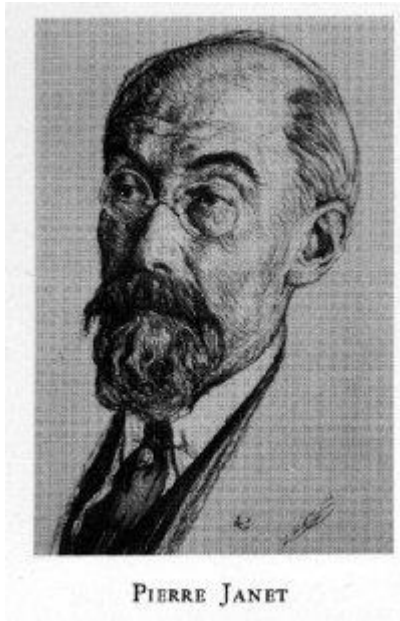


05/07/2006 TH 998

# Mysticism and Religious Experience

## Dissertation



*Dissociation*

*Mystical &  
Clinical  
Perspectives*

**MA Study of Mysticism and Religious Experience**

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## **Dissociation. Mystical and Clinical Perspectives.**

### *Summary*

In this dissertation it is hypothesised that negative mystical experiences and some mental illnesses are connected, and that the unitary factor that links all negative mystical experiences with dissociative disorders and other mental illnesses is fear. We begin with a brief glimpse at the intense fear experienced from a negative mystical experience. Further exploration examines the state of mind known as dissociation that facilitates mystical experience and pathology from the discoveries and theories of early researchers including Pierre Janet, Frederic Myers and William James, together with more recent research into the nature of altered states of consciousness and in consciousness itself. This dissertation further gives reference to qualitative phenomenological research that has discovered a direct relationship between Dissociative Identity Disorder (DID) formerly known as Multiple Personality Disorder (MPD) and spirit possession. It is concluded that the radical empiricism and pragmatism proposed by William James a hundred years ago do offer a new epistemology for research into the nature of human consciousness. Quantum theory provides modern research into human consciousness and various psi phenomena with the conceptual framework to explain the evidence that supports earlier theories that minds other than our own can affect our thinking and behaviour.

## **Introduction**

The most difficult thing for a mystic to do is convey to others what he or she has experienced. Similarly how does the sufferer of mental disequilibrium communicate their experience without being condemned or laughed at? For the mystic; to have access to a *universal truth* or to be united with the *Ultimate* and then find the language to be able to explain it is no mean task, and those who succeed are often referred to as religious geniuses and originators of religious movements. It could be argued that this difficulty for both the mystic and the experiencer of disturbing mental phenomena is a question of hermeneutics and of semantics. How to use language to convey to someone else who has never had a similar experience something that is ineffable, noetic and beyond language is not an easy problem to solve. Hence - the study of mysticism and of hermeneutics and truth. Similarly there are problems in communicating ideas between different disciplines – between science and philosophy – between mystical poetry and cognitive psychology for example. There is a communication problem between doctors and their patients because they use different languages and there is a problem between rationalists with theories based upon logic and empiricists whose knowledge is dependent purely on the world of experience. This dissertation is an attempt to cross boundaries created by misinterpretation of language in trying to understand the relationship between mental health and spiritual experience by using the concept of dissociation as a bridge. It is an attempt to communicate with scholars of mysticism and religious experience, with clinical practitioners in the treatment of mental health, with practitioners of what may be called the ‘spiritual healing arts’ with the aid of published scientific research evidence and the subjective experiences of mystics, mediums and sufferers of chaotic mental experiences themselves.

### ***A Philosophical Approach to Epistemology***

It is not possible to investigate the phenomenology of dissociation without entering the realms of two traditionally opposing epistemologies, those of scientific enquiry and theology. The reason for this is that dissociation is concerned with the mind, and the mind is the subject of psychological enquiry as well as religious experience. Religious experience is not only concerned with subjectivity but also cosmology and

the nature of consciousness on the micro and the macro scale. Psychology is dominated by the epistemology of the physical sciences, and religious experience is dominated by a metaphysical epistemology. According to Harman what is required is a new epistemology that is a synthesis of the two <sup>1</sup> and the use of metaphor is another useful tool in bridging the gap as demonstrated below.

Imagine a great tree with many branches and a huge canopy of leaves. Each branch is a branch of knowledge and every leaf is a detail of knowledge pertaining to its own special branch. The trunk is the whole body of knowledge without division until it divides into two main branches and then into all the separate branches. The two main branches that the trunk has divided into are science and art. This tree grew from a single seed.

Amongst these many branches, anthropology is the study of man, theology is the study of religion (or the study of God in literal translation from the original Greek), psychology is the study of the mind (or the study of the spirit in literal translation from the original Greek), and science is the study of everything – isn't it? What about the arts? Science is only one half of the tree of knowledge, and as it grows so too do the arts. Mystical experiences can be unmediated, but when they are intentional they are an art. To be able to facilitate natural healing processes is an art. These are all branches of the same tree – the study of man and the universe he finds himself in. All these branches come from the same seed – philosophy (the love of wisdom in literal translation from the original Greek). But as we progress through the branches and get lost in the exclusive focus on single leaves we lose sight of the original seed.

There is another tree in the garden. This is the tree of life. From a single amino acid emerged a micro-organism that eventually evolved and divided into species, sub-species and genus, through the phylogenic scale to produce the incredible diversity of life on this planet today. The theory is that all this emerged from a single cell.

In Taoist philosophy everything is created from the *Tao*:

The Tao created the One.

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<sup>1</sup> (Harman, 2001)

The One created the Two.

The Two created the Three.

The Three created the multitude of things.<sup>2</sup>

It's the same as the tree – all things originate from a single source, and in order to find the solution to a mystery all we have to do is trace a problem back to its original cause, or source. The relationship between this simple Taoist philosophy and scientific enquiry has been confirmed by many examples.<sup>3</sup>

In Christian mystical tradition the same applies:

In the beginning was the Word, and the Word was with God, and the Word was God.<sup>4</sup>

Everything was created from the Word, or the *One* consciousness of creation. This is poetic mystical scripture certainly, which is the art of metaphor, but no less important than the other main branch of the tree of knowledge - the sciences – and certainly not to be ignored. Abandon one side of the tree and it will surely topple over and die. This metaphor could help to explain why an exclusive reliance on the epistemology of the physical sciences is inadequate to our task.

There is yet another tree in the garden. This is the tree of dis-ease. The leaves are the multiplicity of symptoms and ailments and diagnoses of all the afflictions that plague mankind. The branches are the groups of disease – physical, mental, emotional and spiritual. The trunk is the compound body of all sickness. If this imagined tree exists then it has a single seed. To locate the cause of sickness – go to the seed. Does this suggest that the cause of all dis-ease is one single cause? An interesting question...perhaps?

The task of finding the root of the relationship between mystical experience and mental health has been greatly aided by the works of both Henri Ellenberger<sup>5</sup> and

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<sup>2</sup> (Lao Tzu, 2003)

<sup>3</sup> (Capra, 1992)

<sup>4</sup> The Epistle of John, 1:1. Holy Bible. King James Version.

Pierre Janet <sup>6</sup> being notable for their historical treatises on the evolution of dynamic psychiatry from its original root of primitive spiritual healing practices. Their intensive research has offered a new way of looking at a modern problem by going back to earlier mystical approaches which have now been supported by modern scientific experiments and discoveries in the domain of quantum mechanics and high energy physics. <sup>7</sup> We are going to take a look at the relationship between mental well-being and mystical experience with a particular emphasis on the power of fear as a significant factor – possibly the root cause - in dysfunctional living and behaviour.

Beyond the rhetoric of philosophical discourse and the conflicting theories between hard physical and soft humanistic science; man and his religious or spiritual beliefs, and his relationship with the universe he lives in is surely at the root of all enquiry for all who have a thirst for knowledge and understanding. <sup>8</sup> The one thing that we all have in common as human beings is our innate fear and sense of awe of the unknown and our desire for control. <sup>9</sup> Whether or not what is considered to be Divine is something to be feared or to be in awe of is a question that every serious enquirer should be asking, and how man's fear or awe of unknown forces that either *control*, influence or determine man's destiny are to be faced and understood. This dissertation proposes the hypothesis that fear is the common factor that links negative mystical experience with a profound and terrible dread that can result in serious disturbances in the ability to function normally in daily living. Whether the mystical experience is positive with a connection with the Divine, or with something terrifying; there is a state of mind that facilitates the experience, and a state of mind that can also enable an individual to escape from such an experience. This state of mind can be referred to as a state that is not conducive to normal everyday conscious awareness but is different in some way. We could call this an *altered state of consciousness* or a *trance* or a *dissociated mental state* or simply *dissociation*.

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<sup>5</sup> (Ellenberger, 1970)

<sup>6</sup> (Janet, 1976b)

<sup>7</sup> (Targ and Hurtak, 2006)

<sup>8</sup> (James, 1902)

<sup>9</sup> (Targ, 2004)

As a start point for our investigation into the relationship between negative mystical experience and the dissociative mental state let us begin with a quotation where fear is a key factor.

***The mystical experience with a sense of fear.***

Quite early in the night I was awakened. I felt as if I had been awakened intentionally, and at first thought that someone was breaking into the house. I then turned onto my side to go to sleep again, and immediately felt a consciousness of a presence in the room, and singular to state, it was not the consciousness of a live person, but of a spiritual presence. I felt also at the same time a strong feeling of superstitious dread, as if something strange and fearful were about to happen.<sup>10</sup>

Similarly, the following quotation is offered by William James in his Gifford Lectures on the *Varieties of Religious Experience*.

Whilst in a state of philosophic pessimism and general depression of spirits about my prospects, I went one evening into a dressing room in the twilight to procure some article that was there; when suddenly there fell upon me without any warning, just as if it came out of the darkness, a horrible fear of my own existence. Simultaneously there arose in my mind the image of an epileptic patient whom I had seen in the asylum, a black haired youth with greenish skin, entirely idiotic, who used to sit all day on one of the benches, or rather shelves against the wall, with his knees drawn up against his chin, and the coarse grey undershirt, which was his only garment, drawn over them enclosing his entire figure. He sat there like a sort of sculptured Egyptian cat or Peruvian mummy, moving nothing but his black eyes and looking absolutely non-human. This image and my fear entered into a species of combination with each other. That shape am I, I felt potentially. Nothing I possess can defend me against that fate, if the hour for it should strike for me as it struck for him. There was such a horror of him, and such a perception of my own merely momentary discrepancy from him, that it was as if something hitherto solid within my breast gave way entirely, and I became a mass of

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<sup>10</sup> (James, 1902, 62)

quivering fear.” ...”I mean that the fear was so invasive and powerful that if I had not clung to scripture texts like ‘The eternal God is my refuge,’ etc., ‘Come unto me, all ye that labour and are heavy laden,’ etc., ‘I am the resurrection and the life,’ etc., I think I should have grown really insane. <sup>11</sup>

Whether positive or negative, the experience of a union or an encounter with a non-material entity can be accompanied by intense emotion either during or after the experience, which can often have a lasting effect on the experiencer as the above example will testify. What is interesting about the above quote is that the experiencer used his knowledge of Holy Scripture to maintain his sanity. Another characteristic of the mystical experience is, in varying degrees, a sense of detachment from what could be described as normal waking consciousness. This detached state, as noted above, is often referred to as a trance, or an altered state of consciousness or a dissociated mental state when awareness of one’s immediate surroundings is inhibited.

These altered states of consciousness can be viewed from a variety of perspectives including the philosophical, the religious or mystical, the anthropological, and from a pathological viewpoint. The literature on these altered states is wide and varied; consequently our examination of them, in an attempt to gain insight into the root of the dissociation concept, can only be very broad and cursory. The parameters of this cursory glance are the theories of William James, Frederic Myers and Pierre Janet as a start point. The hypotheses of these early researchers are then compared with the theoretical constructs of modern clinicians treating Borderline Personality Disorder (BPD) and Dissociative Identity Disorder (DID).

The modern theories of Charles Tart on the nature of altered states of consciousness, <sup>12</sup> the experiential evidence gathered by pioneers into the phenomenon of out of body experience (OBE) and near death experience (NDE) such as Raymond Moody, <sup>13</sup> and research reviewed by Dean Radin into psi phenomena that embraces quantum theory provide us with an end point. <sup>14</sup> From this published scientific evidence conclusions may be drawn with special regard to the dissociative mental state.

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<sup>11</sup> Ibid, p.160.

<sup>12</sup> (Tart, 2000)

<sup>13</sup> (Moody, 1975; 1988)

<sup>14</sup> (Radin, 2006)



### *What is an altered state of consciousness?*

Altered states of consciousness have been investigated since Franz Anton Mesmer toppled Father Johann Joseph Gassener, the most powerful exorcist in Christian Europe, from his exalted position in 1777 by comparative demonstrations of healing power using his method of *Animal Magnetism*.<sup>15</sup> The date is significant insofar as it is the watershed that separates the medieval forms of healing from the forms developed as part of the emerging scientific enlightenment. From 1777 until the work of James, Myers, Janet and others were published in the 1880's there had been, throughout Europe, a virtual army of researchers and practitioners of animal magnetism who experimented and investigated the phenomena associated with it. Although of extreme importance, this period of research must be skipped over to the point where Pierre Janet conducted his own historical research into magnetism, which evolved into what has now become known as hypnosis.<sup>16</sup> Janet used the hypnotic techniques he gleaned from his study of this intervening period for his own investigations into the causes and cures of mental illness. Janet is credited by Ellenberger with being the first psychologist to propose a hypothesis of an unconscious mind and to offer the term *dissociation* as a phenomenon of a split in the consciousness of the personality. However, according to Taves,<sup>17</sup> this is debatable as in-depth reading of the collaboration of James, Myers and Janet reveals a more complex development of these ideas, which will be explored once we have an idea of what we can understand to be an altered state of consciousness according to a medical definition.

According to Moseby's medical dictionary, an altered state of consciousness (ASC) is:

... any state of awareness that differs from the normal awareness of a conscious person. Altered states of consciousness have been achieved, especially in Eastern cultures, by many individuals using various techniques, such as long fasting, deep breathing, whirling, and chanting. Researchers now recognise that such practises can affect the chemistry of the body and help

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<sup>15</sup> (Ellenberger, 1970)

<sup>16</sup> (Janet, 1976b)

<sup>17</sup> (Taves, 2004)

induce the desired state. Experiments suggest that telepathy, mystical experiences, clairvoyance, and other altered states of consciousness may be subconscious capabilities in most individuals and can be used to improve health and fight disease.<sup>18</sup>

It is important to note that Moseby's definition is medical, and as such includes a non-specific reference to experiments that suggest that mystical experiences and clairvoyance may be subconscious capabilities. This is precisely the hypothesis that James, Myers and Janet tested during their experiments one hundred years ago from their three differing perspectives and with different types of human subject. Their conclusions are to be examined in this dissertation.

Among the long term effects of altered states are the radical shifts in the perception in one's self and environment that result in a semi-permanent redefinition of one's self, world, and values. Frequently altered states of consciousness either are induced personally or by others which may or may not produce lasting effects. Some religious groups do seek to induce such altered states in persons so they may derive spiritual insight and value changes from them. The most dramatic examples of these states are *mystical experiences*.

In mysticism the altered state of consciousness may be total or partial. When partial, the state of consciousness is usually only a feeling. Most generally this feeling is one of unity with God, or the universe, or of enlightenment.

It [union] is a state of equilibrium, of purely spiritual life; characterised by peaceful joy, by enhanced powers, by intense certitude. To call this state, as some authorities do, by the name of Ecstasy, is inaccurate and confusing; since the term Ecstasy has long been used both by psychologists and ascetic writers to define that short and rapturous trance – a state with well marked physical and psychical accompaniments – in which the contemplative, losing all consciousness of the phenomenal world, is caught up to a brief and immediate enjoyment of the Divine Vision.<sup>19</sup>

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<sup>18</sup> (Moseby & Co, 1990, 47)

<sup>19</sup> (Underhill, 2002, 170)

In the above quotation, Underhill is suggesting that the mental and emotional state experienced by the mystic whilst in union with the Divine is not to be confused with what psychologists would call an *ecstatic trance state*. Nonetheless, for the purpose of our understanding of altered states of consciousness perhaps we could bypass Underhill's observation for the time being and continue to call the *state of union* as an altered state by the fact that it is not a state experienced during normal every-day awareness. In the following quotation, Underhill gives an example of how an altered state can be accidentally induced together with its mystical consequences:

This we may perhaps identify with mystical awakening, of the kind experienced by Suso. About the year 1600 occurred the second illumination, initiated by a trance-like state of consciousness, the result of gazing at a polished disc. This experience brought with it that peculiar and lucid vision of the inner reality of the phenomenal world in which, as he says, "he looked into the deepest foundation of things." He believed that it was only a fancy, and in order to banish it from his mind he went out upon the green. But there he remarked that he gazed into the very heart of things, the very herbs and grass, and that actual Nature harmonised with what he had inwardly seen.<sup>20</sup>

Suso was a mediaeval German mystic who features in the research of Frenken to be looked at below with special regard to the dissociative disorder of Borderline Personality Disorder (BPD). In the above quotation can be seen the highly significant facilitation of a mystical experience by an incidence of accidental self-induced altered-state induction.

The following quotation from Underhill comments on the altered state experienced by St. Catherine of Siena whilst she dictated her *Dialogue*:

St. Catherine of Siena, we are told, dictated her great dialogue to her secretaries whilst in a state of ecstasy: which may mean no more than the absorbed state of recollection in which the creative faculty works most freely, or may have been a condition of consciousness resembling the trance of

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<sup>20</sup> Ibid, p. 255.

mediums, in which the deeper mind governs the tongue. Had she been more accustomed to the use of the pen – she did not learn writing until after the beginning of her apostolic life- that deeper mind would almost certainly have expressed itself by means of automatic script. As it is, in the rhythm and exaltation of its periods, the Dialogue bears upon it all the marks of true automatic composition of the highest type. The very discursiveness of its style, its loose employment of metaphor, the strangely mingled intimacy and remoteness of its tone, link it with prophetic literature; and are entirely characteristic of subliminal energy of a rich type, **dissociated** from the criticism and control of the normal consciousness.<sup>21</sup>

From the above quote it may be surmised that Underhill was not familiar with ‘automatic writing’ as witnessed by William James, Frederic Myers and other contemporaries at the *British Society for Psychical Research*, which is actually very common with mediums and others, and not an exclusive activity of what Underhill describes as ‘mystical genius’. Automatic writing was a characteristic of Janet’s patients and he used it as a means of communicating with dissociated parts of the subject. Neither is she apparently aware of the phenomenon of spiritually inspired creativity. Her comment about the ‘deeper mind that governs the tongue’ of mediums clearly suggests that she is unaware of the dichotomous arguments concerning the nature of mediumship communications. This is another area of enquiry that has been thoroughly researched independently by Jung<sup>22</sup> and by William James, Pierre Janet and Frederic Myers through the *Society for Psychical Research*.<sup>23</sup> Explanations for automatic writing fall into two main groups, the spiritual and the psychological. The spiritual explanation suggests that another consciousness that is separate from the writer takes possession and uses the writer to convey a message. The psychological explanation suggests that the consciousness of the writer is split or divided in some way and that a hidden part of the writer’s consciousness is surfacing and expressing itself as a separate part of the personality.

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<sup>21</sup> Ibid, p. 294.

<sup>22</sup> Carl Gustav Jung’s doctoral thesis was on the case of his aunt who was a medium. (Jung, 1995)

<sup>23</sup> (Haynes, 1982)

According to Underhill there are three distinct aspects under which the ecstatic state of trance may be studied: (a) the physical, (b) the psychological (c) the mystical. Underhill, from her writing is not a psychologist and her interpretation of psychological process is uncomplicated. However, she does support her argument with a naïve simplicity as seen in the following quotation that can be compelling, and can be supported by scientific evidence from the sciences of neuro-psychology<sup>24</sup> and neuro-physiology.<sup>25</sup>

Such ecstasy as this, so far as its physical symptoms go, is not of course the peculiar privilege of the mystics. It is an abnormal bodily state, caused by a psychic state: and this causal psychic state may be healthy or unhealthy, the result of genius or disease. It is common in the little understood type of personality called “sensitive” or mediumistic: it is a well known symptom of certain mental and nervous illnesses.’ ....’In the hysterical patient, thanks to an unhealthy condition of the centres of consciousness, any trivial or irrational idea, any one of the odds and ends stored up in the subliminal region, may thus become fixed, dominate the mind ,and produce entrancement. <sup>26</sup>

The above statement is concerned with the ‘ecstasy’ which Underhill wishes the reader to differentiate from an ‘ecstatic trance’ as previously noted. But here she makes the observation that this ‘ecstasy’ is common with mediums. Underhill’s comment on the ‘little understood’ medium suggests that she makes a differentiation between a mystic and a medium. This is open to debate according to how one defines a mystic and a medium, and it could be argued that there is no distinction at all, and that all mediums are mystics and vice versa. However, her comment on the psychic state that differentiates between genius and disease is what interests us here. The notion that any irrational idea can become ‘fixed’ and cause ‘entrancement’ is an interesting one that William James addresses in his *Varieties*, and could be described as ‘auto-suggestion’. Pierre Janet also spent a great deal of time researching this important area,<sup>27</sup> and his observations of patients suffering from hysteria and the ‘fixed idea’ are still worthy of close examination. William James suggested that there

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<sup>24</sup> (Snyder and Nussbaum, 1998)

<sup>25</sup> (Hopkins, 1994)

<sup>26</sup> (Underhill, 2002, 360)

<sup>27</sup> (Janet, 1886)

is a connection between mystical experience and pathology in many sufferers of emotional and mental disorders, and it is with respect of this connection between mystical experience, the *trance state* and pathology that the influence of fear is our prime concern. Meanwhile perhaps it would be of value to understand the use of altered states of consciousness by mystics and scientists during the early years of the scientific enlightenment.

### ***Mystics and Mediums Trance States***

Emanuel Swedenborg (1688-1772), the Swedish scientist and scholar is a well-documented mystic. His mystical experiences began at the age of fifty-six in the form of dreams. In these dreams he travelled to spiritual planes, sometimes described as other dimensions, such as heaven and hell where he claimed to have spoken with Jesus, and God, and spirits of the dead which he referred to as angels. Perhaps a Jungian analyst would explain these personifications as *archetypes*. Swedenborg claimed to have seen the order of the universe in these journeys through his altered state. He continued spending most of the remainder of his life taking these spiritual journeys usually in a light sleep or *trance* which sometimes lasted as long as three days. As a result of these experiences he altered his spiritual views which eventually differed from the traditional teachings of orthodox Christianity. His views were published in several books, and he had a long lasting influence on the American psychologist and philosopher William James through James' own father, Henry James Senior (1811-1882).<sup>28</sup>

Swedenborg's techniques of achieving the *state of altered consciousness* or *trance* were introduced into the Spiritualism movement by Andrew Jackson Davis, an American student of Swedenborg. He is said to have paved the way from mesmerism, the term derived from Franz Anton Mesmer (1734-1815) who was the originator of what has now become known as hypnotism from his original concept of animal magnetism, to the application of the trance state to Spiritualism. Ellenberger records the evolution of Spiritualism from Mesmerism and Animal Magnetism as one of the branches of the healing arts. However, it may also be seen as a circular evolution where modern Spiritualism has emerged from magnetism and returned to what was

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<sup>28</sup> (James, 1902, xi)

originally a more primitive form of spiritualism, namely shamanism. Clearly there is a common thread that unites all of these differently defined practises. During the medieval period a medium with the gift of healing was seen by the church as a heretic, and healers were persecuted, tortured and put to death under the guidelines of the *Malleus Maleficarum*, first printed in 1486, which is probably the most important and most sinister work on demonology ever written.<sup>29</sup> The Spiritualist Church in the UK had no legal status before 1951 when the final Witchcraft Act of 1735 was repealed. Under that act it was still possible for a medium to be charged with witchcraft.

Another well documented medium, or mystic, was Edgar Cayce (1877-1945) sometimes called the 'sleeping prophet' who gave prophetic, healing, and karmic readings in a light trance state similar to that of Swedenborg. Cayce put himself into a hypnotic trance while lying down and then gave personal readings. He helped heal many sick individuals in this way by describing their ailments and then prescribing what the person should do in the form of treatment. He also gave karmic readings telling about the lost continent of Atlantis and other ancient places. Frequently when giving solitary readings Cayce would have the person taking down his reading tap him to prevent him from going into a deeper trance which would have *dissociated* him from his surroundings more completely.

Both Swedenborg and Cayce had profound effects on the thinking of some scholars and scientists at the time. As mentioned above Swedenborg was highly influential in the development of William James' thinking and James participated with great interest in the experiments of Frederic Myers with mediums and life after death investigations at the *Society for Psychical Research* (SPR) in England.<sup>30</sup>

Edgar Cayce is reported to be the most scientifically examined mystic. During the four decades in which Cayce's 14,000 psychic readings under hypnotic trance were recorded, he was under almost continuous examination. This resulted in a vast archive of over 70,000 pages of documentation that were made available for research

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<sup>29</sup> (Robbins, 1959)

<sup>30</sup> (Haynes, 1982)

purposes and verification, and still are to this day.<sup>31</sup>

### ***Altered states in Shamanism***

Within shamanism the ability to enter into altered states of consciousness is probably the most important art that the shaman is able to develop. In fact, without the ability to access the ‘underworld’ and the ‘overworld,’ the shaman would be unable to execute his duties to his tribe. The altered states are self-induced by the shaman and called by anthropologists the ‘shamanic state of consciousness.’ This is a state that can vary from a light sleep to a semi-coma which enables the shaman to see and do things in a non-ordinary reality which he cannot do in the ordinary reality of a waking state. It is in this non-ordinary reality that the shaman can perform cures and retrieve lost soul fragments with the help of his guardian spirits and spirit helpers.<sup>32</sup> & <sup>33</sup>

According to Charles Tart,<sup>34</sup> altered states of consciousness have been explained as being those special mental states that facilitate unusual experiences including paranormal, mystical, and hypnotic. This observation is in agreement with James who, whilst commenting on the work of Myers, Janet and others wrote, ‘this discovery marks a new era in experimental psychology, and it is impossible to overrate its importance.’<sup>35</sup>

### ***The pathological trance state or ‘Dissociation.’***

What Freud originally categorised as *hysteria, hysterical neurosis, conversion neurosis, anxiety neurosis,*<sup>36</sup> ‘dissociation’ takes the form of a separation, or *dissociation* of one part of the self from other parts.

The perspectives for scientific research and clinical intervention with dissociative disorders are broadly divided into three main groups. (a) medical psychiatric, (b) socio-psychodynamic and (c) humanistic or holistic. These three main groups are further sub-divided, for example the psychodynamic is divided into the schools of

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<sup>31</sup> (Davis-Turner and St.Clair, 1976)

<sup>32</sup> (Villoldo, 2005)

<sup>33</sup> (Lewis, 2003)

<sup>34</sup> (Tart, 2000)

<sup>35</sup> (Taves, 2004)

<sup>36</sup> (Freud, 1933)



thought developed by Freud, Adler, Jung, Assagioli and others. As time progresses new schools of thought develop with their variation of perspective. These are the leaves and branches of our metaphorical tree. It would be impractical to offer a view of dissociation from all of these varying perspectives as that would take several volumes. It is therefore necessary for us to limit ourselves to generalisations from a cross section of thinking, and to aid with this the 'Ego States'<sup>37</sup> theory is useful.

The 'parts' in ego-state theory are modes of thinking, feeling and acting that all individual's personality traits and characteristics are made up from. We think, feel and behave differently according to the situation we are in, the role we have to play in relation to others, and our ability to respond to those situations, events and others. We are all *split* into these different parts of ourselves, and collectively they make up the *integrated self*. When different parts become dissociated it can lead to different forms of dissociation disorder which can vary in intensity from borderline personality disorder (BPD) to multiple personality (MPD)<sup>38</sup> or what has now become known as dissociative identity disorder (DID), to schizophrenia.<sup>39</sup> There are still deep divisions in the therapeutic community regarding the aetiology of schizophrenia. But for the time being let us consider schizophrenia as another branch of the same tree with a single root or seed.

*Somnambulism* is a form of dissociation when one part of the personality takes executive control whilst the normal conscious awareness sleeps. This happens when sleepwalking. Milder forms of this type of dissociation can occur during the day with eyes wide open, for example when daydreaming or driving on a motorway when in highway hypnosis. The term 'somnambulism' was used by Janet and earlier practitioners of hypnosis before the term hypnosis was introduced by Scottish surgeon James Braid in 1843.<sup>40</sup> To Janet, a somnambulist was a person who had the natural ability to enter into a deep altered state of consciousness, and artificial somnambulism was the term used to describe the act of a facilitator to induce another person into the somnambulistic state. The modern term for a facilitator of artificial somnambulism is

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<sup>37</sup> (Berne, 1961)

<sup>38</sup> (Putnam, 1989)

<sup>39</sup> (Laing, 1965)

<sup>40</sup> (Braid, 1843)

a hypnotist. Prior to the term artificial somnambulism being coined by Janet, a facilitator was known as a ‘magnetiser’ and the subject was called ‘the magnetised’.

We can already see from the above that sleepwalking, daydreaming and hypnosis are all forms of the phenomenon of dissociation in varying degrees.<sup>41</sup> & <sup>42</sup> The depth and degree of dissociation facilitates different types of experience ranging from mild peacefulness to the mystical, or to serious emotional dysfunction, splitting and schizophrenia.

*Amnesia* often occurs as a result of dissociation. Memory is very selective, and forgotten material can often be recovered through hypnosis. *Fugue* (flight) may be thought of as an extension of amnesia, whereby a person *flees* into a dissociated state in order to escape from a traumatic experience.<sup>43</sup> Hence we can see the logic in the trauma based theory of dissociation and that fear is the impetus.

*Multiple personality* is a consequence of different parts becoming dissociated through escaping from trauma, and remaining separated from the core self. This gives the impression that there are two or more separate personalities residing in the same body, each one in residence at different times. The core self, or original personality is unaware of the other parts that have become dissociated. Often, the other dissociated parts embody characteristics of the core self, or host that have been repressed and remain unexpressed: for example a shy and sexually inhibited person may develop a second personality who is flirtatious and sexually promiscuous. Shifts from one to the other may be sudden and dramatic and multiple personality may be accompanied by fugue.<sup>44</sup>

Popular fiction in Robert Louis Stevenson’s *Dr Jekyll and Mr Hyde*, gives us a dramatic representation of dual personality. True-life cases include *The Three Faces of Eve*<sup>45</sup> and *Sybil*<sup>46</sup> who had no less than sixteen separate dissociated parts or personalities. The dramatic characteristics of the cases of ‘Eve’ and ‘Sybil’ give rise

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<sup>41</sup> (Kroger, 1977)

<sup>42</sup> (Waxman, 1989)

<sup>43</sup> (Putnam, 1989)

<sup>44</sup> Ibid.

<sup>45</sup> (Thigpen and Cleckley, 1957)

<sup>46</sup> (Schreiber, 1975)

to the debate between sceptics and adherents as to the validity of the diagnosis of multiple personality disorder, and to its level of incidence in the general population.

Returning now to the root of our enquiry; references made to the work of William James on mystical states of consciousness usually relate to his four qualities of mystical experience. James saw what he described as 'mystical states of consciousness' as a pivot around which all other religious experience revolves:

One may say truly, I think, that personal religious experience has its root and centre in mystical states of consciousness; so for us who in these lectures are treating personal experience as the exclusive subject of our study, such states of consciousness ought to form the vital chapter from which the other chapters get their light. <sup>47</sup>

The four qualities of mystical experience according to James are *ineffability*, *noetic quality*, *transiency* (transience) and *passivity*. For James these four characteristics are sufficient to identify a group of states of consciousness that are peculiar enough to warrant a special name and careful study. James called them the 'mystical group.' <sup>48</sup> Apart from a detailed description of these four characteristics of mystical experience, this is usually as far as most academic references go. However, what James was leading to was a study not of the *degree*, but of the *different nature* of the altered states of consciousness experienced.

Among these states of consciousness within the 'mystical group' are the following, which James describes as a 'mystical ladder' which leads to deeper and increasingly *different*, or more *dissociated* levels of consciousness in the *disconnected* sense, that are more disconnected and more distinguishable from normal conscious awareness.

1. A sudden realisation of a truth that has been known all along.
2. A sense of having been here before, often referred to as *deja-vue*, or 'dreamy states of sudden invasions of vaguely reminiscent consciousness.' <sup>49</sup>

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<sup>47</sup> (James, 1902, 379)

<sup>48</sup> Ibid, p. 382.

<sup>49</sup> Ibid, p. 384.

3. Deeper, yet other dreamy states – ‘...and this feeling of being surrounded by truths which I cannot grasp amounts to indescribable awe sometimes.... Have you not felt that your real soul was imperceptible to your mental vision, except in a few hallowed moments?’<sup>50</sup>
4. A much more extreme state of mystical consciousness described by J.A. Symonds and quoted by James:  
Suddenly, ...irresistibly... It took possession of my mind and my will, lasted what seemed an eternity, and disappeared in a series of rapid sensations which resembled the awakening from anaesthetic influence. One reason I disliked this kind of trance is because I was unable to describe it to myself. It consisted in a gradual but swiftly progressive obliteration of space, time, sensation, and the multitudinous factors of experience which seem to qualify what we are pleased to call our Self.<sup>51</sup>
5. The next level of mystical consciousness described by James takes us to the verge of what he called ‘something suggestive of pathology’ and is compared with the state attained through alcoholic intoxication or other narcotic substances including nitrous oxide and ether.

James makes the observation that our normal waking, rational consciousness is only one special type of consciousness, whilst all around it are other forms of consciousness that are entirely different. James speaks of forms of consciousness that are definite *types* of mentality – they are *discontinuous* with ordinary consciousness.

For James, the keynote between certain states of consciousness is *reconciliation*, and he writes, ‘it is as if the opposites of the world, whose contradictoriness and conflict make all our difficulties and troubles, were melted into unity’. According to James, not only do these contrasting types of consciousness belong to the same genus, but to the same species, the nobler and better one, is itself the genus, and so soaks up and absorbs its opposite into itself. In modern psychological terminology this absorption of the opposite into itself, or reconciliation, is known as *integration*, and is the key tenet in the treatment of dissociative disorders. Jung’s term for the same process is *individuation* where the *shadow* is integrated with the core self. Again it is worthy of

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<sup>50</sup> Ibid, p. 385.

<sup>51</sup> Ibid, p. 385.

note that what James describes as *opposites* and *contradictoriness* are particularly noticeable in borderline personality disorder (BPD). It is for this and other reasons that I have chosen BPD as my focus of a dissociative disorder with special regard to mystical experience.

According to Taves, James' theory of a 'consciousness beyond the field' was influenced by the research of Myers and Janet, and it is this cross-fertilisation of ideas that will now be explored from the work of these two pioneers.

### **Pierre Janet and Frederic Myers on 'Automatism' and 'Secondary Selves'**

Janet originally came upon the idea of simultaneously co-existent states of consciousness, or what he called 'secondary selves' from his research with the subject "Leone" who was found to have three distinct and separate personalities and was capable of automatic writing on post hypnotic suggestions delivered by Janet. Meanwhile Frederic Myers who had an interest in the phenomena of automatic writing and telepathy, had been investigating the spiritualist medium "Clelia" and arrived at a hypothetical model of consciousness that he described as 'active duality of mentation' – between a conscious and an unconscious self.

Myers visited Janet and witnessed his experiments with Leone and later credited Janet with discovering a method of accessing the second self by means of hypnosis and attributed his experiments as obtaining 'proof' of the origin of automatic writing as being a hidden factor in the recesses of the writer's own identity. Janet later questioned the validity of Leone as a subject because of her previous *contamination* at the hands of many other magnetisers, and expressed his concern that his research was being inappropriately quoted and referenced.<sup>52</sup>

In the *Will to Believe*<sup>53</sup> James credited Janet, Gurney and Alfred Binet with demonstrating what he called 'the simultaneous existence of two different strata of consciousness, ignorant of each other, in the same person', and he summed up the evidence presented by both Myers and Janet, together with research findings of Myers' colleague Edmund Gurney at the SPR thus:

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<sup>52</sup> (Janet, 1976a)

<sup>53</sup> (James, 1887)

The experiments of Gurney and the observations of M. Pierre Janet and others on certain hysterical somnambulists seem to prove that it [the post-hypnotic suggestion] is stored up in consciousness; not simply organically registered, but that consciousness which thus retains it is split off, dissociated from the rest of the author's mind. We have here, in short, an experimental production of one of those "second" states of personality of which we have spoken so often. Only here the second state coexists as well as alternates with the first.<sup>54</sup>

Although Janet is credited with the discovery of dissociation as pathological, he referred to the division of consciousness as 'desagregation' whilst James used the term 'dissociation' as evidenced in the above quotation. Adherents to the dissociation model of consciousness understood the different selves as chains of memory, which means that between dissociated selves there is an amnesia barrier. Dissociated memory chains offered a theoretical model where two distinctly separate selves could co-exist in the same body.

Although Janet, Myers, Binet, Gurney and James all agreed on the dissociative model of consciousness there was disagreement concerning the cause.

Janet believed that dissociation was caused by hysteria and that it was pathological. All the others however believed that it was possible in normal healthy individuals. Myers was not an experimental psychologist, but a theorist who merely observed the dissociative mental state in mediums and James deduced it from the case histories of mystics and others who had religious experiences. James conducted his own experiments with a spiritualist medium, Mrs Leonora Piper, at the SPR, which gave him further evidence of the existence of secondary selves in a healthy minded individual.

James and Myers concurred that the ability to dissociate was inherent in the healthy minded which challenged Janet's hypothesis that the healthy mind was unified and the diseased mind was divided.

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<sup>54</sup> (James, 1890, 1213)

Myers concluded that the healthy mind was ‘multiplex’ and provided the alternative hypothesis of Janet’s theory of pathological ‘desagregation’.

Although in disagreement as to the *cause* of dissociation, Myers and Janet agreed on the basic characteristics as being secondary personalities that were separate from normal consciousness, disparate chains of memory and the capacity for automatic writing.

Myers’ question around the peculiarity of automatic writing was, ‘who writes?’ He concluded that in cases of spiritualist automatic writing there was a possibility that there was an invading personality that was separate from the writer, but in Leone’s case the automatic writing was artificially imposed by Janet’s suggestions. Janet therefore succeeded in demonstrating that what was previously inferred as being the result of the subjective unconscious and this evidence outweighed the inference that an apparent external influence was the influence at work in automatic writing. This view was therefore adopted by psychiatric clinicians, right up to the present day, who still largely regard people who *hear voices* as mentally ill. Janet’s work also gave psychotherapists, and in particular hypnotherapists, insights into the dangers of *iatrogenics* (doctor created sickness). This leads us into a very tricky area with regard to Janet’s work and great care needs to be exercised in the interpretation of his findings. Janet demonstrated the power of hypnosis in both uncovering the causes of hysteria and the power of the artificially induced trance and the post-hypnotic cue. In contrast to Janet’s theory Myers did not conclude that this ability for automatic writing or for demonstrating secondary selves was morbid or hysterical.

Myers was careful to note that each case should be examined on its own merits and that it was not wise to make inferences based on other cases on whether the phenomenon was the result of either hysteria or spirit inspiration. He observed that supernormal phenomena, whether morbid or not, creative or destructive, the observable externalisation would be somewhat similar. James suggested that in cases of abnormal psychic phenomena any pathological elements in the subject should not be ignored, and he presented such evidence as the cases of mystics and religious leaders. James presented his cases in wide variety in *Varieties of Religious Experience* to illustrate this as clearly as he could. Myers concurred by saying that

due to the recurrence of automatic writing in normal people it was nowhere near as rare as was supposed, and this assumption aided Myers in arriving at a model of human consciousness that included the proposition that the experience of this earthly life is not all that there is:

The 'conscious Self' of each of us, as we call it – the empirical, the Supraliminal Self, as I should prefer to say, - does not comprise the whole of the consciousness or of the faculty within us. There exists a more comprehensive consciousness, a profounder faculty, which for the most part remains potential only so far as regards the life of earth, but from which the consciousness and the faculty of earth-life are mere selections, and which reasserts itself in its plenitude after the liberating change of death.<sup>55</sup>

Myers used the term 'automatisms' to provide the link between automatic writing and hysteria, and argued that automatic writing is just one facet among many others including hallucination, hypnosis, double personality, thought transference (telepathy) and mediumship that are all connected facets of one subject. James referred to this collectivisation of similar facets as a 'great simplification' that places hallucination and impulses under the common theme of 'sensory and motor automatisms'. 'Automatisms' gave these phenomena a unifying conceptual term and Myers suggested that a positive connection between them all was their 'message bearing or nunciative' character. Subjectively these messages came into consciousness through visualisation, an automatic motor impulse, or other impression as though from a source other than the subject, and become manifest automatically from beyond the conscious will. Myers suggested that some form of intelligence, whether from within the unconscious or from an external source is finding a way to impress upon the conscious self. In modern research into psychic phenomena the terms 'automatism' and 'psychic phenomena' are no longer used but have been replaced with the term 'psi' (the Greek letter  $\psi$ ).

James acknowledged in *Varieties* that so-called 'religious geniuses' were subject to psychic visitations and if there was such a thing as inspiration from a higher realm then it would affect those with the neurotic temperament. Here, with the observations

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<sup>55</sup> (Myers, 1903)



of both Myers and James, was the link between mystical experience and pathology, and a debate concerning the very nature of human consciousness was opened. What the clinicians, led by Janet, inferred as being morbid or hysterical, were, according to James and Myers, characteristic of mystics, religious leaders, spiritualists and ordinary healthy people. The question still remained to be answered in each individual case was whether the manifestation of another personality was the result of an external and separate consciousness from the spirit realms or the result of a dissociated part of the subjective unconscious. What is interesting about Janet's conclusion is his decision to attribute all manifestations of psychic phenomena to the subjective unconscious rather than external spirit entities in spite of his own religious beliefs and acknowledgement that miraculous cures of a spiritual nature are a reality. It can be hypothesised that he chose a scientific explanation over a religious one in order to maintain his credibility as a scientist; a dilemma that James was also experiencing in his professional life as is evidenced in much of his writing.

In conclusion, and to simplify the theoretical models of dissociation, there are three basic possibilities. Myers' theory is that the human consciousness is fissiparous, meaning that it can split into separate parts, (a theory that is sympathetic to shamanic practices), and that consciousness continues in a more complete form after death. James' theory is that consciousness is limited to our awareness of immediate events and that dissociation facilitates the creation and bridging of amnesia barriers on a continuum of expanded consciousness. James' concept of the 'consciousness beyond the field' means 'beyond the field of normal every-day conscious awareness'. This model would go far to explain how mystics can expand consciousness to access hidden realms and how hysterics can expand consciousness to reveal hidden memories of traumatic experiences. The idea of an expanded consciousness also fits with Jung's later development of the concept of the *collective unconscious*.<sup>56</sup> The third, and most controversial, is that external entities with an autonomous consciousness can affect the thinking and behaviour of subjects either with or without their awareness.

As to the *causes* of dissociation, Janet's theory is that splitting is due to trauma, and James' theory is of an expanded consciousness that is limited by attention to

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<sup>56</sup> (Jung, 1995)

immediate events and amnesia barriers, together with the premise that we should *not* ignore the possibility that we are influenced by an unseen order in a pluralistic universe.<sup>57</sup> Myers and James agree that spirit influence cannot be ruled out, and Janet believed that mystical experience and demonic possession were exclusively the consequences of unconscious processes.

Investigations into the origins of impulses (automatisms) whether spiritual or subjective unconscious, not only invites questions concerning the nature of physical and metaphysical realities, but also questions the nature of consciousness itself, as evidenced by modern research into psi phenomena. As was remarked earlier, the experiments of Myers, James and Janet initiated a debate about the nature of consciousness; however it is unfortunate that this debate never really took place because of the scientific fashions of the time. It is suggested by Eugene Taylor<sup>58</sup> that William James' ideas were side stepped in favour of German experimental psychology. Following James' death, Harvard refused an endowment for a chair in psychical research and took the emerging fashionable behaviourist agenda instead. Without Myers and James to champion the cause of research into the nature of consciousness it remained dormant until revitalised in the 1990's. During the intervening one hundred years the dominant model of the nature and structure of the mind has been the one proposed by Sigmund Freud, and the treatment of dissociative disorders is still largely based on Freudian principles and cognitive psychology. In the 1990's however, serious research into the nature of consciousness was reinitiated with the series of conferences entitled, *Beyond the Brain*.<sup>59</sup>

### ***Ego state theory and transactional analysis – Barnett***

Taking a leap from the theories of James, Janet and Myers to more recent times, two approaches to the nature of the dissociative state are of prime importance from the hypnotherapy interventionist perspective. Barnett's *Analytical Hypnotherapy*<sup>60</sup> and Hickman's *Mind Probe Hypnosis*,<sup>61</sup> were developed from experience with working

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<sup>57</sup> (James, 1909)

<sup>58</sup> (Taylor, 1984)

<sup>59</sup> (Lorimer, 2001; 2004)

<sup>60</sup> (Barnett, 1989)

<sup>61</sup> (Hickman, 1983)

with difficult clients which led to pragmatic techniques for dealing with such difficulties. Barnett developed his analytical approach to intervention based on the conceptual model of *Transactional Analysis* proposed by Berne,<sup>62</sup> which is a form of ego state theory. Barnett's explanation for the phenomenon of the hypnotic trance is elegant and simple. The higher cognitive processes are termed the 'critical faculty'. The subject's ability to respond to hypnotic suggestion and enter into a deep enough trance to enable therapeutic suggestions to have any meaningful effect is dependent on his ability to suspend the activity of the critical faculty, or perhaps more accurately, trance depth is dependent on the art and skill of the hypnotherapist in bypassing the patient's critical faculty. This one distinction – the art and skill of the therapist, puts the therapeutic use of hypnosis in a different league altogether from experimental hypnosis where groups of subjects are subjected to standardised induction scripts and audio tapes. Barnett measured this ability of the subject to respond to suggestion according to his Amnesia Capacity Estimation (ACE). His own experience taught him that the deeper the trance – the greater the degree of amnesia and the greater the *dissociation* from the critical faculty. Barnett also refers to the *dissociation* between left and right brain functioning, a very important concept, but beyond the scope of this dissertation.

Barnett kept rigorous data on his later work and its efficacy and the statistical information gained reveals a success rate of 27% and some interesting conclusions, especially with regard to failures (a disappointing 73%) of his methods. Barnett concludes that failures of the analytical hypnotherapy technique as a clinical intervention are primarily due to the following:

1. Failure to locate and identify the original critical experience (trauma).
2. Some characteristics of the original critical experience remain unresolved.
3. A persistent unconscious ego state in conflict with the healing process.

Overcoming the first two items requires skill, experience and determination on the part of the therapist, but the third item, the persistent unconscious ego state, is

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<sup>62</sup> (Berne, 1961)

probably the confounding factor that will defeat even the most persistent therapist until it is uncovered and understood; a task successfully tackled by Hickman.

### ***Mind probe hypnosis and remote deposal – Hickman***

Six years before Barnett was published, Hickman published her *Mind Probe Hypnosis* where she advocates using the hypnotic trance not just for clinical intervention but primarily as a diagnostic tool to uncover the cause of a patient's distress prior to any attempt at effecting a therapeutic intervention. In addition to uncovering the causes of pathology, what Hickman discovered was an explanation for what Barnett called the 'persistent unconscious ego state in conflict'. Eleven years later in 1994<sup>63</sup> Hickman published the results of her interventions that were developed from the use of her diagnostic tool.

Hickman is only one of many clinicians, including Wickland,<sup>64</sup> Naegeli-Osjord,<sup>65</sup> Balwin,<sup>66</sup> Fiore,<sup>67</sup> Modi<sup>68</sup> and others who, unlike Barnett who was limited by the constraints of his conceptual framework of 'ego state theory', were able to think outside the box and venture into the realms of what Myers and James had termed 'automatisms' with an open and enquiring mind. Let us be reminded here what the term automatisms means; *the collective phenomena of hallucinations, dissociation, automatic writing, mediumship and compulsions that are contrary to the conscious will of the subject by an intelligence that could be external to the self or a secondary self that is hidden in the recesses of the subjective unconscious*. Hickman discovered that many of her patients were being influenced by conscious entities that were external to the subject. In short they fell into the open ended hypothesis agreed upon by Myers and James in disagreement with Janet. Where Janet concluded that all automatisms are pathological, James and Myers argued that there is the possibility of unseen and unknown influences from spiritual dimensions not yet identified by medicine or the physical sciences. In common with many other practitioners who all made their discoveries independently of each other, Hickman found that her patients were, to use an old religious term that had been in common use prior to the scientific

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<sup>63</sup> (Hickman, 1994)

<sup>64</sup> (Wickland, 1924)

<sup>65</sup> (Naegeli-Osjord, 1988)

<sup>66</sup> (Baldwin, 1995)

<sup>67</sup> (Fiore, 1987)

<sup>68</sup> (Modi, 1997)

enlightenment – ‘possessed’. As a direct result of all of these unconnected discoveries by independent clinicians the new therapeutic practice of ‘spirit release’ has entered into the therapeutic lexicon of psychotherapy and psychiatry, which reveals that there are three common types of ‘spirit attachment’, the new clinical term to replace the mediaeval one of possession. The first is the attachment of the consciousness of a person who has died and not progressed to the spirit realms where he belongs. These are known as *earthbounds*. The second which are non-human and would have formerly been called demons, are now known as *dark force entities*. The third, and probably the most common, are self-created *negative thought forms* that develop their autonomous consciousness and carry out their objectives according to the unconscious demands of their creator, often as a means of self punishment. These would certainly come into the classification of the alter egos of dissociative identity disorder and the self-created demons of Janet’s discoveries. Notable among Janet’s cases of perceived or ‘pseudo’ demonic possession was the case of ‘Achille’.<sup>69</sup>

What is really interesting about Hickman’s work and the work of other spirit release practitioners is that she was able to facilitate solutions to interference from external spirit entities by *remote intervention*. This means that she could exorcise or release a spirit from a patient by specifically directed thought processes even when she and the patient were not in the same location. Hickman demonstrated that the healing process was not restricted by the limitations of space and time, and that the epistemology of the physical sciences did not apply. This discovery by Hickman added credence and practical application to Myers’ assertion of what he called the psychological ‘law of telepathy’.<sup>70</sup>

This of course raises many questions as to the nature of consciousness and how a discarnate consciousness can affect a living human being and bring conflicting thoughts with their own thoughts and feelings. It also raises questions regarding Janet’s conclusions, especially with regard to his three patients who were deemed to be possessed, but responded to Janet’s treatment without recourse to religious exorcism. It would be interesting to study Janet’s three case histories in comparison to modern spirit release methods with particular regard to the power of suggestion, the

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<sup>69</sup> (Janet, 1894)

<sup>70</sup> (Myers, 1903)

power of intention on the part of the hypnotist, and the therapeutic efficacy of confession which is one of the essential components of religious exorcism.<sup>71</sup>

The independent works of Barnett and Hickman clearly delineates from the work of the experimental hypnotists and reinforces the proposition that the type of trance used is largely dependent on the *intention* of the hypnotist and his knowledge of what to look for without being *suggestive* in the leading sense. Care must always be exercised in conducting investigations using hypnosis to avoid planting suggestions into the vulnerable and highly suggestible mind of the patient, and to avoid the traps waiting to be sprung by *false memory syndrome*. Iatrogenics is a concept that the inexperienced hypnotherapist will inevitably fall prey to, but its dangers are beyond the scope of this enquiry. What is important is that mind-probe hypnosis, or, to use another term, diagnostic hypno-enquiry without any preconceived ideas is an essential prerequisite in uncovering hidden causes in both psychic phenomena and mental disequilibrium. In mind-probe hypnosis the intention is to find the cause of a problem – not to fit the observed behaviour or subjective experience into a preconceived conceptual framework.

Hickman's findings, together with many other practitioners who concur with her, provide evidence to justify the open-minded views of James and Myers in their research of a hundred years ago – that there are external non-self entities that can influence the individual. This concept takes us back to the pre-scientific enlightenment era of demonic possession as a cause of human suffering and religious exorcism as a healing process. In modern clinical practice the terms possession and exorcism have been replaced with *spirit attachment and release*, and the recent history of modern clinical techniques can be traced back to Carl Wickland who first published his experiences in 1924<sup>72</sup> and Hans Naegeli-Osjord in 1988.<sup>73</sup>

Exploring the concept of dissociation through fear has led this investigation through pathological dissociation to the mystical experience of spirit attachment and into the realms of expanded consciousness. Dissociation can therefore be regarded as an open

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<sup>71</sup> (Amorth, 1992)

<sup>72</sup> See Wickland

<sup>73</sup> See Naegeli-Osjord

door that leads to hidden realms that require further exploration including what could perhaps be described as the ultimate form of dissociation – the *out of body experience* (OBE)

### **The out of body state – complete dissociation**

It could be argued that all altered states of consciousness and trance states are all forms of dissociation from the normal waking state. There is an extreme form of dissociation when the consciousness of the individual is alive and well but the body is not. Research into near death experiences (NDE's) and out of body experiences (OBE's)<sup>74</sup> reveals that in complete contrast to the theory that the mind is brain dependent, the mind, or the consciousness, is not dependent on a functioning brain at all. According to Moody, people who have reported NDE's and OBE's consistently report being able to function at a conscious level when the body is declared dead or seriously incapacitated. The medical model of the mind infers that the mind is epiphenomenal and all its thoughts and ideas are the product of electro-chemical impulses in the brain, and this infers that mental illness is the result of a faulty brain. However, research into NDE and OBE strongly suggests that this is not the case at all.

### **Implications on the nature of consciousness & the mind-brain link.**

If we are to take altered states of consciousness seriously and consider the implications concerning the nature of consciousness as being non-dependent on a living brain then we have to alter our scientific paradigm in order to find answers to the questions that William James and Frederic Myers asked. The questions they asked were 'who writes?' whilst investigating cases of automatic writing. Where Pierre Janet concluded that who writes is a secondary self hidden in the subjects' own unconscious, Myers and James reserved judgement and suggested that all cases be judged by their own merits and that the possibility of non-self external influences should not be rejected. Myers' theory of a multiplex and fissiparous conscious self, coupled with James' scientific methodology of radical empiricism<sup>75</sup> and pragmatism<sup>76</sup> can, and do provide scientific enquiry with an epistemology necessary to bridge the

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<sup>74</sup> (Moody, 1975; 1988)

<sup>75</sup> (James, 1912)

<sup>76</sup> (James, 1907)

gap in the mind-brain puzzle and provide concrete answers to both perennial and creationist questions.

Charles Tart, a modern researcher in the nature of consciousness, sees the study of human consciousness as one component in the study of how humanity is evolving, and he suggests that to adopt an understanding of altered states of consciousness is to go straight to the source where the underpinnings of all great religious movements have originated, namely in the mystical experience. Tart is a modern scientist who has developed what he describes a 'transitional' tool that has been granted by the young science of psychology to investigate the nature of human consciousness. He argues that:

We cannot shun the study of the nature of the human mind simply because it is difficult, and confine ourselves to the easier analysis of overt behaviour. We are now developing many tools for more precise study of the mind.<sup>77</sup>

Dean Radin, Senior Scientist of the *Institute of Noetic Sciences*, provides a potted history of psi research that goes back to Francis Bacon and references William James and Emmanuel Swedenborg.<sup>78</sup> The modern scientific methods being used, supported by theories in quantum mechanics, according to Radin do provide irrefutable evidence of the existence of the psi phenomena with regard to telepathy (mind to mind) and psycho kinesis (mind to matter). These experiments into psi phenomena provide the statistical positivist evidence that could support the hypothesis that discarnate minds can influence the living. Radin also makes references to the work of Russell Targ<sup>79</sup> for the United States Department of Defense into 'Remote Viewing', which is not dissimilar to remote spirit release except that it is used for spying instead of healing. A full understanding of these principles requires more space than this dissertation can allow, however, suffice it to say that quantum theory does provide a new epistemology that is gradually being accepted by 21<sup>st</sup> century mechanistic science.

In short, a hundred years after James. Myers and Janet's observations, modern science is still in the process of developing the tools to investigate the nature of human

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<sup>77</sup> (Tart, 2000, viii)

<sup>78</sup> (Radin, 2006)

<sup>79</sup> (Targ and Kutra, 1999) (Targ, 2004)



consciousness and answer the perennial fundamental questions; what is the nature of human consciousness, is it multiplex and fissiparous, does it continue after death, is it confined by the physical laws of time and space or is it multi-dimensional and eternal? In the meantime, our view of dissociation as a pathological state needs to be reconciled with both pathological and religious experience.

### **What the official psychiatric position is on dissociation.**

The American Psychiatric Association in its DSM-IV<sup>80</sup> asserts that dissociation should not be viewed as inherently pathological. Dissociative trance states, for example, are described as a normal part of certain religious activities, as we have already touched upon above.

*DSM-IV* lists *Dissociative Trance Disorder* as a diagnosis requiring further study. It is interesting to note that in the *DSM-IV Possession and possession trance* are listed under the diagnosis *Dissociative Disorder Not Otherwise Specified*, and unless one knows what one is looking for and how to search the *DSM-IV* it can easily be missed. The definition includes:

Possession trance, a single or episodic alteration in the state of consciousness characterized by the replacement of customary sense of personal identity by a new identity. This is attributed to the influence of a spirit, power, deity, or other person.<sup>81</sup>

A key issue with what could be described as *spiritual emergency* is determining whether the person is in the midst of an episode of mental disorder or having a genuine spiritual problem: Professor Chris Cook of the *Kent Institute of Medicine and Mental health Research at Kent University* suggests that demonic possession and mental illness are not simply alternative diagnoses, but usually manifest as inter-dependent and it is extremely difficult to extrapolate one from the other. This is evidenced by case histories of those who have had the experience, and their personal accounts are well worthy of attention.<sup>82</sup> Cook writes:

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<sup>80</sup> (APA, 2004)

<sup>81</sup> Ibid. p. 729.

<sup>82</sup> (Smith, 1974)

Demonic possession is essentially a spiritual problem, but mental illness is a multifactorial affair, in which spiritual, social, psychological and physical factors may all play an aetiological role. The relationship between these concepts is therefore very complex. Differential diagnostic skills may have a part to play in offering help to those whose problems could be of demonic or medical/psychiatric origin, and spiritual discernment is of at least equal, if not greater, importance in such matters. <sup>83</sup>

In the intervening period between the emergence of Mesmer's animal magnetism and Janet's investigations into hysteria, magnetisers used their own recovered patients, known as somnambulists, as mediums to help with diagnosis. This is the same technique that is used today in the field of spirit release where the medium uses his dissociative skills to remotely access the spirit mind of the patient and investigate the aetiology of the presenting problem and then facilitate the solution. However, in the field of DID research it would appear that these differential diagnosis criteria and non-medical methods are ignored.

Holmes et al <sup>84</sup> have highlighted confusion with the meaning of the term *dissociation* in the literature and, following a brief review of current conceptualizations, proposed that a distinction should be made between two separate processes: *detachment* and *compartmentalization*.

They define *detachment* as an altered state of consciousness characterized by a sense of separation from the self (as in depersonalization) or the world (as in derealization). In addition, according to Holmes et al, some authors have suggested that it may have a distinct biological/physiological basis. They suggest that it appears to arise from intense fear, and in some circumstances it may develop into a chronic or recurrent condition, perhaps with environmental or intra-personal triggers. It is this relationship with fear that is of interest, and supports the trauma based theory of dissociation

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<sup>83</sup> (Cook, 1997)

[http://www.metareligion.com/Psychiatry/Demonic\\_possesion/dp\\_and\\_mental\\_illness.htm](http://www.metareligion.com/Psychiatry/Demonic_possesion/dp_and_mental_illness.htm)  
Accessed 2<sup>nd</sup> July 2006.

<sup>84</sup> (Holmes, 2005)

proposed by Janet. Holmes et al's paper infers support to the notion that Janet is probably the most influential of the early clinicians in modern dissociation research.

*Compartmentalization*, on the other hand, is characterized by an inability to deliberately control actions or cognitive processes that would normally be amenable to such control. In this phenomenon, the affected processes or information remain intact within the cognitive system despite being inaccessible; in this sense, they may be regarded as being compartmentalized. In this approach, detachment and compartmentalization differ in kind rather than degree, an approach that contrasts markedly with the traditional concept of the dissociative continuum. It is with these conceptual differences in mind that Holmes et al advocate different approaches in the clinical interventions related to the different forms of dissociation. So what would these different approaches be? How do you treat someone whose dissociation is detachment and how do you treat someone who is compartmentalised? Clues to the answers to these questions could be provided by the early hypotheses offered by James, Myers and Janet and modern spirit release practice.

These conceptual differences could be compared with the two hypotheses presented between Myers and James on one hand and Janet on the other. Dissociation by detachment could be due to the fissiparous nature of consciousness according to Myers and the shamanic tradition where soul parts are fractionated and escape from the psychic energy field that surrounds the physical form, i.e. the aura.

Compartmentalisation fits with Janet's theory where the dissociation is within the unconscious of the subject or, according to Myers and James, the influences of other entities that impinge on the subject. Should these conceptualisations actually fit with therapeutic practice then the therapeutic interventions would be entirely different for each type of case. In the case of detachment the lost soul parts need to be recovered and integrated into the whole person which is sympathetic to shamanic practice. In the case of subjective unconscious compartmentalisation the treatment would still be integration but with soul parts that are not lost. If the compartmentalisation is due to the influence of other entities then spirit release methods would need to be applied. However, due to the epistemology of modern scientific thinking, and rejection or genuine ignorance of the DSM IV criteria for possession trance, the latter is commonly disregarded by traditional medicine and psychotherapy.

It is hypothesised that fear is the facilitator to spontaneous dissociation whether the dissociation is the detachment type or the compartmentalisation type. Theories presented by modern practitioners of spirit release methods suggest that where fear causes the dissociation of a part of consciousness to escape the traumatic experience, the fragmented or vacant consciousness leaves room for opportunistic external entities to take possession or attach themselves to the psychic energy field of the subject.<sup>85</sup>

Another theory to explain subjective phenomenological experiences of victims of spirit attachment is that the frequency of negative emotional energy attracts the consciousness of discarnate entities with a similar vibration. This is the simple principle of *like attracts like*, and the published case histories presented by all the previously referenced spirit release pioneers tend to support this theory.

With the 'emotional energy' hypothesis in mind, and fear being so important as a factor in this hypothesis, a brief glimpse at the biological mechanisms of fear would be indispensable.

### **Fear & stress**

In potentially dangerous situations such as facing an enemy or a predator, the biological response of *homeostasis* to an external stressor (the threat) is often referred to as the 'fight or flight' response.<sup>86</sup> The evolutionary development of the flight or flight response in human beings is no different from that of any other creature that has to survive in an environment where competition for food or protection from predators are key factors in survival. The natural defence to the possibility of being hunted, killed and eaten by a predator is *fear*. Fear enables the creature, to be cautious and defensive, or aggressive and adversarial in dangerous situations. Hence fear is the key factor that lies behind an aggressive or adversarial attitude. Anger, being a defence mechanism that is triggered by fear, activates both the central nervous (CNS) and the autonomic nervous system (ANS) to prepare the body to either fight or flee the threat. Once the threat has been dealt with then body temperature, hormone levels and breathing return to normal through the natural balancing mechanism of homeostasis.

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<sup>85</sup> See Wickland.

<sup>86</sup> (Selye, 1956)

A theory as to the cause of epilepsy and other diseases of the nervous system suggests that the central nervous system of the unborn child is not sufficiently well developed to enable the child to process the powerful affect of trauma either its own or its mother's.<sup>87</sup> This inadequacy is like running a powerful charge of electricity through an inadequate conductor system with the result that a fuse is blown. If the CNS is the conductor system and the emotion is the charge from a trauma then this causes a lesion in the CNS. Patients with epilepsy are shown to have lesions in the right temporal lobe, which is the same part of the brain that is activated during a spiritual, mystical or religious experience.<sup>88</sup> It is therefore possible that here is the essential biological link between mystical experience and pathology – in the right temporal lobe. It is reported in Mathew, 17:15, Mark, 9:14 and Luke, 4:33-36, that Christ cast out a demon from a boy with epilepsy. Modern research into the link between religious experience and brain function is now known as *neurotheology*, which explores the dichotomous arguments between the brain being the creator of religious experience or the mediator of religious experience. An excellent introduction into this field is provided by Michael Persinger.

One of the dissociative disorders that has attracted more investigative research than any other form of mental disequilibrium due to its mysterious nature is Borderline Personality Disorder (BPD). However, due to the constraints of the epistemological foundations of the research the mystical connection has been ignored in favour of biological and socio-psychological hypotheses. A wider conceptual framework for the investigation of BPD could provide alternative hypotheses that could be put to the test.

### **Borderline and the Mystical Connection**

Borderline Personality Disorder is a dissociative disorder with severe, chronic, disabling, and potentially lethal characteristics. People who suffer with this disorder have extreme and long standing instability in their emotional lives, as well as in their behaviour and their self-image. This is a common disorder affecting 2% of the general

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<sup>87</sup> (Verny and Kelly, 1981)

<sup>88</sup> (Persinger, 1987)

population. The best evidence indicates that about 11% of psychiatric outpatients and 19% of inpatients meet diagnostic criteria for BPD<sup>89</sup>.

Borderlines are usually female, and are the psychiatrist's demons, alternating between being sought after because they challenge the skill of the therapist and feared because they are so difficult to treat. Many professionals believe that the borderline is incurable and therefore avoid them at all costs. This assumption is challenged by those patients who have recovered and by the therapists who have helped them to recover.<sup>90 91</sup>

According to Ross<sup>92</sup> the relationship between Satan and borderline personality disorder is both interesting and complicated. Satan is the Christian mythical embodiment of the projection of the bad self outside the self, whilst in contemporary psychiatry; borderlines are usually objects of hostile, rejecting professional counter-transference.

In practice, according to Ross, from the perspective of the psychoanalyst, borderlines are almost always hostile, demanding, unpleasant, manipulative, attention-seeking, and prone to regression and dependency. From a medieval perspective, the borderline is a witch according to *Malleus Maleficarum*<sup>93</sup> criteria, and Ross provides an excellent analogy between the witch hunts and Inquisition of the middle ages with the attitudes of modern psychiatry to the abused child.

Biographical research into the lives of medieval German mystics conducted by Frenken<sup>94</sup> reveals that they suffered what would now be diagnosed as personality disorders, primarily borderline, narcissistic and neurotic. Heinrich Seuse (1295-1365) is the initial case examined by Frenken, and he draws the following conclusions from 20 of the earliest biographies from the 13<sup>th</sup> to the 17<sup>th</sup> century, including the case of the medieval German mystic Suso mentioned above:

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<sup>89</sup> (Beck et al., 2004)

<sup>90</sup> Ibid.

<sup>91</sup> (Ross, 1995)

<sup>92</sup> Ibid.

<sup>93</sup> The *Malleus Maleficarum*, first printed in 1486, is the most important and most sinister work on demonology ever written. In (Robbins, 1959)

<sup>94</sup> (Frenken, 2003)

Most of the German mystics showed personality features which today would be classified as belonging to the borderline personality. The borderline syndrome is seen as a severe personality disturbance bordering between neurosis and psychosis. The accompanying psychodynamic is characterized by dissociations which influence the experiencing and acting of the individual decisively. On a descriptive level borderline personalities are characterized by the following features: (a) chronic, free-floating anxiety; (b) polysymptomatic neuroses (phobia, compulsion symptoms, multiple conversion symptoms, dissociative reactions such as derealization and depersonalization, amnesia and disturbances of consciousness, hypochondria, paranoid experiencing); (c) perverted sexuality; (d) impulse neuroses, including aggressive and self-destructive behaviour; (e) presence of intensive affects (rage and depression) paired with anhedonia. Additionally, there are characteristic disturbances of thought and the occurrence of "mini psychoses." These features need not be present all the time; they can fluctuate. Also important is the fact that borderline personalities have an ability to test reality, different from psychotics.

The discoveries of Frenken are an important component in understanding dissociative disorders and their relationship with mystical experiences. Frenken has discovered that all of these early mystics suffered terrible childhood trauma, which supports the trauma based theory of Janet, and the fear-based hypothesis. The mystical episodes point very strongly to the influence of the diabolic as attracted by the resonance of the emotional frequency of fear. As instruments and messengers of *Divine Will* these mystics, as with all *sensitives* and others with mediumistic and healing potential, it can be hypothesised that they are a target for dark forces in the war between good and evil and the battle is for each and every soul created by Divine Light. In modern clinical experience Naegeli-Osjord lists mediumistic tendencies as one of the prime characteristics of children who are adversely influenced by demonic forces.<sup>95</sup>

In contrast to the notion that these are religious ideas that have no validity in the real world of science and materialism, the experiences of scientists who treat mental

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<sup>95</sup> See Naegeli-Osjord

illness with religious knowledge and healing arts reveal a reality that escapes the materialistic positivist. To be able to accept the evidence of practitioners including Carl Wickland, Bill Baldwin, Edith Foire, Irene Hickman, and Shakuntala Modi is to be able to shift the scientific paradigm from the atheistic physical empiricism of Carl Sagan<sup>96</sup> to the metaphysical radical empiricism of William James and Frederic Myers.

### **The mystical experience that removes all fear**

It is my own contention that the cause of all suffering is fear and that fear is the opposite of Divine love and the root of all evil. The antidote to fear then must be Divine Love as an essential ingredient in healing the troubled mind, (or the wounded spirit – depending on your epistemology). I refer to quotes taken from James' *'Varieties'* to illustrate this thinking:

...and I was aware, with an intensesness not easily imagined by those who had never experienced it, that another being or presence was not only in the room, but quite close to me. I put my book down, and although my excitement was great, I felt quite collected, and not conscious of any sense of fear.<sup>97</sup>

The above refers to the mystical experience of being visited by a benevolent spirit being, whether it be a deceased relative, a high level Guide or an Angel. As the writer of the above says, the experience is not easily imagined by anyone who has not experienced it, and this concept of subjective experience of the unseen forms the foundation of James' scientific philosophy of 'radical empiricism'.

James identifies three characteristics of what he calls the 'state of reassurance'. The first essential difference between the state of reassurance and blind faith is that it has an intensity that blind faith never could have. This central characteristic is that it removes all worry and replaces it with a sense that all is ultimately well and the willingness to simply 'be' even though external conditions remain the same.

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<sup>96</sup> (Sagan, 1996)

<sup>97</sup> (James, 1902, 61)



The second feature is that truths are perceived that were not previously known, and the third is that the external objective world seems to undergo a change. Instead of seeing it as a dangerous or frightening place it appears beautiful and benevolent.

The religion of the healthy minded that James refers to below is the philosophy of Christian Science that swept North America and the world after it was introduced through an evolutionary path that originated in Mesmer's animal magnetism. Janet is highly critical of both the founder of Christian Science, Mary Baker-Eddy, and some of its philosophy, but does nonetheless acknowledge that it has laid claim to some miraculous cures.<sup>98</sup>

...the fact that man has a dual nature, and is connected with two spheres of thought, a shallower and a profounder sphere, either of which he may learn to live more habitually. The shallower and lower sphere is that of the fleshly sensations, instincts and desires, of egotism, doubt, and the lower personal interests. But whereas Christian theology has always considered forwardness to be the essential vice of this part of human nature, the mind-curers say that the mark of the beast in it is fear.<sup>99</sup>

Where the above quotation is used to illustrate the inter-connectedness of fear and evil, the following quote from Horace Fletcher, quoted by James in *Varieties* differentiates natural animal fear from paranoia:

Fear has had its uses in the evolutionary process, and seems to constitute the whole of forethought in most animals; but that it should remain any part of the mental equipment of human civilised life is an absurdity. ...To assist in the analysis of fear, and in the denunciation of its expressions, I have coined the word fearthought to stand for the unprofitable element of forethought, and have defined the word 'worry' as fearthought in contradistinction to forethought. I have also defined fearthought as the self-imposed or self-permitted suggestion of inferiority, in order to place it where it really belongs,

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<sup>98</sup> (Janet, 1976b)

<sup>99</sup> (James, 1902, 97)

in the category of harmful, unnecessary, and therefore not respectable things.

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Christianity teaches that the cure to all ills is the power of the Holy Spirit, and that in order to be free from suffering all we have to do is surrender to the Holy Spirit. It would appear that this surrendering to God and giving up one's childish egocentric independence is the most difficult thing for the sufferer of guilt and fear to do. But when it is done the results can be miraculous as evidenced in the following:

In the Christian consciousness this sense of the enveloping friendliness becomes most personal and definite. The compensation for the loss of that sense of personal independence which man so unwillingly gives up, is the disappearance of all fear from one's life, the quite indescribable and inexplicable feeling of inner security, which one can only experience, but which, once it has been experienced, one can never forget.<sup>101</sup>

### **In Conclusion**

Due to his investigations into hysteria using hypnosis Pierre Janet is credited as being the first to identify the phenomenon of separation in parts of consciousness.<sup>102</sup> He further emphasised that a true somnambulist is also a hysteric.<sup>103</sup> In this context dissociation is the process of separating one part of consciousness from another, which is precisely what hypnosis and other forms of mediated and unmediated mystical experiences do. Strictly speaking dissociation and the separation of consciousness into altered states of consciousness is precisely the same thing and can be spontaneous as a result of trauma or artificially induced by a hypnotist or spiritual healer including those from shamanic, Christian and all other religious traditions.

Modern clinicians and researchers specialising in the field of Dissociative Identity Disorder have unanimously adopted the word *Dissociation* to name the disease that was previously known as multiple personality (and before that hysteria) instead of acknowledging it as a *process*, yet they still attempt to define it, to understand it and

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<sup>100</sup> Horace Fletcher (1897) Happiness is found in Forethought minus Fearthought. In (James, 1902, 98)

<sup>101</sup> James, 1902, p 275

<sup>102</sup> (Ellenberger, 1970)

<sup>103</sup> (Janet, 1976b)

as a pathology to cure it. Names and diagnoses change according to scientific fashion, and as new researchers discover interesting facets associated with known diseases, so a new definition and a new name are entered into the scientific catalogue and a new approach is developed and taught to try to cure the problem. However, no matter what the problem may be called, or whatever new terms are created to explain it, surely its core characteristics remain constant, and although unable to identify the true spiritual nature of DID, Paul Dell, who asks the question, ‘What the heck is Dissociation anyway?’ offers his own definition:

I have sought to bypass the confusion about dissociation by focussing on the subjective, phenomenological experience of chronic dissociative symptoms. From a subjective perspective, dissociative symptoms are startling invasions of ones mind and ones experience. My definition is as follows: dissociative phenomena are unbidden, jarring intrusions into ones executive functioning and ones sense of self. <sup>104</sup>

All those clinicians who have thoroughly investigated these subjective phenomena and asked the pertinent question, ‘what is the difference between multiple personality and spirit possession? all arrive at the same conclusion, which is, *it is very difficult to tell until one speaks with the intruder(s) directly or through a competent medium.* In the final analysis - is the above question any different from the question that Myers, James and Janet asked, i.e. ‘*Who writes –a spirit entity not of the self or a dissociated part of the unconscious self?*’

According to both Henri Ellenberger and Pierre Janet, modern dynamic psychiatry has evolved through a series of radical changes along an uninterrupted continuity that originated in primitive spiritual practices. This evolution is demonstrated through transitional approaches between exorcism and animal magnetism, to hypnosis to modern psychodynamics.

Ellenberger suggests that this continued transition unmistakably points to an affinity between modern psychiatry and primitive healing. He also raises the question

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<sup>104</sup> (Dell, 2002)

whether modern psychiatry is in regression in the direction of the past or whether modern scientific methods are proving to be insufficient to cover all of man's personality and must be supplemented by other less scientific and more esoteric methods. It is interesting to note that Janet opens his treatise on the history of psychological healing with these words:

From time to time it has been the fashion to laugh at miracles and to deny that they occur. This is absurd, for we are surrounded by miracles; our existence is a perpetual miracle; every science begins by the study of miracles.<sup>105</sup>

Both Ellenberger and Janet himself report that he had a significant religious *crisis* as a young man, although neither of them says exactly what that crisis was. Janet declares in his autobiography<sup>106</sup> that he intentionally suppressed his own mystical tendencies in favour of the scientific path. Perhaps we can therefore assume that his religious crisis was centred on this choice for the unfoldment of his professional career. It is clear that Janet did have a conflict between religious belief and science and it is known that he tried, just as William James did, to bring about a synthesis of the two. As mentioned in the introduction to this dissertation; to ignore the mystical side of the tree of knowledge is a mistake.

Two and a half thousand years ago in ancient Greece the sick were healed by priest healers called *Iatromantis*.<sup>107</sup> The power to heal was granted by the sun god Apollo, and permission to enter the hidden realms of the underworld for the retrieval of lost soul parts was granted by Persephone. Places of healing were temples of Apollo. The *Iatromantis*<sup>108</sup> were shamans who entered the underworld to commune with the spirits of ancestors and the gods for cures and prophesy for the healing process. These shaman healers were revered as heroes and acclaimed as the wisest and bravest of men. Their stories are told through mythological characters such as Heracles (Hercules) and Orpheus. Historically, these men, who included such well known names from Greek philosophy as Parmenides and Pythagoras, laid no claim to wisdom, for they said that wisdom is the realm of the gods. For a man to seek

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<sup>105</sup> (Janet, 1976b, 21)

<sup>106</sup> (Janet, 1976a)

<sup>107</sup> (Kingsley, 1999)

<sup>108</sup> *Iatros* is the modern Greek word for doctor.

wisdom he had to be able to commune with the source of all wisdom – the Divine. These shamans were dependent on Divine wisdom for their ability to aid the afflicted and protect their people from harm. They therefore loved wisdom. They were the lovers – φίλος (*filos*) of wisdom - Σοφία (*Sophia*). They were the philosophers. This is the original meaning of the word philosophy as used by the spiritual healers of the ancient world.

The meaning of the word philosophy changed after it was adopted by those who challenged the *Iatromantis* with the application of rational thought, logic and medicine. The works of Plato, Aristotle and Hippocrates captured the imagination of the intelligencia of Athens and thereafter developed a significant shift in philosophical thought throughout the Hellenic world and men began to believe that they were wise.

In the fullness of time the application and art of these ancient healers was lost in antiquity to the degree that Pythagoras, who was murdered by rationalists and his school burned,<sup>109</sup> is popularly remembered for his mathematical formulae and Parmenides is virtually unknown outside of Greek philosophy scholarship. But was this ancient healing art really lost? The pattern of subduing and replacing the healing arts in classical Greece by rationalism with man's notion that he can be wise according to his own logic was repeated in the transition from medieval metaphysics to scientific enlightenment practices throughout Europe during its transition to modernity. This transition is elegantly told by Ellenberger who suggests that the watershed was the year 1777 when Mesmer demonstrated to the healing world that he was as powerful as Father Gassner.<sup>110</sup> This momentous event gave the scientists licence to reject religious healing. Paradoxically, as scientific fashion changed, Mesmer was later discredited by the same scientific community that enabled him to discredit Gassener.

Now, as far as mainstream medical science is concerned the ancient healing arts are no more than superstitious legends associated with gods and heroes who only existed in ancient myth, or the witch hunts and Inquisitions of the Middle Ages when healers were regarded by establishment religion as heretics. In the modern world science is

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<sup>109</sup> (Radin, 2006)

<sup>110</sup> (Ellenberger, 1970, 53)

the new religion and mystical healers are still regarded as heretics, although they are no longer burned at the stake.

The simple truth is that these healing arts are still practised today by shamans, neo-shamans, Spiritualist, Spiritist, Christian Science and other gifted Christian healers alike, Contrary to narrow perceptions in the scope and nature of mainstream scientific enquiry, there has been a wealth of compelling scientific evidence from reliable and trusted sources for two hundred years that has largely been ignored by modern practitioners and researchers. One of the most comprehensive catalogues pertaining to relevant research in this field is provided by Dr Carl Wickland who, for thirty years, treated patients who would otherwise have been diagnosed with multiple personality by releasing from them the spirits of earthbound souls who had died and not transcended to the spirit realms where they belonged. <sup>111</sup>

Psychiatry historian Henri Ellenberger suggests that modern psychiatry is in the process of turning full circle and has begun to embrace what William James referred to as ‘the Reality of the Unseen’ [sic]. Now, rather than restrict their healing practices to the confines of the mechanistic medical scientific theories they are actively developing the ancient art of healing by use of the dissociated mental state, or trance, to commune with discarnate souls who have lost their way and become attached to the living. The *Royal College of Psychiatry* has recognised the reality of the unseen world and how it influences mental well-being and is active in encouraging its members to learn new techniques in spirit communication and the ancient healing arts and to present their case histories for this very important area of scientific research. <sup>112</sup> & <sup>113</sup>

Every scientist who has investigated these phenomena enthusiastically reinforces the need for continued research, and all agree that it is our duty to follow that advice.

However it is reported by Radin <sup>114</sup> that there are still no more than fifty scientists at doctoral level who are engaged in serious research into psi phenomena. Radin’s work is important because it explains the difficulties that science has with psi research,

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<sup>111</sup> (Wickland, 1924)

<sup>112</sup> (Powell, 2002)

<sup>113</sup> (Sanderson, 2005)

<sup>114</sup> (Radin, 2006)

including how the power of belief provides an often impenetrable barrier to accepting even the most irrefutable evidence.

There is a chasm between psi research and investigations into dissociative identity disorder that is epistemological in nature. Radin suggests that not only do modern theoretical constructs challenge previous scientific notions regarding matter, they also question ontology, and any threat to our sense of *being* is a scary concern, even for scientists.

The study of the dissociated mental state and all that can be experienced through it represents a gateway that we are able to pass through for glimpses of what lays beyond, and both the gifted medium and the sufferer of borderline personality disorder give us that gateway. James and Myers knew it a hundred years ago, Pythagoras and Parmenides knew it two and a half thousand years ago, and now modern researchers investigating psi phenomena have the evidence to support the phenomenology of early healing practices, and the scientific revolution to understand the nature of consciousness has truly begun.

In a final conclusion here is evidence from Frederic Meyers to support his hypothesis that human consciousness continues after the death of the physical body? This is a quotation from his own testimonial as dictated to Juliet Goodenow from the spirit realms where he now continues his work:

#### FIRST LETTER RECEIVED IN BOSTON IN 1912

I am he. It does not take long for a spirit to travel. The first faint allusion to a spirit is heard. The time is advancing when the world shall know more about the world immortal. It is just that it should know. Why you have kept in the background, I cannot imagine, unless you are under Divine command. Undoubtedly you are. You seem to understand why, and surely it is not for me to say you should give up your knowledge. But I am interested that the world should know that open communication may be had with this side at any time, and under conditions strictly normal." ... "The main ambition of my heart is to enlighten the world on this one point—that bona fide

communication with the Unseen Universe is absolute proof of immortality. I am sure of this; but to convince the world requires indubitable proof, which you are able to furnish.

Sincerely yours in the interests of Science.

FREDERIC W. H. MYERS <sup>115</sup>

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<sup>115</sup> (Goodenow, 1923)



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