Relevance of para-psychology in psychiatric practice

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Psychology is the scientific study of behavior and experience. Para-psychology studies anomalies of behavior and experience, called paranormal experiences. Paranormal phenomena transcend the boundaries of time, space and force.

Para-psychology is divided into two main branches: a) extra-sensory perception (ESP) which is the study of communications ostensibly without the known sensory organs and, b) psychokinesis (PK) or the study of physical events that apparently occur without involvement of any recognized motor organs.

The ESP or paranormal experiences include i) telepathy or communication between two geographically separated persons, outside the range of sensory organs; ii) clairvoyance or knowledge of hidden objects or events occurring outside the physical reach of the person and iii) precognition or knowledge of future events that can not be predicted or inferred from the available information. Examples of PK would include poltergeist phenomenon and paranormal healing.

There may be phenomenological similarities between parapsychological experiences and psychiatric conditions. However, with adequate knowledge and training a detailed evaluation would show that the two conditions are entirely different and require different management strategies.

A considerable number of cases of paranormal experiences have been carefully investigated, found authentic by independent investigators, and published in the scientific books and journals of high standards. These publications include different aspects of paranormal experiences such as telepathy,[1-4] near-death experiences (NDEs) and out-of-body experiences (OOBE).[5-13] apparitions,[14,15] poltergeist,[16] and reincarnation.[17-27] I am referring here mostly to the work of psychiatrists and other mental health professionals.

I shall not go into the amount of evidence available on paranormal phenomena; it is beyond the scope of the present article. Suffice it to say that enough evidence is available on the authenticity of the phenomena to understand its relevance to psychiatry. Independent surveys of general populations have shown that between 10% and 15% of persons reported having had communications from persons not in contact with them; perception of such communications generally occurs in visual or auditory modalities. Such visions usually occur during an altered state of consciousness (dozing or daydreaming) and the person perceived is usually a close relative or a friend in a crisis or stressful situation, often in a life-threatening situation. Some of the persons having such experiences may be confused or perplexed. A psychiatrist who is not at least open-minded about the possibility of paranormal experiences will almost certainly be unable to distinguish psychopathological from paranormal and equally unable to assist the occasional person who is perplexed about unusual experiences that he would like to report and discuss with someone outside his family.

Just as the diagnosis of a major depressive episode would not be given when depressive symptoms result from normal, uncomplicated bereavement, so too paranormal experiences and their effects should not be viewed as evidence of a mental disorder, but rather as normal reactions to stress.[28] A number of articles and chapters concerning parapsychological experiences and psychiatric disorders have been published in journals and textbooks.[1,24-26,29-31]

TELEPATHY

The apparent communication between two minds without the use of known sensory channels was initially called ‘thought transference’ and later came to be known as telepathy. Telepathic communications usually occur between persons who share a bond of affection or love.
Such experiences most commonly have been reported among members of the same family and close friends; marital partners experience telepathic communications as frequently as do members of the same biological families. In other words, the bond between the persons concerned is emotional rather than physical or genetic one. Sometimes even physical symptoms have been precipitated by telepathic communications. Stevenson[31] carefully investigated and reported a case of a twin sister living in Italy suddenly experienced pains and other symptoms that were physically inexplicable which later matched with the premature labor of her twin sister living in Philadelphia. The twin in Italy knew about the pregnancy of her sister but neither she nor her pregnant twin sister had any indication of anything amiss with the pregnancy. Therefore anticipation of a premature delivery on the part of either twin does not seem an adequate explanation. When physical symptoms can not be accounted for by the obvious precipitating factors and/or physical explanations, one should not hesitate to enquire whether anyone close to the patient had similar symptoms at the same time.

A number of telepathic experiences between parents and their children have been reported in the literature of para-psychology but almost no such reports are published in the conventional psychiatric journals. This explains why so few psychiatrists including the child psychiatrists are familiar with them. If a child (or adult) comes who seems to have telepathic communications with his parents, the psychiatrist after evaluating the case, may assure the patient that such communications are indicative of positive links in their relationship.

Apart from family members and close friends, a few psychiatrists have reported telepathic links with their patients.[32] Jung[33] reported having unexpectedly severe headache when his patient shot himself in the head.

It must be remembered, however, that psychotherapists or psychiatrists should not unduly focus their attention on any seemingly telepathic experience that may occur with their patients; they should refrain from engaging in para-psychology as a hobby as it would most certainly prove counter productive—like any other preoccupation—in a therapeutic relationship.

**PRECognition**

In this form of ESP, an individual experiences awareness of future events in the absence of the possibility of a rational inference. It may occur to a person while he is awake or dreaming. Precognitive experiences, like other paranormal experiences vary in range and amount of details and specificity. At the lower extreme, a person may just have a vague premonition to specific detailed images of an event on the other extreme. Precognitive experiences are usually unpleasant when they occur and are generally concerned with accidents, deaths or other disastrous events. Therefore, such experiences most often cause distress in persons experiencing them, especially among persons who erroneously blame themselves for causing the occurrence of such events and go into depression. While treating such patients, the psychotherapists should remember that the research findings so far, however, show no evidence to support the belief that precognitive experiences are harmful. On the contrary, there are a number of instances recorded in the literature which show that because of these experiences some persons were forewarned of the impending dangers and could be saved from them and hence may be regarded to serve an adaptive function.[34] However, it should be kept in mind that although it is important to be alert to the possibility of paranormal experiences, the psychiatrists should be extremely careful in evaluation of such experiences. They may sometimes encounter persons who give themselves more credit than they actually deserve for accurate predictions when only one of their many predictions has been fulfilled. Such persons need to be properly guided towards a correct appraisal of their experiences and provided help to gain insight into their unproven claims.

**APPARITION**

A visual appearance, usually manifesting only once or rarely, which suggests the presence of a deceased person or animal or of a living person or animal not within the sensory range of the percipient. Such communications are perceived in visual and auditory modalities and occur usually in a state of altered consciousness. A considerable number of authentic cases have been documented wherein images (apparitions) of persons in crisis have been perceived by their close relatives or friends.[14,15] A majority of percipients of apparitions report one or two such experiences in an entire life span but when one encounters such an experience it may be quite stressful for which he might consider to confide in a psychiatrist or a mental health professional. However, many of them refrain from doing so for fear of being declared psychotic as many psychiatrists are not familiar with such experiences occurring to otherwise normal individuals. This seems to have generated a circular effect of keeping an average psychiatrist less well-informed about such experiences than he ought to have been.

Although the presentation of paranormal experiences could sometimes be confused with psychopathological phenomena by psychiatrists not familiar with paranormal phenomena, any perception not shared by others should not be considered psychopathological and should be appraised carefully. When a patient with a psychotic illness or delirium tremens, describes seeing visions or hearing voices others present with him do not perceive anything unusual; nor do persons who are with a person having a parapsychological perception
claims that he is aware of some event occurring at a distance. Some of the points of difference between parapsychological experiences and psychopathological hallucinations would prove useful in the differential diagnosis. i) The difference lies in the correspondence between the content of the claimed experience and independently verifiable occurrence of the event at a distant place. The details of parapsychological experiences correspond with an actual event whereas hallucinations of psychotic patients do not. ii) Paranormal experiences usually last for a few minutes and rarely recur or do so only infrequently. iii) Paranormal experiences are more commonly visual than auditory, psychopathological hallucinations on the other hand are more auditory than visual. Moreover, patients experiencing psychopathological hallucinations are usually strongly convinced of their reality and have no interest in having them verified.

POLTERGEISTS

Refer to the movement of objects without the use of any physical means. Such occurrences have been reported even in ancient literature. However, in the past century, a number of authentic cases have been recorded by the investigators of such phenomena that they were able to witness themselves, at first hand.[16] It has been observed to occur–almost always—in the presence of someone in the age range of 10-20 years, usually in the presence of emotionally disturbed adolescents. I investigated one such case of an adolescent in Delhi who was living with an aunt. The features of his case matched the research findings that the person around whom the poltergeist disturbances occur becomes more at ease due to professional help or with change of environment the poltergeist disturbances usually stop to occur. The subject in Delhi felt much better after I investigated his case and the phenomenon ceased to occur when he went back to his hometown.

NEAR-DEATH EXPERIENCES AND OUT-OF-BODY EXPERIENCES

When some people come close to death, they report afterward profound experiences in which they believe they left their bodies and enter some other realm, transcending the boundaries of ego and the ordinary confines of time and space; they often have subjective impressions of being outside their physical body, seeing deceased relatives and report profound spiritual and paranormal experiences that usually produce pervasive changes in behavior, attitudes and values;[11,35] therefore, it is relevant for the mental-health professionals. Moody[36] introduced the term NDEs to describe these experiences although such experiences had been described in the medical literature since the 19th century and had been identified as a discrete syndrome more than a century ago.[7,37]

Retrospective scientific studies of NDEs have shown that like most other paranormal experiences, NDEs too were reported by psychologically healthy individuals.[5,38] Different psychodynamic theories have been offered to explain the causes of NDEs.[39] Regardless of their cause, the after effects of NDEs have been, by and large, beneficial to the experiencers in personal growth in the form of increased spirituality, generosity and concern for others, decrease in fear of death and forgiveness.[10,11,40,41] Although NDEs occur to psychologically healthy individuals, they have been mistaken for psychopathological conditions. NDEs have been compared with depersonalization both of which are precipitated by stress. The points of difference between NDEs and depersonalization are that unlike depersonalization, in NDEs there is no characteristic age group; the sex distribution is even; observing self and functional self are experienced as one; and NDEs are not experienced as dream-like. NDEs differ from autoscopy phenomena in that the mind and point of perception are experienced as outside body; whole body appears real and life-like and the “double” is inactive.[5] NDEs have been further differentiated from psychoactive substance-induced hallucinations,[42] post-traumatic stress disorder[43] and brief psychotic disorder[44] in most of the cases NDEs have been viewed as positive by the experiencers.

The Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM- IV) included, for the first time, a category which is classified not as a psychiatric disorder but a group of conditions like religious or spiritual experiences, medication-induced movement disorders, relationship problems, physical and sexual abuse, bereavement, occupational problems, etc. However, in the original proposal[44] NDEs and mystical experiences were included in the definition of religious or spiritual experiences that were replaced by less specific phrase, “questioning of faith, problems associated with conversion to a new faith, or questioning or spiritual values that may not necessarily be related to an organized church or religious institution (American Psychiatric Association, 1994).” Consequently more psychiatrists and mental-health professional became interested and focused attention on different features of NDEs.

Individual features of NDEs might be explained but some of them, such as being out of the body and watching the later verifiable events from a vantage point, enhanced mental processes when physiological functioning is severely impaired and paranormal knowledge of distantly occurring events occur during the same experience, provide strong evidence of independent existence of the mind.[7,35]

REINCARNATION

Young children (subjects of cases of the reincarnation type) sometimes claim to have lived before and give specific details about those lives and display behavior that corresponds to the actual or expected behavior of the person (previous personality) whose life the subject claims to remember but the behavior is unusual for his present circumstances.
The child may for example, show phobia of water if he remembered having been drowned in the previous life and has had no such traumatic experience or model available in the present life. Nearly 2600 reported cases of the reincarnation type have been scientifically investigated in several cultures over the past about five decades. In 64-80% cases a deceased person matching the statements of child was identified.[21,45] Crosscultural comparisons have shown that certain features recur across cultures, which are: age of speaking about a previous life (between 2 and 4 years), age of discontinuation of talk about previous life (usually between 5 and 8 years), high incidence of violent death (63%) of the previous personality, far beyond the rate of violent death in the general populations of the respective countries, and high frequency of mention, by the subjects, of mode of death (78%) in the previous life,[25,45] other features such as sex change and intermission between two lives vary between cultures. The features of cases within a culture are stable up to two generations.[46,47] However, no case should be taken as a case of reincarnation type without carefully excluding normal and paranormal explanations. Briefly, normal explanations include communication of information about the previous personality to the child without the knowledge of his family, cryptomnesia, paramnesia and genetic memory while the paranormal communications include ESP and personation, possession and reincarnation. For details of alternate explanations readers are referred to earlier publications.[21,25]

Detailed investigations of cases with specific features have shown differences in monozygotic twins,[22,27] birthmarks and birth defects of the subjects satisfactorily matched with the antemortem injuries on the body of the previous personalities (postmortem examination reports were consulted in many cases), difference in sex[25] or religion[48] between previous and present life.

The phobias and philias of infancy, unusual play in early childhood, a child’s idea of having parents other than its own or non-acceptance of parents, differences in temperament manifested soon after birth, unusual birthmarks and their correspondence with wounds on a deceased person, unusual birth defects, cognitive, physical and behavioral differences between monozygotic twins reared together, gender identity disorder, and similar disorders or abnormalities reported in psychology, child psychiatry or medicine that can not be explained in terms of known influences of genetics or environment, either alone or in combination might find an explanation in the hypothesis of reincarnation.

PAST-LIFE REGRESSION

Although past-life regression or hypnotically induced previous lives do not come under the purview of paranormal phenomena, it is necessary to mention it here as often people mistake scientific research of reincarnation type cases with past lives that emerge during hypnotic regression. As a mode of psychotherapy, hypnosis has gained acceptability and seems to offer certain patients, especially those with phobias, relief in a much shorter time than psychoanalytic therapy. Initially some psychotherapists hypnotized their patients with the psychoanalytic premises that phobias derive from a single trauma the memory of which has been repressed and if the memory is brought to the consciousness the phobia will be cured. However, when they failed in finding the cause of phobia in patients’ early life, they postulated that the trauma must have occurred in a previous life and they started regressing the patients to a “previous life”. Although hypnosis may make some memories more accessible than they normally are, but it can also increase inaccuracies in memory and does not enhance memory.[49] However, the role of suggestion (implicit or explicit) given by the hypnotist plays no less important role in getting the hypnotized subject to conform to his instructions to return to a previous life as he would to an early stage of life.[50,51]

Many hypnotists have promoted hypnotic regression to previous lives to the extent that it has almost become a fad; both trained and self-styled psychotherapists offer it as a cure for every disease. I know few well-qualified professionals but with no training in hypnosis have tried to regress persons just for “entertainment.” Some persons can easily be hypnotized to imagine themselves in a previous life and can be “cured” of the problem by identifying the cause of it in a previous life. Because the attention is focused, emotions are intense and the scenes from the “previous life” are lucid, the patients become convinced that they actually relived previous lives and feel better about their symptoms. However, in a very few cases the so called previous personality gave any verifiable information and when given it was usually found to have been learned normally. Some authors who were more objective in their approach, were even able to trace the source of information provided by the patient or a hypnotized person.[52,53] I will not go into the details of how suggestions or other non-specific factors help some individuals to come out of their problems since, I believe, most of the mental health professionals are familiar with them.

In sum, Para-psychology is relevant to psychiatry in the following spheres: First, its knowledge would assist mental health professionals in differentiating paranormal experiences from psychopathological phenomena leading to adequate treatment strategies. Second, it would enhance understanding of certain medical, psychological and psychiatric disorders that can not be explained in terms of currently available theories of the genetic or environmental influences. Third, it would facilitate advancement of knowledge in brain/mind relationship.
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