of schizophrenics, there were allusions to the fact that they were having some sort of psi experience. However, if you also go over autobiographies of cured manic-depressives, you do not find this; at least in my experience I have not found it. I think that in this case we have to be satisfied with data from purely anecdotal evidence, which is of course very hazardous, but I see no way out that bog.

DINGWALL: First of all, I want to congratulate Mr. Rogo on a paper which seems to me to be full of highly suggestive remarks, although of course his thesis is based on, I understand, a belief in psi which I do

not altogether share. But does he think there is good evidence in the Doris Fischer case that any of the personalities showed definite examples of psi before the later period, for example "Sleeping Margaret" and "Real Doris"? I would also like to congratulate him on mentioning the Thompson-Gifford case. I never thought I should find one of the younger parapsychologists ever having heard of it. It is one of the most fascinating cases that there is and I must congratulate him on his dealing with it. It is high time we dealt with it.

ROGO: I went through the 1,500 pages of the original report on the Doris Fischer case, and there are, I think, many, many suggestions that "Sleeping Margaret" and "Margaret" both had some marvelously telepathic experiences. The most notable is when, secretly, Franklin Prince had written a letter to Morton Prince and Margaret referred to that letter, which he had posted secretly. And of course the real Doris, who, unfortunately, manifested very rarely during the period of multiple personality, did have veridical apparitions of seeing her mother, whom she never knew in life. I think that these examples do give us some very suggestive evidence that the whole case was completely wrapped up in the psi ability.