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## On Listening to Voices

by John Sappington and John Hamilton

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Imagine what it would be like for a conscious mind to be trapped inside an entity so twisted and defective that it could not convey the simplest thought to the outside world. Imagine also if that consciousness was permeated by detached voices that offered advice, gave directions and occasionally demanded compliance. Such is the case with many quadriplegic victims of cerebral palsy who have been classified as retarded since birth. Damage to motor areas of the brain prevents coordinated movement so that they cannot gesture or speak as such. Rather, they are eternally captured in a grotesque dance, writhing and grunting in desperate frustration. They seem to want to communicate but simply cannot. Not surprisingly, many of these people are abandoned to institutions where they are assumed to be only dimly conscious, without the power to think or understand. More specifically, they are assumed to lack understanding of words, coin of the realm for intelligent beings. In formal measures of IQ, testers invariably "discover" retardation and aphasia among them. As we shall see, this may tell us more about measures and testers than it does about our subjects' mentality.

Through a combination of serendipity and painstaking work, the authors were permitted a good look at the private mental world of these special people. The outcome was unexpected to say the least. In spite of obvious and extensive brain damage, they ponder sophisticated questions about interpersonal relationships, sexuality and the cosmic mysteries. Even more astonishing, they routinely hear voices which they sometimes attribute to supernatural agents.<sup>1</sup> In one case, it appears that a voice imparted accurate information about events that were taking place miles distant.

Our subjects were nine residents of a state institution for the emotionally and mentally retarded. All had been tested with standard measures of intelligence and found to have IQ scores within the bottom 2% of the population. Their personal hygiene and feeding is carried out largely with the help of hired attendants. Decisions about their abilities and appropriate care is the province of educated professionals.

On one occasion, a nursing assistant, Mrs. P., very casually told a staff psychologist that her quadriplegic patients regularly talked to her. She said that they had dozens of ideas on their minds and concerns to relay. Being skeptical, he nodded politely and later checked out her claim like a good scientist. He approached a patient and said, "Please tell Mrs. P. to call me tomorrow at three o'clock." On the following day at 3:00 p.m. his phone rang and Mrs. P. asked what she might do for him. This supposedly retarded and language-less patient had understood, retained and communicated an accurate message. The method of communicating was interesting in itself. If you could only use two words out of your entire vocabulary, which two would you choose? Mrs. P. correctly reasoned that even these limited persons could make discrete gestures for "yes" and "no." She could then elicit thoughts from the patients by following the trail of their "yes" responses. A sample conversation might go as follows:

Mrs. P.: "Would you like to talk to me?"  
Patient: "Yes" (gestured).

Mrs. P.: "Is it about a person?"  
Patient: "Yes."  
Mrs. P.: "Is the person male?"  
Patient: "No."  
Mrs. P.: "Does she work here?"  
Patient: "Yes."

Having learned the technique, we were now free to explore the private mental labyrinths of our patients. These turned out to be far more sophisticated than anyone imagined. They were curious to know how ordinary people viewed them. In particular, "How would you feel if you were handicapped?". Several had questions about God and wondered about the possible benefits of afterlife to themselves. Each was aware of the moods and concerns of other quadriplegics and the fact that others heard voices although they obviously could not speak to each other. Two, a male and female, had somehow discovered romance and eagerly awaited the sight of each other. A graduate student, trained to communicate with the patients, was so astonished by the depth of their knowledge of each other that she asked the group if they could hear each other's thoughts. The reply was neither "yes" nor "no." They erupted in laughter. Was the concept ridiculous to them or had the student touched a bizarre secret? In one instance, a patient became distraught and painfully disclosed to the psychologist that she feared for her sister. The sister, she said, was under considerable stress. So certain was her conviction that the psychologist telephoned the sister to inquire. At first, the sister denied any unusual stress but later confirmed that she was in the middle of a painful divorce and was, indeed, very troubled.

There is great danger in extrapolating from anecdotes. Match an infinity of conjecture with subsequent real events and some will agree by chance alone. Even the worst two dollar bettors pick the right nags occasionally. Nonetheless, there was another strange dimension to this patient's conclusion concerning her sister's plight: the message was told to her by a voice. Auditory hallucinations are a familiar phenomenon in the literature of Psychology. They are prominent among schizophrenics and not unknown among hysterics and selected organic illnesses. Voices are occasionally heard by conventional people who are feverish, exhausted or suspended in the twilight between sleeping and waking. They had not, however, been reported among this population until 1985.<sup>2</sup> In all likelihood, no one had thought to ask.

As Van Dusen<sup>3</sup> points out, voices occurring in cases of mental pathology usually have a persecutory nature about them. Indeed, this is true of some voices reported by our patients. They are often ordered and harassed when they ignore the instructions and support offered by the voices. Most voices are benign and some are believed by the patients to be the voices of relatives.

Despite the routine presence of auditory hallucinations in schizophrenics, it is not clear that voices are pathological as such. Jaynes' provocative theory of the evolution of consciousness pivots heavily on the role of internal auditory instructions.<sup>4</sup> His major thesis concerns voices as a common ex-

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perience of historical man. Noah, Abraham and others obeyed auditory commands with full confidence that they were being instructed by the gods themselves. In Jaynes' view, historical man did not plan and deliberate prior to acting as do some contemporary humans. Rather, solutions came to them full grown in the form of "divine" voices (albeit through a quirk of cortical circuitry). With exceptions, conventional people of today mistrust voices. Mention voices to a psychiatrist and a prescription pad will quickly materialize, if not a trip to a mental hospital.<sup>5</sup> Notable exceptions include William Blake, the poet, and the genius Emanuel Swedenborg who not only trusted in their voices but used them well in the process of creative flow.

Indeed, the experience of hearing voices is so common in the general population that it could qualify as normal behavior. Jaynes notes data indicating some 71% of a college population acknowledging at least a brief encounter with voices. The familiar phenomenon of the child's "imaginary playmate" in many cases translates nicely as "hallucinated playmate." These ethereal companions frequently speak in such a distinct fashion that subjects can remember the voice pitch and quality years later.<sup>6</sup> Popular actor Sherman Hemsley, who appeared in "The Jeffersons" has accepted a new role in a TV situation comedy, "Amen." With a voice "as clear as a bell" his mother has appeared to him offering advice on his new role. Mr. Hemsley is evidently very receptive to her counsel although she died some five years ago.<sup>7</sup> Like Hemsley, our quadriplegic subjects often identified their voices as belonging to relatives, usually of their own gender. Spoken messages are generally admonitions and constructive ones at that. Cooperating with a treatment program would do as an example of such an admonition. Why then are psychiatrists so eager to find pathology in voices? Perhaps a sampling error is at the heart of the problem. When data on voices is gathered in mental hospitals should we be surprised to find that those hearing them are deeply troubled?

If Jaynes' theory is correct, auditory hallucinations are not necessarily symptoms but manifestations of a larger process known as consciousness. In this context, voices become clues and yard markers in mapping the topography of the human mind. Voices impart opinions, instructions and perceptions to the receptive verbal areas of mental process. In some cases, it has been possible to evoke voices by surgically stimulating the biological wiring of the awake human cortex.<sup>8</sup> It is conceivable then, that nonverbal structures of the brain have their own programs for evaluating external reality. A message received in this fashion by the conscious, verbal area would be experienced in the only mode of which is capable: a statement. The source of that statement would seem to be external since it originated outside of verbal cognition. One point must be clarified here. The ultimate source of conclusions expressed by auditory hallucinations has not been established empirically nor is it likely to be. Tinkering with the printed circuits of a radio should convince us that electronic voices are impossible without the device. Nonetheless, that radio is not the source of the broadcast.

To argue, as some have, that retarded persons are simply broken devices is to create the climate for a costly mistake. Broken devices invite fixing and the "fix" in this case turns out to be heavy doses of antipsychotic medication. Indeed, our "retarded" patients are very cautious about revealing the existence of their voices. The phenomenon was shared with us only after considerable trust was established. "Fixing" by this method is to decide in advance that voices are pathological

and worthless as clues. Antipsychotic drugs also condemn users to a host of mind-fogging side effects that these patients are eager to avoid. Ironically, the minds of brain-injured people are frequently capable of feats that conventional minds find impossible. Even mainstream scientific literature now contains case studies of apparently retarded persons who play music without training, solve multiplication problems instantly, maintain awareness of exact time without clocks and perform perpetual calendar tasks.<sup>9, 10</sup>

In this quarter at least, we regard the voices phenomenon as a window of discovery. Through lack of ordinary socializing or perhaps because of modified cortical wiring, these patients are able to hear internal speech. As to whether this phenomenon is pathology, the vestige of an ancient asset or something else entirely, remains to be seen. We recently completed a study which confirms the ability of these patients to report verbal ideas accurately. Now we are recording the content of prognostic material imparted by the voices. Readers are encouraged to "listen" closely for further developments.

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*What Drs. Sappington and Hamilton are doing as described above should not be confused with the work of two other researchers from Harvard University who recently published an article in the American Journal of Psychiatry (Vol. 144:2, p. 222-225).*

*Briefly, Peter A. Bick, M.D., and Marcel Kinsbourne, M.D. in their published article "Auditory Hallucinations and Subvocal Speech in Schizophrenic Patients" stated the following: "Fourteen of 18 hallucinating schizophrenic patients reported that the voices they heard went away when they undertook a maneuver that precluded subvocalization.*

*"We carried out a pilot study of eight schizophrenic patients who complained of voices. Each patient was asked to perform two tasks, one of which, holding the mouth wide open, has been shown to prevent subvocalization in normal subjects. The other, a control task, was to clench the fists and squeeze tightly. Six of the eight patients reported that the voices disappeared when they held their mouths open but not when they clenched their fists....*

*"All the 18 psychiatric inpatients were taking psychoactive drugs. They all described hearing voices that spoke to them, gave them commands, or commented on their behavior.*

*"We found that mouth opening selectively dispels hallucinated voices."*



# MEDICAL

Schizo

## Part 2

### ASPECTS OF NON-EVENTS

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PSEUDO-EPILEPSY: One of the most common <sup>P</sup> symptoms of the contactee syndrome is the involuntary, unconscious convulsive seizure which produces muscular soreness and migraines, sometimes lasting for weeks after the experience. Victims of hallucinosis can suffer repeated attacks after each new hallucination. Specific areas of the brain are affected and these seizures, and all the accompanying effects, are well-known to medical science. It is apparent that most- if not all- contactees undergo dramatic in the forefront of changes the brain, possibly induced by electro-magnetic waves from an exterior source.

(A) Recently we were involved in a case in Forest Hills, N.Y. in which a 12-year-old girl began to experience hallucinosis followed by mental blackouts and many of the common symptoms of Jacksonian seizures. She underwent extensive medical and psychiatric examinations and the attending doctors discovered she often blacked out when in the presence of fluorescent lighting. Their rather far-out conclusion was that the girl's brain was "tuned" to the same wave length as such lights and their radiation directly interfered with her mental processes. The girl frequently saw, and conversed with, beings whom she described as resembling Indians. She saw these apparitions in the family kitchen and in school. Fluorescent lighting was used in both places. Interestingly enough, her mother also saw these apparitions on a number of occasions but claimed they were diminutive. The girl said they were of normal size and form. The family has now moved, convinced that their old home was "haunted". The girl's seizures have diminished since she now avoids rooms with fluorescent illumination.

We first became aware of the pseudo-epileptic effect during our investigation into the peculiar events around Cherry Hill, N.J. in 1966. In that case, the principal witness, a healthy young Karate instructor with no history of convulsive seizures, suddenly collapsed. It was while he was being returned from the hospital that he and three others saw a gigantic object hovering above an RCA factory in Cherry Hill. We have dealt with many similar cases since.

Often witnesses to low-level UFO activity later complain of muscular soreness. They recall being transfixed or paralysed, but they rarely recall any period of unconsciousness. Careful interrogation, however, usually indicates that they suffered a mental blackout ranging from a few seconds to several hours. This produces the well-known time lapse effect. Cryptomnesia is another frequent result.

A, Oct-70

The Flying Saucer Review recently discussed an intriguing event in Finland in which two young men suffered these classic medical effects, together with actinic ray burns. (FSR- Vol. 16- nos. 3 & 4).

Numerous other cases have been discussed superficially in the UFO literature. Unfortunately, thorough medical examinations and investigations have been rare and few researchers have made any effort to study the available medical literature. Comparisons of known UFO effects with this literature can be most fruitful.

For many years now, parapsychologists have been studying the pineal gland's relationship to hallucinosis and psychic manifestations. It is probable that the same "source" or electro-magnetic influence which generates some psychic-type apparitions also produces most of the UFO contactee experiences. As you can see from the accompanying table (taken from the Merck Manual), those sections of the brain which produce the classic UFO/psychic effects are also the sections which control visual and audio perception.

The meaning is obvious. Images, sounds, and other sensory impressions could conceivably be introduced into the brain by an electro-magnetic wave which bypasses the normal channels. The remembered experience would not, therefore, be real in the usual sense of the term. An overcharge of this EM wave could produce a dilatorius effect and might even lead to a cellular breakdown...a possible explanation for (the death by brain tumor of British contactee Arthur Bryant).

Percipients in religious miracles and visions traditionally suffer this pseudo-epileptic effect. The trance state followed by muscular soreness, etc. is common in all frames of reference. It would seem that purest form of this type of mental reconditioning is found in the cases of "mystical illumination" or "Cosmic Consciousness" (see the works of Dr. Bucke for details on this). More destructive variations occur in demonopathy. Schizophrenia is often induced in some percipients. A variety of chemical and emotional problems could be responsible for some cases. (See ANOMALY #2, page 25-).

TABLE 32  
FOCAL MANIFESTATIONS OF CONVULSIVE SEIZURES AND SITES OF THE CEREBRAL DYSFUNCTION

Focal Manifestation	Site of Dysfunction
Localized twitching of muscles (Jacksonian seizure)	Frontal lobe (motor cortex)
Localized numbness or tingling	Parietal lobe (sensory cortex)
Clonic movements or smacking of lips	Anterior temporal lobe
Verbal hallucinations	Posterior temporal lobe
Visual hallucinations (formed images)	Temporal lobe
Visual hallucinations (flashes of light)	Occipital lobe

**THE PSYCHIC DETECTIVES** by Colin Wilson. When the police are stumped by baffling crimes, they sometimes call on telepathic "bloodhounds" whose paranormal mind powers succeed where orthodox investigations have failed. This is a fact-filled, in-depth survey that challenges skepticism with documented evidence. Paperback, \$3.95.

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3. OLD CLASSICS

**POSSESSION, DEMONIACAL & OTHER** by T.K. Oesterle. A scholarly history and exploration of possession including shamanism (voluntary religious possession). Paper, 400pp., ~~\$4.95~~ SALE \$1.25! (orig. publ. 1921)

**THE LITTLE NESS** by T.K. Oesterle. Paper, 228pp., \$3.95.

**Reincarnation, Channeling and Possession**

Loyd Auerbach

Warner Books, New York,

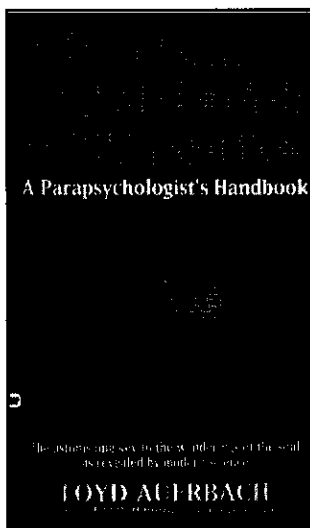
Softcover, 1993, 352 pgs., \$5.99

Loyd Auerbach weaves together the disparate topics of reincarnation, channeling, and possession, tying them together with the age-old fascination over soul wandering. Questions raised are: Where does the soul go when the body dies? Is it possible for a disembodied soul to enter a living being, and if so, can a hostile takeover occur?

Auerbach includes a brief overview of the basics of the mind-body-soul connection, as well as a wrap-up of current trends in parapsychology. The main body of the book is divided into three sections, each focusing on one of the book's title subjects. The presentation is anthropological, dealing with subjective cultural views on the soul and where and how it might travel, rather than focusing on any sort of scientific proof of reincarnation, channeling, or possession. Included are interviews with researchers, practitioners, and therapists who deal with one or more of the topics.

Auerbach's homey style tends to ramble, but his diversions often take us to places more linear-oriented writers might never tread. He is fond of analogy, e.g., comparing aspects of channeling to a new computer operator (the entity channeled) who runs the computer program (the mind of the channeler). He includes many references to *Star Trek*, films, and some illuminating explanations involving current events.

While these references may seem as light as pop psychology, Auerbach delves deep. Heaping metaphor upon metaphor, he provides a means of viewing multiple facets of three slip-



pery subjects. While he offers no final conclusions as to whether reincarnation, channeling, and possession are real or not, he gives us a bagful of facts, points of consideration, and suggested methods of analysis by which to investigate these topics.

It is not so much the personality that is being reincarnated, channeled, or involved in possession that counts. Rather, he says, we should question the message: Is it helpful? Does it enlighten? Paranormal experiences are often hyped as quick fixes and not seen for what they truly are. Auerbach, echoed by several subjects, asks readers to take responsibility for their thoughts and actions, and to believe in their own inner, personal power.

The book contains thought-provoking questions, examples of reincarnation, channelings, and possessions that are not all that they seem to be, and more. Parapsychology is full of phenomena that are real, yet vaguely understood. It's all a cosmic *Jeopardy*: until we ask the right questions, the answers may make little sense.—Dawn Baumann Brunke

**Mind Trek: Exploring Consciousness, Time, and Space Through Remote Viewing**

Joseph McMoneagle

Hampton Roads Publishing,

Norfolk VA, Softcover, 1993,

231 pgs., \$10.95

This sensitive, easy-to-read book brings added dimensions and insights to the concepts underlying remote viewing (a term first coined in 1972), and shows that it's not just another term for *psychic*, which was never suitably defined.

As pointed out in the introduction by noted parapsychologist Dr. Charles T. Tart, Joe McMoneagle "does not fit our culture's stereotype of a psychic." Rather, he's a hard-nosed, nuts-and-bolts U.S. Army retiree, who served on strategic missions for the Army Security Agency for many years and, later, in the headquarters of U.S. Army Intelligence and Security Command (INSCOM)—where he collaborated on investigating novel ways of acquiring information and intelligence.

His nuts-and-bolts approach to beyond physical-sense perception makes his book down-to-earth. Yet it is an intimate narrative of wondrous experiences. A reality-changing NDE, a UFO sighting, spontaneous OBE episodes, and many formal remote-viewing experiments are shared with the reader as mind treks, but are given a refining, virtual-reality foundation often weak in books dealing with these issues.

In Western culture, various kinds of mind treks are usually researched, in isolation, by specialists. Those who study these experiences seldom interact with each other. In my experience, they avoid each others' fields, as if some kind of territory were at stake. This specialization results in the ab-

THE WORLD'S STRANGEST STORIES compiled by the editors of FATE Magazine. Bizarre visions shared by two trapped coal miners, phantom hitchhikers, UFOs and the "men in black." Exciting tales of the paranormal from the pages of FATE. Paper, 228pp., \$7.95

#### 5. UFOs (Unidentified Flying Objects)

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#### 6. NEAR-DEATH EXPERIENCE (NDE)

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REFLECTIONS ON LIFE AFTER LIFE by Raymond A. Moody Jr., M.D. New findings of this pioneer researcher on near-death visions. Suicides, cities of light, and more. Paper, 148pp., \$3.95.

BEYOND DEATH'S DOOR by Maurice Rawlings, M.D. Near-death visions reported by patients the author has resuscitated. Includes rarely reported negative, hellish visions. Paper, 158pp., \$3.50.

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EXPLORING PSYCHIC PHENOMENA by D. Scott Rogo. A summary of research on telepathy, psychometry, out-of-body experiences, psychic photography and life after death. "well written...a splendid description of investigations." --Stanley Krippner. Paperback, 168pp., \$3.75.

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MICHELLE REMEMBERS by Michelle Smith & Lawrence Pazder, M.D. Chronicles the year-long imprisonment of a five-year-old girl by devil-worshipping Satanists, who used her in bizarre rituals to raise up Satan himself! Demonic psychic phenomena is described, as well as child abuse. "Fascinating!... a page turner!" --Flora Rheta Schreiber, author of Sybil. Paper, illustrated, 240pp., \$3.95.

describe events that had happened to him and speak in a voice that was beyond any reasonable possibility of fraud. His screams of agony as he relived the experience of his leg being shot off in a naval engagement convinced even the most hardened sceptic that there was nothing false about Graham Huxtable.

Edna Greenan, a middle-aged housewife, hypnotised for over 80 hours by Joe Keeton, presents similar problems to the researcher. Under hypnosis, Mrs Greenan consistently 'became' Nell Gwyn (1650-1687), the illiterate actress and mistress of Charles II. The material she supplied through Mrs Greenan is of six kinds: historically correct, definitely incorrect, fresh information of great historical interest if it could be corroborated, half-truths, informed guesses, and small talk and gossip of the time.

It might be suggested that so much has been written and is known about Nell Gwyn that Mrs Greenan could have created her character either consciously or sub-consciously. But when questioned about whether she had read anything about Nell she answered, both when conscious and under hypnosis, that she had not. Her whole manner and her speech, liberally sprinkled with nicknames and items of gossip, were entirely convincing to witnesses.



Nell Gwyn (left) was at the centre of Charles II's court in the late 17th century. Three hundred years later Joe Keeton hypnotised Mrs Edna Greenan (right) who gave an intriguing account of a former life as Charles II's mistress - none other than Nell Gwyn

Sceptics who demand historical accuracy from regressed subjects and knowledge of events that were happening at the time of a 'previous life' might listen to the conversation held in a modern bus queue or shopping centre before they condemn the simplicity, naiveté and lack of general knowledge of the common people in past centuries.

Where, then, might we find hard evidence to substantiate the claim that cases of hypnotic regression 'prove' that reincarnation takes place? One way is suggested in cases of



regression with the congenitally blind, who in alleged previous lives were apparently able to see. If under hypnosis they are able to describe objects, events and experiences in the same way as a sighted person, where could they have acquired this ability other than in a previous life?

Work done by Paul Palmer and Dr James E. Parejko of Chicago State University with six blind subjects, of whom four were regressed, indicates that those born blind 'gave essentially the same life reports as sighted persons', and described events during regression as if they were sighted. Their reports may, of course, merely denote a manner of speech, as when one says 'I see' meaning 'I understand'. Alternatively they might be experiencing the kind of thing, for which there is a large body of evidence, as subjects who are able to 'see' with their elbows or some other part of the body. Or it could be a case of some other form of paranormal ability that we have yet to identify.

Whatever the cause, the blind subjects under hypnotic regression usually relied upon touch, taste and smell to describe their experiences. Only occasionally did they use expressions one would expect of a sighted person, and expressions like 'rosy cheeks that looked warm if you touched them' were common. One subject was able to describe a wooden lion's mouth, the shape of the carved teeth and how the whole thing appeared water-stained. Another subject claimed to be able to 'see' a clean-shaven man with blotches like pimples all over his cheeks and with

T.O., N° 7, 1-982

## Hypnosis

a little tuft of whiskers growing on his throat.

Other descriptions were of a sloppy woman in a dirty blouse, windows reflected in a mirror, curtains with sunlight behind them and jewellery so dazzling in sunlight that it caused the subject to avert his eyes. Objects tended to be described three-dimensionally and at a distance – an old piano across a room, lips in a half-pout, a distant girl with red hair that was not a wig, clothes looking as though they had been slept in.

These blind subjects did not dream visually. In their regressions, however, they saw in colour and also not in colour. Like sighted people they distinguished between 'seen' objects and 'felt' objects, but the blind found that seeing objects was more of an effort than it was for those who are normally sighted. Yet they certainly spoke as if they saw and, when they returned to the same 'previous life' several times, their surroundings remained the same and more details were related. This phenomenon, which can be repeated under experimental conditions, is perhaps the best evidence there is for reincarnation.

This promising line of enquiry, however, could possibly be handicapped by lack of suitable subjects or opposed on the grounds that it is cruel to 'give sight' to someone who has never been able to see. The blind person must, of course, be given the choice of being hypnotised. But there is another line of criticism that is more damaging. It has been suggested that rather than giving an accurate description of things 'seen' the blind person is really describing things as he *imagines* a sighted person *would* describe them.

### The gift of tongues

Another phenomenon that some have claimed provides proof of reincarnation is that of 'xenoglossy' or 'xenolalia'. This is the ability of some subjects, while under hypnosis, to speak a foreign language of which they are totally ignorant when conscious.

Dr Ian Stevenson relates the case of T.E., a 37-year-old American, whose doctor husband hypnotised her for therapeutic purposes. Under hypnosis she regressed to become Jensen Jacoby, speaking broken English or Swedish in a deep male voice. Jacoby, a peasant, appeared to have lived some centuries ago either in Sweden or New Sweden (present-day Philadelphia) in America. Eight scholars, seven of them Swedish-speaking, studied T.E. and her tapes, and since exhaustive research into her background showed that there was no time in her life when she could have learned Swedish or had contact with Swedish-speaking people, they agreed that it was a true case of responsive xenoglossy.

Another case investigated by Dr Stevenson is that of Dolores Jay. Hypnotised by her husband Carroll Jay in May 1970, Dolores regressed to become 'Gretchen', replying to Dr Stevenson's English in German. In 22



sessions between 1971 and 1972 Dr Stevenson, a German speaker, interviewed Gretchen in the presence of three Germans.

Gretchen responded well to Stevenson and two of the Germans but not well to the third. She gave her family name as Gottlieb, said that her father, Hermann, had been Mayor of Eberswalde, that her mother was dead and her close friend was called Frau

El Greco's painting of the Pentecost (now in the Prado, Madrid) shows the disciples of Christ receiving the gift of tongues. The miracle has been repeated in modern times, as hypnotised subjects have spoken languages that they have never been taught



Schilder. She could name no political leaders or heads of state living at the time. A Roman Catholic, Gretchen named Pope Leo and was obviously afraid of the *Bundesrat* – a word which entered Germany's political vocabulary in 1867. This was a repressive measure that discriminated against German Catholics. Gretchen died at the age of 16. Research showed that the only Eberswalde known did not have a mayor.

In the transcripts 237 German words appeared, of which 120 were spoken before any German words were spoken to her. The German spoken by Gretchen was modern, though with some archaisms. Her pronunciation was generally excellent though sometimes grossly wrong, and her grammar was sometimes faulty. In April 1971, Dolores wrote 38 words in a mixture of correct and phonetic spelling. She had not studied German nor attended a school where German was taught. Nor had she had any contact with German speakers. A lie detector confirmed her statements.

Less than a year before Gretchen manifested herself under hypnosis, she had appeared in a dream to Dolores. In 1971 and 1972, a series of nightmarish dreams and a sense of Gretchen's presence in Mrs Jay's house culminated in a brief hallucinatory flash in which she appeared. This appearance, combined with a general sense of strain, caused Mrs Jay to end the sessions.

### Possessed by a spirit

A spontaneous case of either regression or possession involving xenoglossy, again investigated and reported by Dr Stevenson and a colleague, Dr Satwant Parsricha, may be included here because, though not hypnotic, it belongs to the same family of phenomena.

'Miss A', a university teacher, lived with her mother at Nagpur, Maharashtra, in India. She and her family had always lived there, speaking Marathi, with some Hindi and English. Miss A had studied Sanskrit and during her high school days had taken at most just a few lessons in reading Bengali script. Her father had Bengali friends but she had never spoken Bengali with them.

From early 1974 until 1978, a personality known as Sharada intermittently 'occupied' Miss A for periods varying from a day to seven weeks on about 30 occasions. She was quite unable to speak Marathi and spoke fluently in Bengali, contrasting markedly with the halting Swedish and German spoken by Jacoby and Gretchen. Sharada's possession of Miss A came on gradually, over a period of several hours, sometimes overnight while the latter slept, and appeared particularly on the eighth day of the waxing or waning Moon.

Sharada dressed, acted and spoke like a married Bengali woman of the early 19th century. Her speech was that spoken by Bengalis of that time. Modern Bengali contains some 20 per cent of words derived from

Right: Pope Leo XIII, who was correctly named by Dolores Jay during her regressions to a former life as a young Roman Catholic girl in 19th-century Germany



During the 1970s an Indian university teacher was possessed by the spirit of a Bengali girl. Not only did she dress like an early-19th-century Bengali woman (below) but spoke the language fluently



English. These did not appear in Sharada's conversation. Nor did she show a knowledge of modern inventions and technology.

Spending her days indoors and indulging almost exclusively in devotional activities and singing, Sharada showed a marked preference for, and unusual knowledge of, the foods of Bengal and a familiarity with its small towns, villages and rivers. She gave details of the family to which she belonged, whose present head has a genealogy that includes six of the men named by Sharada. From these details her life, which was ended by a snakebite, can be dated to the years between 1810 and 1830. Sharada remembers 'fainting' after the snakebite, but could not explain how she came to be in Nagpur, 750 miles (1200 kilometres) west of Bengal.

Reincarnation or possession are alternative explanations for all cases in which one personality appears to occupy or take on the personality of another person. The difference between 'true reincarnation' and possession cases is that, in the former, a personality *remembers* his previous life while retaining consciousness of his present life, in the same way as one remembers past events in this life: 'I am now six years old; I recall my fifth birthday last year; and I remember when I was grown up 10 years ago.'

The 'possessed' person is not conscious of having an identity other than the one he is aware of at that moment. He is either himself ('non-possessed'), or he is the possessed personality. Each is distinct. But the possessed person does have memories, memories of the personality he has assumed while possessed. And they have been shown to be memories of real events and situations. How knowledge of these events and situations is gained, remains a mystery.

*What do psychologists make of hypnotic regression? How can it be explained? See page 174*

# DR. BRUCE GOLDBERG

THE LITERATURE ON ~~PSYCHIC ATTACKS~~ is scanty at best. One reason for this is that there is very little likelihood such reports would be believed by most doctors.

# HYPNOTIC HIGHWAYS

The medical community would diagnose a person reporting such an attack as mentally disturbed. This, along with the natural tendency of the mind to repress such traumatic encounters, causes psychic attacks to go widely unreported.

I believe that all of us, at one time or another, have been under some form of psychic attack. These attacks are perpetrated by invisible forces that exist in our universe. They are the equivalent of psychic insults to our soul or subconscious minds.

Most psychic attacks begin on the astral plane and during our dream (REM) cycle. Here, countless physical, mental, emotional, and spiritual forces act in conjunction with sounds, colors, odors, and natural phenomena on the Earth plane, to produce a continual barrage of negativity.

We are naturally protected from most forms of psychic attack by the flow of universal energy and the aura around us. If we focus our mind on positivity, are motivated by love, and work toward our own spiritual growth, the available energy increases. By concentrating on fears and personal problems, we block the flow of this energy. Anger, greed, jealousy, and other negative emotions further compromise our aura. The more we allow such emotions to dominate our thinking, the more we weaken our aura, increasing our vulnerability.

Despite this, we can fend off psychic attacks, eject the negative forces, and restore ourselves to complete health and well-being. But when we allow these forces inside our aura, chronic recurrence of the psychic attack ensues. This is equivalent to embedding a splinter in

our finger, failing to remove it and later having to treat the subsequent infection. When we defend against such an attack, it doesn't matter how often we are exposed to these negative forces — they will not be able to harm us in any way.

Most psychic attacks come from the Earth plane, and are a result of the general negativity in the universe. This category accounts for about 90 percent of the cases I have treated. Advertisements, sales pitches, "baggage" of all sorts from people in our life, news stories of crime, rip-offs, and so forth make up this group.

The next most frequent type of psychic attack originates from discarnates — entities or souls that were once human, but now are in between lifetimes. These ghosts or poltergeists are often troubled spirits. They may be a departed loved one, or just some soul that had a traumatic death and has not entered the white light. Catholics call this transitory state *purgatory*, and Tibetans use the term *bardo*. This type constitutes seven percent of psychic attacks.

The third category consists of negative projection techniques or black magic. This group is made up of premeditated attacks by specific individuals or groups of people practicing the black arts. It comprises three percent of psychic attacks.

Demonic entities comprise the fourth listing and, fortunately, make up less than one percent of psychic attacks. This group is the most dangerous. These spirits were never human and represent pure evil. Their main goal is to take over human bodies and souls. These entities can be accidentally conjured up by novices playing with Ouija boards or dabbling in black magic rituals.

Psychic attacks are more common among intuitive, creative, mentally ill, empathetic, and highly suggestible people. When I treat patients suffering from any form of psychic attack, I give them a specific hypnotic tape to facilitate their spiritual protection and access their higher selves.

## Energy Vampires

An example of an attacker in the first category is the energy vampire. Some people, by their very presence, seem to drain energy from unprotected people around them. Victims of this form of attack typically exhibit general debility, lack of motivation and energy, an emaciated physique, a pallid complexion, and an overall sense of weakness. They tend to be highly suggestible. The dominant partner (energy vampire) always resists treatment or protection applied to their victim.

Most of these energy vampires are well-meaning, normal people. They are an unhappy lot and do their damage by telepathically draining their victims' energy resources. Mere separation of these two people results in immediate positive changes in the victim.

### Symptoms of an Attack

The most commonly noted symptoms of a psychic attack are:

- Vomiting
- Loss of appetite
- Sexual impotence
- Fevers at night of unknown origin, even in cold weather
- Loss of strength and energy
- Loss of appetite and a wasting away of the body
- Convulsions
- Rigidity of the arms and legs
- Depression and a desire to sleep more than previously required
- General dullness of the mind and senses
- Unnatural yellowness of the skin
- The inability to look a priest in the eye
- Discomfort in the heart, neck, stomach, and kidneys
- Insomnia accompanied by severe nightmares
- Headaches
- Seeing silhouettes that quickly disappear when the individual turns to look at them
- Hearing a vast array of unusual sounds
- Receiving telepathic communication instructing the victim to harm himself or others
- Short attention span and quick temper
- A string of bad luck for the victim and others in his or her life

### A Vengeful Psychic Attack

When I worked with Debra a few years ago, she was a beautiful 32-year-old woman who had befriended an older woman named Selma in a Los Angeles supermarket. Selma lived alone and very much enjoyed the time he spent with Debra.

Later, when Debra's boyfriend, Charlie, moved in with her, unusual things began happening. Debra was spending less time with Selma, and Selma became quite jealous of Charlie.

Debra began to experience a number of "bad luck" occurrences, such as legal problems and car accidents. In addition, she became extremely argumentative with Charlie and fantasized about physically harming both Charlie and his family. This behavior was totally out of character for Debra.

The last event Debra reported to me was a

foul odor of unknown origin that suddenly appeared in her apartment. Exterminators were called in and found no evidence of pests. No other tenant had this problem.

To make matters worse, Selma had just moved into Debra's apartment building. I instructed Debra to confront Selma and see if she was using some form of malicious magic on Debra. Sure enough, that is exactly what Selma admitted.

Finally, the most significant and dangerous

### Self-Hypnosis for Kids.

Self-hypnosis has been shown to assist children in reducing the pain and frequency of migraine headache episodes. Researchers at University Hospitals Rainbow Babies and Childrens Hospital in Cleveland and Tufts University School of Medi-

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cine in Boston recently completed these studies.

Karen Olness, M.D., director of the Pediatric Biobehavioral Center at University Hospital Rainbow Babies and Childrens Hospital, and professor of pediatrics at Case Western Reserve University School of Medicine, said, "Our research determined that learning relaxation techniques and using imagery is more effective eliminating juvenile migraine than prescribing prevention medication. The children using these techniques experienced fewer headaches. And for the first time in a controlled study, we've shown that the same type of mast cell activation that occurs in adult migraine is also present in children."

It is thought that mast cells are the agents in our bodies that cause migraine symptoms by creating certain changes in the autonomic and circulatory systems. The activation of mast cells can be measured by the presence of increased levels of tryptase in the urine.

The children in this study avoided foods that are known to activate mast cells, such as chocolate, cheese, and bananas. They were trained in visual imagery techniques and self-hypnosis. Tryptase levels (along with migraine symptoms) decreased in none of the eleven children who mastered self-hypnosis and visualization techniques. Neither of these results was observed in the four children who could not learn these methods. ■

experience that Debra reported to me concerned her insomnia. It wasn't just sleeplessness. Debra reported several attacks by some dark energy force. This shadowy figure attempted to strangle her. I believe this energy attacker was conjured up by Selma as part of her psychic attack on Debra. We refer to this type of assailant either as thought-forms (which are created by the thoughts of the perpetrator and respond only to their directions) or ectoplasm attackers (which are created like thought-forms, but take on a life of their own).

One consequence of continued psychic attacks is what I refer to as emotionally charged mental conflicts (ECMCs). The victim feels confusion, disorientation, and detachment. This can lead to self-destructive and violent behavior, altered beliefs, disrupted relationships, and severe depression.

Fortunately, Debra responded quickly to the spiritual protection techniques I taught her and is no longer bothered by any of these disturbances. Selma soon moved out of the apartment building when she realized her tactics had failed.

### Protect Your Own Aura

I would like to conclude this column with a simple exercise that will apply protection to your aura, the energy field that surrounds your physical body.

1. Stand up with your feet firmly on the

ground and your weight equally distributed. Breathe deeply.

2. Imagine that your body is a honeycomb. You are so porous that any energy coming toward you will flow right through you without affecting you in any way. Keep your attention completely focused on this image.
3. Now visualize a trap behind this honeycomb. This receptacle traps any form of negative energy and immediately neutralizes it.
4. Perceive all of the negative energy you are exposed to passing through your aura without affecting you in any way. This negative energy now is trapped in the receptacle and is immediately neutralized. ■

**Dr. Bruce Goldberg** of Woodland Hills, California, has degrees in dentistry and counseling psychology. He is the author of several books, including *Past Lives — Future Lives*, and the *Llewellyn* books *Protected by the Light*, *Soul Healing*, *The Search for Grace*, and *New Age Hypnosis*.

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## ASK DR. GOLDBERG: "Will evil go unpunished?"

### Dear Dr. Goldberg,

I read once that evil people will not get punished in the afterlife. Could you touch upon this topic? — *Adrienne Vecchia, Elmhurst, New York*

### Dr. Goldberg Replies:

People who purposely harm others will end up on the Lower Astral plane following their physical death. It doesn't matter how much money or influence they had on the Earth plane — the universe can't be bribed.

We always get what we deserve. This Lower Astral plane is more commonly called Hell,

purgatory, or bardo. Some inhabitants of this environment are demonic spirits, so it is not a place you want to visit. Interestingly, people who are dysfunctional and fail to evolve spiritually during their sojourn on Earth also wind up on the Lower Astral plane. It behooves us all to grow spiritually and learn our karmic lessons.

If we do master these karmic tests, we go to the Upper Astral plane upon physical death. This is far more desirable and allows for additional growth as we move to the next plane to select our next life.