

## GENERAL DISCUSSION

### DAY ONE

**BENOR:** Relating to Robert Van de Castle's work, healers and many mediums say that every person has an inner self helper and I'm wondering if you would consider that a possibility. Perhaps the people who have multiple personality disorder are very susceptible to hypnosis and maybe that inner self helper can be accessed more easily.

**VAN DE CASTLE:** I feel that probably all of us have an internal self helper. It gets to be a problem with definitions because sometimes the term ISH or inner self helper, is used to refer to a higher ego, an executive capacity within the personality. In that sense, we all have times when we function fully, totally, crisply, and with laser beam concentration. So sometimes in MPDs this higher executive capacity would be available as a more knowledgeable, more comprehensive memory system available within the MPD. Others talk about an ISH as being an energy vortex from outside that comes in a role similar to what we might call a guardian angel—to be there for the purpose of facilitating integration. That is why I like the term center as proposed by Comstock, because that, at least, in some way differentiates it from the ISH. So I would rather leave the ISH as being internally inclusive and try to reserve the term center for this additional energy vortex which is not a part of the personality but does have very comprehensive information and knowledge that seems to far transcend our usual means of communication and knowledge acquisition.

**RONEY-DOUGAL:** From what I can gather most of you here are working within psychiatry and psychotherapy. In the last two years, I have been teaching classes in parapsychology and quite a few of the people who come to my classes are actually suffering from clinical depression *and* they have psychic experiences. For me, as a teacher and as a parapsychologist, it is very difficult to know how best to help them integrate their psychic experiences as a normal psychological function. Some people experience it strongly and others do not. I have known people who suffered severe psychosis, there has been the seed of psychic experience behind whatever the delusion was. You can't deny the whole delusion because there's a seed of truth, a core of truth in it. But, what can I say to these people so that they can fully integrate

the whole of that personality, including the psychic, so that their ability can be used most beneficially within our society? I look at the anthropological literature and I see that there are cases whereby somebody had an epileptic fit or psychotic breakdown, and would be trained to become a shaman. They used their ability within the society. I think psychiatrists and psychotherapists are our Western culture's shamans or witch doctors. What can be done to try to bring the positive out of very sensitive people? From what I can gather, these are supersensitive people, which is why their reality system is so different from this reality system. The reality system, as defined by Ian Tierney, is suffering, it seems to me from what I have called the white middle class male reality. The problem is, people really need help and where can they go to get it? What can we do to help them?

TIERNEY: That is really the question behind my paper—what do we do when we are faced with people who had this experience and are asking for help. My feeling, which is obviously changing with experience, is that all I can do is ask them about their experience and try and help them put it into some framework which they feel happy about. I'm not going to be involved in the nature of that framework, but try to help them find some way of accommodating it. I would probably use a system for testing their experience. In other words, suggesting that if A is the case, then how can we produce the situation again, so that it occurs again, that way we can be convinced that this is the case. To just collude with their belief, I feel, is probably dangerous.

NEPPE: It's a very difficult question, and there's no easy answer. I think one of the things that one has got to be certain about is the fact that any kind of psychotherapeutic intervention can be as much poison as food. In fact that psychotherapy is not all good. You use the phrase, "How can I get them to integrate their personalities?" Who says they should integrate their personalities? Who says they should be functioning at anything but the level that they are functioning? And every single patient needs to be individualized and evaluated appropriately so that it's logical to say, "They ought to be referred to a health care professional." The only problem with that logic is many health care professionals may perceive pathology where pathology does not necessarily exist and will not be able to handle those aspects of pathology that might exist. In other words, they may perceive as abnormal things that the person is experiencing as a normal phenomenon. The ultimate answer relates to education. But, this involves a far broader framework than just being able to give a pat answer.

RONEY-DOUGAL: I think it is dangerous to collude and also what you're not taking into account is that quite often the delusions, or

whatever we care to call them, are causing a lot of people to suffer intensely during their lives because of things that they think are happening around them.

NEPPE: This is why I emphasize the need to individualize and refer the person out to the appropriate health care professional and not give a pat answer.

KRAMER: I'm afraid I cannot give you a clear-cut solution to your problem. The only thing I can say is that your question is recognized by me. I'm from Holland and we have the same problem over there. People turn to classes in parapsychology or become members of a parapsychology society seeking answers to personal problems. The problem is, where can you get them the counseling they need? The only thing I can say is that I think it is not a good idea to try to do counseling inside the classes, because I've learned that some teachers have tried to do that and it always brings out more problems than they can handle. I think it is wise in those circumstances to simply say that it's going too far and that it is better for them not to be a student with you anymore. Because it's not good for them, it's not good for you, and it's not good for your classes. They should try to find some professional help for that matter.

DIERKENS: The problem is frequently posed to us with youngsters. In fact, my wife is speaking in Brussels about how to help children and adolescents who have psi experiences because it is a problem. We find that small groups are good, and when they are youngsters, to try to involve the family. For instance, we try to see the father, the mother, and the child together, to speak with all the family members and not speak only to the youngster, or only to the wife, or only to the man because it is very often problems inside the family.

TIERNEY: In Edinburgh, we tried to use group methods for treating people with generalized anxiety and our experience was that it produced more problems than it solved. There were certain elements that you could approach that were common to these people, but in the main, most people had individual problems and they had to be dealt with individually. That's the flavor that came out of your comment and I think you would raise more problems than you would solve.

ELLISON: Two fairly quick questions for Robert Van de Castle. Katherine reminded me strongly of Jung's Philemon or Socrates' Damon—maybe an archetype from the collective unconscious which enables wisdom to flow out. I wonder what you might think about the psychosynthesis model of a human being (because we are all using mental models of human beings, aren't we?)—what do you think of that model of a human being? It is of course also a model of the universe

if you are an idealist? Katherine is perhaps an aspect of the higher self—rather like I would describe the “Being of Light” in the near-death experience. I’d be happy to hear your views on that.

I have a much briefer question, concerning the clinical application regarding the changes in the physiological characteristics which you mentioned between different personalities. Willis Harman told me of a multiple personality case they were investigating at the University of California, in which one of the personalities was extremely myopic and needed very thick concave lenses to see, and the other personality could see perfectly well. I told a professor of ophthalmology about this, and she said, “Have they done a refraction?” Well, I’ve written twice to Willis to ask him, without any response. (I don’t usually get a reply when I ask awkward questions.) So I wanted to ask you, don’t those differing physiological characteristics have rather important implications for the medical treatment of the two personalities?

VAN DE CASTLE: I’ll take the second one first because it’s easier. There have been some research attempts by ophthalmologists to do the refractory tests. Some of those papers were reported in Chicago. The marked physiological differences between alter personalities are one of the reasons why it is so difficult to accept the concept of MPD. For example, over 33% of MPDs can have shifts in handedness. You can show demonstrably different EEGs between alter personalities. It is as if you have two brain systems in there. You have these clear-cut physiological discriminators, and when integration begins to occur, you find these EEGs start gradually fusing closer and closer together. The differences exist in medication responses; they exist in intelligence tests and personality tests. There’s definitely evidence for the ophthalmological differences which are very clear-cut and involve a fairly large number of subjects.

With regard to how to conceptualize Katherine, I have certainly struggled and struggled as to what kind a label to put on it. I’m not sure that the label is truly important. I can only say from my personal experience, I’m absolutely, utterly convinced she is not an alter personality; she is not a subpart. She has made the statement that once integration is achieved her goal is accomplished. She said that this has been the third human that she’s been sent to help achieve some kind of resolution to their emotional problems. The others were not MPDs, but they were other kinds of psychiatric cases. When she’s successful with facilitating Susanna’s integration, she’ll go back and the “Source” will send her on a new assignment. It’s hard for me who has spent 35 years in parapsychology to say that I think there could be such a thing as an angel. But it seems that that’s the best concept we have in English

to try and comprehend this kind of an energy system that seems to be relatively all knowing, is extremely kind, and in my perception, seems to be almost radiant. Others have commented on that. Other people, when she appears, will report spontaneously feeling tears coming to their eyes. So, there is a presence about her that seems to be quite different. Remember the quote from one of the alters in the 'Truddi Chase MPD case, "Who's to say what the conception of reality should be." When Katherine says that our conception is a very limited one, and there are much higher levels of interaction and energy involved, I'm willing to accept it because so far the kinds of explanations I, as a parapsychologist, could come up with are inexplicable and totally unsatisfactory. I don't know whether Jung's Philemon would have involved some sort of externalized energy source that was capable of entering into Jung or not. But I think my own views of psi are emerging along the lines that it can be here to facilitate not only self-actualization as in the case the Maslow, or individuation, in the Jungian sense, but it can also allow the person to expand and grow and move toward fulfillment. As the acorn moves toward becoming the mighty oak, I think psi can help us to move toward becoming a fuller functioning human being. Each time that happens with any one individual, I think there is a sort of incremental planetary actualization that occurs. So, to me, psi is in this larger scheme that you were hinting at, and is in some way energizing planetary evolution which we desperately need. Given the way things are going in terms of the nuclear threat and the ecology, we are in for some very bad times unless something starts turning it around. I'm not sure that psi experiments, as they are now carried out, are going to be very persuasive. In Rhea White's paper, she observed that when we poll top scientists, it's not on the basis of the research evidence that any of them accept ESP, it's a personal experience. If you have had it, it can produce a very dramatic shift in your belief system and orientation toward reality. We have over 100 years of the SPR publications and I still don't see scientists sitting down and saying, "Oh, now I see, given all this evidence, it's obvious that ESP exists." The laboratory evidence doesn't do it, not for most of them.

ELLISON: No one was ever convinced of anything via statistics. I can't persuade some fellow parapsychologists to walk across the road to see something which they consider impossible. I've had lots of genuine experiences. It's the old adage of "he who seeks shall find," isn't it? You have to start seeking sometime and the right place may not be in within a laboratory.

VAN DE CASTLE: Again, I refer to Rhea White's paper when she said that if someone comes up to a parapsychologist and opens up the con-

versation with a challenging statement, such as, "I've had a psychic experience," the battle is joined because the parapsychologist is going to work his or her damndest to try and convince that person they have *not* had a psychic experience.

VON LUCADOU: I think that is a rather interesting point you made, and I will connect it with another question I want to discuss. Personally, I would say I have indeed had some personal experiences and personally I have no problems in believing that ESP may exist. However, the problem is that if we are doing the experiments and we still get rather poor results, so it makes it very difficult. I want to address one remark which was made by Professor West this morning and to some extent also raised by Serena Roney-Dougal, and that is the problem of how to deal with people who have paranormal experiences. Six months ago we started a counseling project in Germany. It seems to me that there are not two groups, but three. One group has had paranormal experiences, does not understand what happened and simply wants to get information about it. The second group has had paranormal experiences, has difficulty, and gets into more problems. Then there is the third group, who have not had paranormal experiences but they believe that they have. In the discussion I think Jean Dierkens said that the psychiatric cases probably may be just those paranormal cases we do not understand. Coming back to my initial remark, I think there is indeed a criterion which seems to me rather obvious. This criterion is that true paranormal phenomena have a different color or a different appearance than the pathological. They say that they always get these influences, these influences are constant, they never go away, and they are very much disturbed by them. Whereas those people who have real paranormal phenomena say, "Well, we feel something spontaneous. We cannot repeat it willingly. We cannot just push a button to produce these things; nevertheless they are there." I think from a theoretical point of view, the spontaneity of the paranormal effects might be the reason why it's so difficult to get them in experiments, because we want to push a button and that doesn't work.

VAN DE CASTLE: It may be tough to get them in experiments. I don't think it's that difficult to get them in experience, if you take the paradigm that I was proposing—that it has to be done in a loving context. If it's a growth related phenomena, then both parties have to grow from their participation, both experimenter and subject. I don't think our subjects grow from any of the kinds of experiences that we provide. I'll give you a model of one where I think that could operate. I think there is a strong case that can be made for demonstrating telepathic dreaming. The Maimonides protocol and the

subsequent results, give very good evidence that you can have ESP in dreams. When I was a subject at that time, my goal was a purely narcissistic, egotistical one; I wanted to be the best damn dreamer they had ever had. Now, I don't think that really accomplishes much. But, if you could say, "OK, we accept that ESP occurs in dreams, how can we do an experiment so that everybody is going to benefit from it? How can we turn it into some kind of service that is helpful for all of us?" Henry Reed and I have devised what we call a dream helper ceremony. Rather than having a target picture, which someone is going to try and dream about, we have a target person. To be a target person one has to be willing to acknowledge that he or she has some emotional problem and would like help with it. We ask them not to give us the slightest clue as to the nature of the problem because we are going to discover it through our dreams. We then gather together about eight people that we call dream helpers. They sit with the person that night and then there would be some exchange. For example, if we were doing it and I was going to be the target person, I might let you wear my watch tonight. We try and provide the dream helpers with something containing the target person's energy. Then we would do something to try and unify the group. You could sit quietly; you could hold hands; you could pray; you could chant; or, you could do whatever you wish to somehow get the group together. Then all the dream helpers would go to bed that night and say, "I am not going to have my dreams tonight. I dedicate my dreams to X. I will not have any personal dreams tonight. My dreams will all be for this person." It's a great way to improve dream recall because you will cheat yourself out of your own dreams, but when these are not your dreams, and they're the other person's dreams, you won't cheat them of what you promised. When you get together the next morning, all the dream helpers start sharing their dreams. What you find if you listen sensitively, is that there's an interwoven fabric that develops, a warp and a woof that goes back and forth. You find certain things building up and building up. The target person is under no obligation to disclose anything but is usually overwhelmed because these eight people have been working all night long by getting up and writing down their dreams. They gave up something which is priceless; it is a unique contribution from each individual. The target person is the recipient of this love and of this personal gift from eight people. They frequently get tears in their eyes, they are so overwhelmed by this caring. The dream helpers like it because if it's more blessed to give than to receive, they have given this very special and unique part of themselves to another

person. Everybody seems to benefit in that they frequently tune into what the problem is, and they can also tune into what may be the possible answer or solution or suggestion to it. Then they get the further benefit because obviously this was just a game, saying, "I'm not going to have my dreams tonight" because the dreams are still going to be colored by their own personal problems. If they find out what the emotional, traumatic issue was for the target person, and now go back and look at their dreams, they see how they approached this problem area and learn something important about themselves in the process. The dream sharing is analogous to the blind men with the elephant; one feels the tusks, another feels the tail and everybody comes out of it enriched. The target person with has this generous flow of information and knows that other people can share their problem; the dream helpers have given this special dream gift and they also get some important clues as to how they relate to the target issue. Statisticians are going to have a difficult task if they try to assign specific *p*-values for the event. The important thing is, once you've participated in it, you don't care about the *p*-values because you now know psi exists and you've experienced it in mutual loving atmosphere. Trying to do something helpful with psi and being open to it will turn you on more than guessing whether a card shows a square or circle and coming out with a high score.

VON LUGADOU: I totally agree with you, but there seem to be different notions of what we call a psi experience. One is from our scientific point of view because we want to prove a scientific anomaly. The other is what happens in real life. In real life you do not switch off or disconnect from the different patterns and actions which are important for our lives. I think this is the reason why the so-called isolated psi events are so shy and so elusive; this is the reason why we have a problem with it. On the other hand, we should not throw out the baby with the bath water because it's indicating something from a theoretical point of view—that psi cannot work like a normal information transfer or like a transfer of energy. This is a theoretical model and we could discuss it. If this is true, and there are some experiments indicating this, it would at least give us a way to distinguish real anomalous events which cannot be understood under the present paradigm from those that could be understood. I think it is also important to know that there are people who are not pathological, not psychiatric cases, who have these anomalous experiences which are shy and elusive.

WICKRAM: We can very reliably select a control group and systematically manipulate the P300, somatosensory evoked potential. We can manipulate the P100 both somatosensory evoked potentials and visually



evoked potentials. We can change electrophysiology. We can cause inhibition and increase gastric secretion in high hypnotizables. The point is, we don't have to necessarily invoke the concept of multiple personalities to account for the manipulation of physiological parameters. We can produce these in people who are non-pathological. This does not take away from what Robert Van de Castle was saying, it only says that in a non-pathological group we can identify a subset who can reliably manipulate all these things including the construction of memory.