

C.B. Platt

The Medium and the Matrix

Unconscious Information and the Therapeutic Dyad

Abstract: *Pioneers in psychology discovered, then repudiated, the traumatic origins of dissociation. Recent scientific research is showing how genetic predisposition plus trauma cause dissociation along with observable changes in the brain. EEG and PET scans have demonstrated that distinct neural networks lie at the base of dissociative states, with differences as striking as blindness vs. sight. Research is pointing as well to the role of the right hemisphere in developing a core sense of self through the mother-infant bond and dividing it in response to childhood trauma and later stressors. Analysts from the nineteenth through the twenty-first century have witnessed frequent paranormal claims, such as telepathy, in mediums and dissociative patients, and wondered at the knowledge they displayed. This paper reports case studies of an empathic therapeutic matrix where unconscious transfers of information occurred with surprising revelations and imaginative constructs that both healed the patient and changed the therapist's own beliefs.*

Spirits have a history. Primitive and preliterate societies collectively revered their gods, ancestors, and totem animals as almost palpable presences. Children, past and present, have imaginary companions who quell loneliness or assuage traumatic circumstances. In adult literate societies, emotional breakdown, head trauma, or mind-altering drugs can produce a divided self. Paradigms change: a later historical period finds madness in what was once deemed spirit contact. In the West, a divine interpretation gave way to a psychological one,

Correspondence:
Carole Brooks Platt carolebrooks.platt@gmail.com

especially in the latter half of the nineteenth century. Early pioneers in psychology discovered, and then repudiated, the traumatic origins of dissociative symptoms. However, twentieth-century therapists rediscovered this source and used innovative techniques to engage the voices. Whereas most early dissociative patients studied had little education, their therapists were highly educated and well read. As I intend to show, a therapist's approach to a patient's dissociative splits can have unanticipated consequences: knowingly or unknowingly, his or her knowledge and readings may influence the patient, whose creative constructs, in turn, may force a shift in the therapist's own core beliefs.

Spiritualism, Jung, and Flournoy

In 1848, two young girls, the Fox Sisters, in their Hydesville, New York, farmhouse claimed to get messages rapped out by spirits that they interpreted using a knocking alphabet. This sensationalist, highly publicised experience initiated the spiritualist craze that hit Europe like a psychic storm in the wake of their tumultuous political revolutions of the same year. A direct heir to these influences, Victor Hugo spent two years in table-tapping séances receiving revelations from the loquacious dead who were as literate as their esteemed 'transcriber'. Helena Blavatsky, a Russian import to America in 1873 (Washington, 1993), who claimed Tibetan Masters for contacts, also played a large role in the spiritualist phenomenon, forming the Theosophical Society in 1875 with world-wide branches and converts, including another great poet: William Butler Yeats. Yeats also attended séances and channelled 'communicators' through his wife's automatisms.

Many important psychologists also frequented mediums, including Freud, Jung, Bleuler, James, Myers, Janet, Bergson, Richet, and Flournoy. Early in his career, Jung downplayed the association between trauma and dissociation, despite his mentor Freud's early (1895), later repudiated (1905), connection between childhood sexual trauma and hysteria. In Jung's doctoral dissertation (1902/1977), he recounts the spiritualist experiences of his own cousin (Helene Preiswerk, dubbed 'S.W.'). As background, he mentions her large family with fourteen siblings, a 'brutal' mother and a frequently absent, then recently deceased, father. He emphasises her 'poor inheritance', i.e. family members, going back to her grandfather, who were eccentrics and hysterics having clairvoyant visions and 'uttering prophecies', as well as her 'mediocre education' and preference for

‘day-dreaming’ (ibid., pp. 20–21).¹ In all likelihood, both genetics and a harsh childhood environment played a role in her dissociation.

Jung did not treat his cousin, who suffered from crushing headaches and would become possessed by her ‘spirit’ relatives both in séances and out on the street, even including out-of-body experiences (OBEs). Rather, he engaged her spirits out of scientific interest and curiosity about the occult, both in private séances and at others where his mother and other relatives were present. He may also have been attempting to deal with his own dissociative splits by studying her experience (see Skea, 2006). He further encouraged his cousin by supplying a copy of Dr. Julius Kerner’s book about the Seeress of Prevorst (1845),² elements of which found their way into her trance states with reincarnation themes. At one point, Helene, in her trance role as ‘Ivenes’, professes to have *been* this famous medium in a former life. In fact, she invents a complex array of interrelationships where in the eighth century she is the mother of her current father, as well as of her grandfather and her cousin. In the thirteenth century, she is Jung’s mother and burned as a witch. Helene was a young teenager when these séances were taking place. Jung attributes her reincarnation revelations to the sexual wish fulfilment and fertility impulses of puberty. Sex and violence do predominate, as each ‘family romance’ has a ‘gruesome character’ with murders, seduction and banishment (see Jung, 1902/1977, pp. 40–42).

Influenced by Pierre Janet (1889), Jung considered his cousin’s trance personalities dissociative personality fragments or ‘complexes’. Cryptomnesia, the retrieval of forgotten memories of things fleetingly read, seen or heard in the past, was Jung’s possible explanation for Helene’s ‘heightened performance’ in trance, ‘her knowledge of high German and customs from earlier times, despite her limited education, and facts about long-dead ancestors’ (Skea, 1995/2006). He admits that the mystical system she constructed in trance state was ‘something quite out of the ordinary’ for someone so young (Jung 1902/1977, p. 91), while noting the ‘parallels with our gnostic system,

[1] Jung writes about his own childhood dissociative experiences and split personality in his autobiography *Memories, Dreams, Reflections* (1961). In adulthood, his ‘confrontation with the unconscious’ resurfaces following the major stress of his break with Freud, the approach of war, and the additional stressor of juggling his wife, Emma, and Toni Wolff, both professional colleague and lover. He emerges from his experience with the scaffolding for a system that engages the parts of the fragmented self, with their integration into wholeness as the ultimate goal.

[2] Dr. Kerner, both physician and poet, had encouraged his patient’s ‘spirit’ contacts and also believed in them.

dating from different centuries, but scattered about in all kinds of works, most of them quite inaccessible to the patient' (ibid.).

Théodore Flournoy, a professor of philosophy and psychology, assiduously studied the medium 'Hélène Smith' (actually Elise Müller, who worked in a silk shop) from 1894 to 1901, around the same time as Jung's séances (Flournoy, 1901/1994). Hélène Smith also constructed reincarnation fantasies around her interested professor, expressed through audio and visual hallucinations as well as table rapping and possession by a 'spirit guide' named Léopold, who had deposed the spirit of Victor Hugo. In two previous existences, Hélène says she was Flournoy's mother; in a medieval Hindu existence, Flournoy was her beloved husband with whom she was doomed to die on a funeral pyre.³ Initially tantalized by the possibility of a former life, Flournoy searched for evidence linked to names, places and dates his subject proffered in trance states. In the end, he rejected any 'supernormal' explanation for corroborating facts found in dusty old books or town archive records, proposing the less likely, and firmly denied, possibility that she had seen and forgotten them. He suspected that she had also picked up information from school, relatives and/or conversations and 'unconscious muscular contractions' of sitters influencing the table's revelations. Flournoy was more interested in linguistics than romances and his compliant subject constructed both a 'Sanskritoid' language, confirmed as such by the eminent linguist Ferdinand de Saussure who also attended a session, and a 'Martian' language for his benefit.⁴

Both Jung and Flournoy were drawn to occult phenomena while officially denying their existence. Both recognized their subjects 'mediumistic', i.e. dissociative abilities, without hypothesizing how they had acquired them, except through heritable traits. At the time, neither one suggested their subjects could be receiving unconscious information directly from them, the specialists, or other sitters present at their séances. Both, through their interest, their relentless questioning and repeated sessions pushed their subjects towards further splits. Jung, however, probably due to his own dissociative experiences and those of schizophrenics he treated at the Burghölzli mental hospital, would

[3] The need to both 'be' a mother and please the father/lover was apparent in both 'Helenes'.

[4] See Daniel Rosenberg's (2000/1) interesting article on the collaborative aspect of Hélène's linguistic productions and Mireille Cifali's appendix to *From India to the Planet Mars* (Flournoy, 1901/1994), 'The Making of Martian: The Creation of an Imaginary Language'. Hélène's father was a polyglot, while she professed to be unable to learn foreign languages; yet, here she was constructing her own languages in a waking dream state, prodded on by an interested professor, fantasized as both son and lover.

go on to posit the existence of the collective unconscious, tantamount to the ancestral memories of the whole human race, accessible to the personal unconscious and from there to consciousness, to explain otherwise unknowable information expressed while in trance. He also credits the possibility of a ‘transpsychic reality underlying the psyche’ that touches ‘on the realm of nuclear physics and the conception of the time-space continuum’ (Jung, 1902/1977, p. 125, fn. 15), further stating that ‘telepathic phenomena are undeniable facts’ (p. 135).

‘As if’ Communication with Dissociative ‘Entities’

Medical as well as lay interest in spirit mediumship was a particularly 19th-century phenomenon, where ‘contacts’ with the dead were actively sought and studied. Yet, twentieth and twenty-first century doctors have also treated their patients’ dissociative personalities ‘as if’ real. Dr. Colin Ross, a Canadian specialist in the field of dissociative identity disorder (DID), for instance, treated a young woman who had been placed in the care of her grandmother when her parents had died in a car accident and had continued to hallucinate her grandmother’s negative comments after she had passed away. Using a marriage counselling-style therapy to reconcile the woman with her deceased grandmother, Ross conducted a prayer ceremony, with a chaplain present, effectively dispatching the offending relative off to ‘heaven’.

Of course, sanctioning the existence of one ‘entity’ may lower the threshold, allowing others to emerge and multiply. Therapists can bring forth memories for events that never occurred through suggestion, which could explain the incremental growth of ‘recovered’ memories of sexual abuse. The multiplier effect seems apparent in Jung’s cousin’s dauntingly complex relationships, as she identifies her reincarnated spirit in myriad ancestors. However, one telling séance session may have pointed to sexual abuse in her case as well (see Skea, 2006). Ross firmly believes that ‘virtually all symptoms in psychiatry are potentially trauma-driven and dissociative in nature’ (Ross, 1994, p. xiii) and that ‘severe, chronic childhood trauma is a common trigger’ (p. 70).

Neurological evidence for dissociative identities and the role of childhood trauma

Philosopher Ian Hacking (1995) presented the contrary case that dissociation is more like storytelling and child abuse is often a story brought forth by therapists looking to cure their patients through the

startling discovery. A more recent theorist, psychoanalyst and traumatologist Elizabeth Howell (2005), strongly disagrees, citing 'shockingly high' rates of child abuse (p. 16). She cites as well attachment theorists Siegel (1999), Putnam (1997), Gold (2000), and Lyons-Ruth (2003) who believe that not just severe abuse but parental neglect, deprivation, and rejection in childhood can also predict future dissociation. Vermetten *et al.* (2006) see DID as a severe case of post-traumatic stress disorder (PTSD) pursuant to childhood trauma.

Schizophrenia, more often considered a neurobiological disorder, can fall within the same paradigm. Kuipers *et al.* (2006) have shown the emotional vulnerability of schizophrenics to stressful environments, including bullying and sexual abuse. Read *et al.* (2005) examined the literature and saw the effect of childhood sexual or physical abuse and neglect on auditory hallucinations and delusions. They further state that traumatized children show hippocampal damage, cerebral atrophy, ventricular enlargement, and reversed cerebral asymmetry that are similarly seen in the brains of schizophrenics. In the same literature review, they found that twins predisposed to schizophrenia were more likely to develop the disorder if they had been adopted into a dysfunctional family.

Popper *et al.* (2008) found that maternal sensitivity may hamper negative gene expression, while insensitivity may allow it. Similarly, an animal study (Suomi, 2005) showed that a gene for aggressivity was only expressed in monkeys with insecure attachment relationships with their mothers during infancy. Trauma can change the brain physically. Negative parenting practices are especially potent triggers for chemical changes that influence a person's mental stability (Higgins, 2008).

Accepting the genesis of dissociation in severe childhood trauma,⁵ Berlin and Koch (2009) cogently argue the case for distinct neural networks in different dissociative identity states. They cite two important studies. In one (Waldvogel *et al.*, 2007), a 33-year-old dissociated woman, with no organic injury to the eyes, had become subjectively blind after a reported head trauma. In psychotherapy, she presented with ten personalities possessing different names, ages, genders, attitudes, and proclivities. Differences in temperament, voice, and gesture were also distinguishable as well as in languages spoken: English (she had spent a few years of her youth in an English-speaking country), German or both.

[5] Although dissociation is frequently associated with childhood trauma, '[a]ny form of trauma can be involved, including death, illness, assault, natural disaster, accident, or war (Ross, p. 307)'.

After four years of psychotherapy, the patient, in one of her younger male identities, was suddenly able to read a few words from a newspaper headline immediately after a session. This capability evolved into total vision. While more personalities came into being in the course of treatment, fewer of them were totally blind, and the different visual capabilities could alternate in seconds. EEG tests performed on both a seeing and a 'blind' personality, evoked by calling his name, confirmed that the former had normal vision, while the latter had almost no visually evoked activity in response to the same stimulus. This implies that in psychogenic blindness, 'the brain can rapidly intervene at a very early stage of the visual system, preventing visual information from reaching the patient's cortex' (Berlin and Koch, p. 19).

In the other study cited (Reinders *et al.*, 2006), eleven DID patients were given PET scans to contrast their physiological and cerebral blood flow response to a traumatic versus a neutral autobiographic manuscript read by a psychiatrist on audiotape. The researchers found that only the traumatic identity state remembered and emotionally responded to the traumatic manuscript, while the neutral identity state had no such response and claimed no recall of the event. Berlin and Koch hypothesize that dissociation may result from 'the failure of coordination or integration of the distributed neural circuitry that represents subjective self-awareness (Berlin and Koch, p. 19)'.

The role of the right hemisphere in dissociation

Taking his original cues from Heinz Kohut's work, Dr. Allan Schore (2009) emphasizes the need for a secure attachment to the mother for an infant to maintain its internal homeostatic equilibrium. The child's core self is developed via these interpersonal relations communicated through the emotion-processing right hemisphere in the first year of life. He specifically locates the brain's major self-regulatory systems in the orbital prefrontal areas of the right hemisphere. Devinsky (2000) said that 'the essential function of the right lateralized system is to maintain a coherent, continuous, and unified sense of self' (in Schore, 2009, p. 195). Molnar-Szakacs *et al.* (2005) further summarize: 'Studies have demonstrated a special contribution of the right hemisphere (RH) in self-related cognition, own-body perception, self-awareness, autobiographical memory and theory of mind' (in Schore, *ibid.*). Stressful, negative parenting can disrupt that continuity as the child defensively switches from autonomic hyperarousal to an energy-conserving dissociative state. Later stressors will also disrupt the usually integrated functions of consciousness. Schore cites

two other studies that show a predominant role of the right hemisphere in representation of the self-concept (Reinders *et al.*, 2003) and in dissociating psychiatric patients (Lanius *et al.*, 2005).

Going back to the 19th century, signs that the dissociated self-states involved the right hemisphere were descriptively evident in Flournoy's research. For example, while H el ene is pantomiming in trance her reincarnation fantasy, her spirit guide, L eopold, explains what is happening and tells the doctor what to do by tapping on the table with the index finger of her *left* hand, controlled by the right hemisphere. He tells Flournoy to press his thumb on her *left* eyebrow when he wants to wake her up. He speaks into H el ene's *left* ear, from a distance of six feet or more. He also writes in a completely different handwriting when using her hand and dictates poetry, considered right-hemispheric language (Kane, 2004; Platt, 2007). At times, H el ene unconsciously switches to L eopold speaking directly through her in his deep male voice and back to her own without acknowledging that the switch had occurred. Flournoy only remarks that H el ene suffers from 'alochiria', a condition confusing the left with the right side of the body, when entering trance states.⁶ However, it seems as though she is confabulating the reincarnation stories in her left hemisphere,⁷ while her male alter speaks in an accent, recites poetry, and makes commands under the right's control.

The telepathic connection

Interestingly, in the 19th-century, Frederic Myers, an English poet and classical scholar, undertook research on the survival of death in a large two-volume work. He referred to dextro-cerebrality (right-hemisphere dominance) and sinistro-cerebrality (left-hemisphere dominance) respectively, crediting the former with a greater capacity for telepathy. He details numerous examples of telepathic communication from the 'disincarnate' to the living, either written, spoken, or appearing as a visual image, during moments of crisis or at the hour of death; in other words, in highly stressful conditions. He firmly believed that

[6] L eopold first appeared to H el ene as a priest figure when she was ten years old, chasing away a large dog who had frightened her. He appears again, barring her from entering certain streets on her way home as a protective measure. L eopold also claims to be Giuseppe Balsamo, aka Cagliostro, a clairvoyant Italian adventurer, lover of Marie Antoinette. Believing herself to be a reincarnation of this queen, H el ene is reunited with him through L eopold.

[7] See Gazzaniga (1998) on the left hemisphere's 'interpreter' function, which 'constructs theories to assimilate perceived information into a comprehensible whole. In so doing, however, the elaborative processing has a deleterious effect on the accuracy of reconstructing the past' (p. 26).

‘the human spirit’ can have ‘direct knowledge of facts of the universe’ outside of normal sensory awareness (1903, vol. 1, p. 11).

If dissociative identities do indeed arise out of a disordered sense of self in the right hemisphere, it is not surprising that Ross has witnessed a high frequency of paranormal claims, including ‘telepathy, telekinesis, clairvoyance, seeing ghosts, poltergeist contacts’ (1989, p. 108) and spontaneous past life intrusions, in the dissociative patients he treats. He notes that the patients exhibit a ‘sense of higher intelligence’ in the dissociative state, due to the ‘complexity of the system and the vast quantity of information it organizes, stores, and accesses’ (p. 119). He also recognizes their ability to make instantaneous switches.

Alternative healers, even though their abilities may have been precipitated by trauma, come to rely on *volitional* dissociative experiences (channelling, spirit guides, telepathy, distance healing), and are not considered psychopathological (Heber *et al.*, 1989). Based on popular notions, Roman and Packer (1984) actively encouraged a right-hemispheric approach as channelled by their ‘spirit’ guides Orin and DaBen⁸: ‘Imagine all the cells in your right-brain, your receiving mind, reflecting perfectly the higher planes of reality, much like mirrors. Imagine the higher energy flowing from your right-brain into your left-brain, your conscious mind, with perfect precision and clarity’ (p. 76). With a nod to cryptomnesia, they said, ‘your guide ... may take an idea you read about ten years ago, or use something you just learned yesterday. ... anything that is in your mind is a potential tool for your guide’ (p. 51). They also recommended using a different tone of voice or an accent when channelling.⁹ More scientifically, an fMRI study of a famous ‘mentalist’ performing a successful telepathic task showed ‘significant activation of the right parahippocampal gyrus; whereas the unsuccessful control subject activated the left inferior frontal gyrus’ (Venkatasubramanian *et al.*, 2008).

Roman first connected to her spirit guides through the Ouija board, a physical equivalent of the table-rapping alphabet system. After a traumatic car accident, she channelled ‘Dan’, then the ‘higher vibrational’ entity ‘Orin’ directly. She claims to have suppressed Dan’s true

[8] The names of channelled entities are often Biblical, classical or foreign-sounding, like Ramtha or Ramala, ‘Ram’ being Hindi for ‘Lord of the Universe’. Naming solidifies a contact and reflects the education of the creator. Jung, steeped in ancient associations, chooses Philemon for his No. 2, Elijah for his wise old man, Salome for his anima. Roman and Packer choose Orin, Dan and DaBen.

[9] Léopold spoke with an Italian accent, although he did not speak or understand Italian.

voice¹⁰ using her own instead. Packer's entrée into dissociation occurred when he sensed a more knowledgeable presence assisting him while performing therapeutic bodywork on clients. A PhD geophysicist by training, Parker resisted the New Age teachings until 'Orin' put him in touch with the 'higher perspective' of 'DaBen', complemented by his own philosophical, religious and scientific readings. Roman and Packer reportedly developed a telepathic bond with each other. As we shall see, a close coupling or group concentration seems to be the *sine qua non* of mind-to-mind information facilitating 'spirit' contact and unconscious communication.

Unconscious Communication in the Therapeutic Dyad

According to Schore, psychoanalysis is 'undergoing a substantial reformulation from an intrapsychic unconscious to a relational unconscious whereby the unconscious mind of one communicates with the unconscious mind of another' (p. 190). Psychoanalysis is a way to restructure in relation what was broken during the earliest relational experience. Both Schore and psychoanalyst Philip Bromberg proselytize for an 'empathic matrix' in the therapeutic dyad resembling a synchronous affective mother-infant bond (Bromberg, 1998, p. 89) that can be easily repaired after disruption. Bromberg, in particular, calls for therapist and patient to co-construct a safe, shared reality that recognizes internal 'otherness', as the therapist's self state shifts in tune with the patient's. As he enters into 'an authentic relationship with each voice' (p. 200), the therapist helps negotiate new meaning in the patient's disparate self-narratives. Being accepted and dispelling shame allow the patient to 'express in language what he has had no voice to say' (p. 16).

Jungian analyst Michael Conforti (1999) says that closely interrelating people, especially in a therapeutic dyad, can experience an increased neuronal charge and synchronization with each other. Two people can enter a single archetypal field constellating around 'self-similar/complex-similar interactions' (p. 81). If a patient has been sexually abused, the childhood trauma triggers the emergence of an archetypal field of abusive situations extending forward in time — unless the patient is released from its grip. A patient traumatized by maternal loss can exist in a field of abandonment until the pattern is

[10] Women channel male 'entities' to create 'otherness', a more authoritative male voice, or conflictual gender identification (Sword, 2002; Platt, 2007; Howell, 2005). Poetic muses whispered in the ear rather than possessed the body of the male poet. Modern male trance mediums, less common than women, channel male entities or speak as themselves in trance.

recognized in a therapeutic breakthrough.¹¹ The weaker the individual's ego, the stronger the unconscious energetic field becomes, to the point of functioning autonomously.

In the process of healing, the therapist and patient can make inter-psychic connections. In a conference at the Jung Center in Houston, Conforti explained how one of his clients, who had been orphaned at birth and was still traumatized by his loss, sought the mother in his analyst's psyche, identifying personal information about her he had no way of knowing. Conforti asserts that unconscious information is constantly being shared in this manner. Atmanspacher *et al.* (2002) have also reported that a telepathic exchange of information between mentally 'entangled' patients and therapists occurs in the phenomena of transference and countertransference.

An Abused Therapist's Story

Annie G. Rogers had been severely abused as a child herself, later becoming a therapist for sexually abused girls (Rogers, 1995). As an adolescent, she was labelled schizophrenic, manic-depressive or suffering from schizo-affective disorder at various junctures, but suspects she would now be diagnosed with DID. The presence of a guardian angel, 'Telesphorus', and several alter personalities who helped her deal with her trauma does suggest DID; but, the symptoms may overlap along a continuum of mental illnesses, as suggested by Claridge *et al.* (1990) and Trimble (2007).

Despite yearly hospitalizations, medication, and electroshock treatment blotting the memory of much of her formal education, Dr. Rogers goes on to receive a PhD and Fulbright grants, as well as to treat patients and write two books. An unconventional therapist named Blumenfeld helps her access memories of childhood abuse by both her mother and father through dialogue and dreamwork. But her own therapeutic relationship with a highly disturbed little boy named Ben, abandoned by his mother and severely neglected by his foster family, also brings her repressed trauma to consciousness as the two become closely entwined in a single sphere dominated by loss, abandonment, and abuse.

[11] As described, these energy fields sound like Rupert Sheldrake's morphogenetic fields (Sheldrake, 1981/1995). Sheldrake also firmly believes in telepathy, based on an animal-to-human model (Sheldrake, 2000). He convincingly portrayed this at the 2008 Towards a Science of Consciousness Conference with videos of a talking parrot identifying pictures held by his owner in a different room and of a dog walking towards the door at the precise moment his owner walked towards her car to come home.

Dr. Rogers also reads St. Augustine, Heidegger, Rilke and Virginia Woolf to foster an understanding of her plight through self-similar association. Finally, Rogers discovers Freudian Jacques Lacan's idea of the language of the unconscious breaking through in repetitive syllables, consonants, vowels or homonyms to speak the 'unsayable' words of the abuse history her patients. Spotting these unconscious linkages becomes the means of bringing her patients' traumas to consciousness, often along with an artistic pursuit that allows them to 'speak'.

The poignant, poetic prose of this therapist, like Judge Schreber's *Memoir of My Nervous Illness* (1955/2000), is invaluable for learning about dissociative processes. Whole phrases come to her unbidden, as if from another person. In one instance, two lines from Shakespeare's *Measure for Measure* 'are spoken to [her], but not aloud: "Then, if you speak, you must not show your face. / Or, if you show your face, you must not speak"' (Rogers, 1995, p. 68), which she interprets within the context of 'unsayable' trauma. When she writes a poem to Ben 'it comes to [her] whole and formed, as if it were written by someone else' (p. 75); yet she is unable to account for hours of her day, an amnesia typical of DID. Disembodied voices preface a psychotic break where she is too wounded herself to heal another. During her hospitalization, angels visit, she drops in and out of her body and '... words come into her mind as if from someone lost. She knows they are not really *her* words' (p. 103). An unidentified man morphs before her in distorted time and space. A voice in her left ear explains 'That's because we've disguised him' and show her a TV screen with more imagery; a voice in her right ear says 'Let it unfold' (p. 105). Later, as a therapist, Rogers affirms: 'trauma follows a different logic, a condensed psychological logic that is associative, layered, nonlinear, and highly metaphoric' (Rogers, 2007, p. 54), or, we might say, right hemispheric.

Rogers deteriorates into a paranoid schizophrenic state with boundary loss, thought disorder and somatic attempts at communion. A 'body of light' comes through the walls and her own body becomes a 'body of light, tapping out messages in freezing and burning codes to unseen presences' (p. 108). A dissociated self moves alongside her, speaking to her as if to another. Compelled to obey a chorus of 'unrelenting' voices, she remembers threatening to kill her former therapist-in-training, Melanie. As Melanie had become more professional and distant, refusing to 'mother' and touch her affectionately, Rogers fell prey to desperate measures, then slipped into silent madness. As she resurfaces, her ability to speak and hear language slowly returns.

She interprets the broken shards of language usually labeled ‘word salad’ as valiant, yet incomprehensible, attempts at speech. The loss of language and tapped out coded messages suggest left-hemispheric breakdown and right-hemispheric somatic attempts at communication.

Blumenfeld brings her back through compassionate dialogue and understanding, to the point where they ‘understand one another’s words and actions through [an] unconscious and powerfully deep connection’ (p. 165). Their close relationship will replicate hers with Ben. She wonders how ‘this unconscious knowing passes from one human being to another’ and ‘if it depends on messengers’, i.e. angels (p. 256). Rogers’ abuse history and mental breakdowns hone her skill at interpreting her patients’ linguistic slips. As Blumenfeld says, ‘You have a kind of giftedness, Annie, that probably has always been inseparable from your suffering . . . healing is always two-sided, isn’t it? (pp. 142–3).’¹²

‘Past Life’ Regression and Unconscious Information

Dr. Brian Weiss

The unconscious grasping for self-sameness and two-sided therapeutic entanglement is also evident in the story of Dr. Brian Weiss, chairman emeritus of the Department of Psychiatry at the Mount Sinai Medical Center in Miami, and his life-changing experience with a young panic-stricken patient named Catherine. As detailed in the book *Many Lives, Many Masters* (Weiss, 1988), this twenty-seven-year old woman started therapy for a debilitating anxiety disorder that was becoming progressively worse. Looking for possible childhood trauma behind her symptoms, Weiss found a depressive mother and an alcoholic abusive father; neither this scenario, nor a current affair with a difficult married man, did he deem sufficient cause for her distress.¹³

Hypnotized, Catherine describes a terrifying scene where her father sexually abused her at age three. When Dr. Weiss suggested she go

[12] This unconventional treatment of a psychotic patient, paralleling R.D. Laing’s approach according to a peer reviewer, may have been successful in this instance because of the patient’s training, reading influences, and superior intelligence. The same may be said for Jung.

[13] Past life undercurrents run through Rogers’ story too. In her childhood, she identified intensely with Joan of Arc, having received a ‘command’ from the Archangel Michael ‘to find a way to translate the voices of angels for the world, to find words and an alphabet that would put an end to human suffering (Rogers, 2007, p. 6). During her recovery, she dreams that Nazis take her to be burned and hanged and sexually molest her as well. In another instance, she dreams that Ben is ‘[her] own child, come back to [her]’, as if in a former life (1995, p. 215).

back further, she described a series of ‘past lives’, all different, but with equally horrifying endings: drowning, tuberculosis, throat slashing, or being sealed in a cave to die of leprosy. The moment of death itself always entailed floating above the body, going to an energizing light, meeting helping entities and passing on.¹⁴

Using Conforti’s theory, Catherine seemed to be attracting stories of suffocation, albeit retrogressively, or using Gazzaniga’s, she was wildly confabulating. The end scheme remained the same, the NDE model of a saving separation from the body. In either case, the spinning of successive ‘past life’ tales released her present anxiety’s relentless grip on her throat.

During the intervals between her ‘deaths’, however, Catherine’s demeanour and voice would change and the tone of the message would become spiritual. She no longer described ‘past’ scenarios, but spoke, as though possessed, from the vantage of separate ‘entities’ called ‘Master Spirits’. Each time the ‘Masters’ spoke, Catherine ‘began to roll her head from sided to side, and her voice, hoarse and firm, signaled the change’ (Weiss, 1988, p. 68). The messages were typical of the New Age: God is in each of us; there are different dimensions with higher levels of consciousness; we progress to higher levels through life lessons learned; we need to help others less evolved in successive lifetimes; we are sent back to new lives with increasingly greater psychic powers, talents and abilities (p. 71). Debts as well as abilities are carried over.

Dr. Weiss was convinced that this information could not have come from Catherine. But the thoughts could have come from *him*, drawing on materials from his own knowledge and readings. In one instance, he asks her to ‘see her life from a higher perspective . . . to answer her own question’ about a memory of her real father’s hitting her with a stick. Weiss had read about ‘one’s Higher Self or Greater Self’ and used the idea in Catherine’s therapy (p. 73). She responds that her father felt his children were intrusions in his life, that her brother had been conceived before the marriage (something she did not know, but was later confirmed by her mother). Dr. Weiss evokes Jung’s collective unconscious to explain Catherine’s ‘superconscious’ mind, her ‘genius within’, but later rejects this explanation (p. 74).

The ‘Masters’ tell the doctor that the messages are now meant for him, not his patient. He is told that his own dead father and son are

[14] We see all of the NDE features in Rogers’ mental relapse: the light, floating above her body, angels and alters helping her cope. Nearing death as well as struggling with unfathomable psychological devastation bring on the same dissociative escapes — the mind’s first line of defence against the fear of annihilation.

with them and they describe correctly how both died, suggesting again that the information is coming from him. An unlikely adult cognition is proffered as consolation: the child had ‘sacrificed’ his life to absolve his parents’ (unspecified) debts and to teach his father the ‘limited scope’ of medicine, in favour of psychiatry.

Convinced now of the existence of past lives, Weiss becomes a ‘past life’ therapist, claiming to have healed 3,500 patients by revealing their multiple incidences of traumatic events or prolonged stressful life conditions. The success of his method might more likely be attributed to his patients *imagining* terrifying scenarios that were both transcended and gave repeated assurance of the impermanence of death. Dr. Ross’ ‘as if’ scenarios also showed that *creating* alternative scenarios for actual past traumas can reframe or erase painful memories.¹⁵ For Catherine, ‘remembering’ eighty-six past lives with horrific death scenarios transcended could similarly decondition her phobias.

Catherine’s ability to come up with specific, undisclosed information about her therapist may support Conforti’s notion of a shared energetic field in a tightly connected dyad with the possibility of mind-to-mind contact. It could also suggest a bicamerality where the time-specific ‘past’ lives are confabulated in the left hemisphere and the timeless, disembodied Masters’ voices, one of whom is called a ‘poet Master’, are coming from the spiritually metaphoric right. Or, more mundanely, Catherine could have learned details about her psychiatrist’s life from other doctors in his hospital where she worked as a lab technician.

Dr. Weiss remained convinced of the reality of Catherine’s past lives and comes to understand that the whole experience was *designed* to bring the message of reincarnation to a much wider audience. He adds examples of scientists he knows who experienced the paranormal in different ways they are reluctant to reveal to others: the warning voice of a dead father; solutions to research problems in dreams; visits to foreign cities that feel uncannily familiar. Yet, all of these are common instances of information brought to conscious awareness during a relaxed state as the ‘Eureka’ moment of revelation. Similarly, it is during the sleep state that he and Catherine became increasingly entangled as he awakes, at the same time as she, aware of her distress.

In an interesting corollary, Dr. Ross described the case of a man who came to him because of recurrent dreams about a former life in Greece and a strong sense of *déjà vu* on a trip to nearby Turkey. The

[15] Dr. Gerald Epstein (1981/1992) also uses a ‘waking dream’ therapy to reframe the past through imaginative alternative scenarios.

patient, Bill, easily enters a trance state in Ross' office and presents as a boy in Didyma, Turkey. Answering Ross' questions about his location and names of his family members, the boy is at first vague, but then provides Greek-sounding names, an alphabet and simple sentences. Ross says the language is not consistent across time and is clearly made up.

Within the trance locale, Bill brings forth a priest to talk to Ross. The conversation (in English) has the 'tone and feel of a rational interchange with an independent adult human being' (Ross 1994, p. 265). The priest, Charissos ('Ross' is cleverly scrambled to have a Greek ending), talks about the phenomenon of multiple personality in very learned terms. Ross states, 'Bill's "unconscious mind" must have inserted the information about MPD because he knew that I would be interested in it. This was clearly theatre designed for me' (p. 268). Possibly, Bill dipped into Ross' mental reservoir to construct some of the scientific dialogue. Ross recognizes the mind's talent for creating fabulous fantasies, whether in the dream world, hypnotic trances, or in a creative waking state.

Dr. Roger Woolger

In the above cases, one could ask if a mind-to-mind transfer is actually occurring or if these therapists and their patients are experiencing a *folie à deux*, or 'shared delusion'. Jungian past life psychotherapist Roger Woolger asked himself this question when introducing his sceptical entrée into past life regression in *Other Lives, Other Selves* (1988). In 1971, *The Journal of the Society for Psychical Research* had asked Woolger to review a book called *The Cathars and Reincarnation* by Dr. Arthur Guirdham. Woolger learns of this French psychiatrist's mental entanglement with a female patient having vivid, historically precise dreams about mass religious persecution in southern France during the 13th century.

At the time, Woolger diagnosed transference and countertransference in the patient and her therapist, especially when the two conclude they had been lovers during this sad period of French history. Eight years later, however, doing personal experimentation with a past life regression technique, Woolger vividly sees *himself* involved in the Cathar massacre, but as a brutal mercenary soldier rather than a victim. Further regressions show him subsequently burned at the stake as a heretic — a horror he feels explains his lifelong fear of fire. He

now understands his 'unbidden' violent fantasies and cynical rejection of Christianity and militarism.¹⁶

Woolger believes the unconscious mind carries forgotten childhood events from this life as well as from past life memories. Intrauterine life, which depends on the attitude and emotional state of the mother, triggers 'karmic residues' as well (Woolger, 1988, p. 264). He believes childhood abuse in this life triggers much worse memories from past lives. Woolger comes to recognize past lives as 'other selves' lurking in the background of the psyche. Schizophrenics in his scheme are also flooded by past life fragments with their voices and visions. Similarly to Conforti, Woolger sees an archetypal pattern organized around painful past life fragments, looking very much like dissociative personalities with different voices and mannerisms. Woolger recognizes '*that which is real for the patient*' (p. 39) as a psychic truth not requiring irrefutable proof of reincarnation. He even wonders whether Jung's personality No. 2 might have been a past life fragment, along with those of Paracelsus and Goethe.

While this is far-fetched, Woolger's story does support the idea of unconscious communication in the therapeutic dyad. He began his experimentation with a colleague also interested in past life regression. Their dyad expanded to a group of six colleagues and friends working in pairs and meeting bi-weekly to share findings and conduct past life sessions. Three members of the group were 'omnivorous readers' who 'set out to read everything [they] could on past lives or reincarnation' (p. 19). Again, collaborating partners with broad readings could have brought unconscious information to the tightly knit group. Woolger's experiences bring to mind the Canadian Psychical Society's test case in which they *created* a biography of someone named Philip, whose 'spirit' a group of members was able to 'conjure', despite the fact that he never existed at all (Owen, 1976). Their belief and group concentration made the 'contact' work, just as requesting past life details in the therapeutic dyad can bring them out.

Stanislav Grof

Another convinced therapist is Czech psychiatrist Stanislav Grof, who first specialized in birth trauma regression using LSD-assisted psychotherapy and now uses 'holographic breathwork' to induce altered states of consciousness. In his original drug therapy, he found

[16] Like Helene Preiswerk's past lives, Woolger's patients' memories are full of sex and violence, abandonment and loss. The ubiquity of these themes suggests underlying early relational trauma.

that people ‘reported “past life” experiences whose historical accuracy could later be confirmed. During their deepest sessions they were experiencing people, places, and things that they had never before touched with their physical senses’ (Grof & Bennett, 1993, p. 17). His patients also showed a ‘deep link with all those who have been abused, imprisoned, tortured, or victimized in some other way’ (p. 29). Correlating personal ‘memories’ of birth trauma to all forms of victimization may parallel the unconscious fishing for similar past life scenarios Dr. Weiss found in his patients.

Dean Radin’s conscious universe and natural telepaths

Although not a therapist, consciousness researcher Dean Radin, a Senior Scientist at the Institute of Noetic Sciences with a Master’s degree in electrical engineering and a PhD in psychology, has stated

we can get glimpses of information about other people’s minds, distant objects, or the future or past. We get this not through the ordinary senses and not because signals from those other minds and objects travel to our brain. But because at some level our mind/brain is *already coexistent* with other people’s minds, distant objects and everything else. To navigate through this space, we use attention and intention. From this perspective, psychic experiences are reframed not as mysterious ‘powers of mind’ but as momentary glimpses of the entangled fabric of reality (Radin, 2006, p. 264).

Radin’s far-out view claims everything in the universe is interconnected according to the laws of quantum physics. Since our brains are busily processing sense impressions in the waking state, we do not normally experience a deeper reality at that time. However, Radin adds, if the temporal lobes are unstable or shamanic methods like ‘meditation, drumming, chanting, and psychoactive drugs’ (p. 270) are used, entanglement resulting in paranormal experiences is possible. Further, he states, certain types of people, like mystics and natural ‘telepaths’, can shift easily between normal and altered states of consciousness (ibid.). Interestingly, he profiles the ‘telepaths’ as typically left-handed or ambidextrous, female, introverted, anxious, creative meditators, in line with Persinger’s temporal lobe personalities and his enhanced right-hemispheric model (Persinger & Makarec, 1992) (see Radin, 2006, pp. 44–49 for his ‘characteristics of believers’ and discussion of Persinger’s experiments).

The similar emotions, perceptions and bodily states found in altered states of consciousness may be merely metaphoric, cryptomnesiac, or they may point to nonordinary, nonlocal means of mind-to-mind contact. In any case, they remain effective insights for promoting new

understanding and possible healing since the brain cannot easily distinguish ‘as if’ imagination from reality — as in dreaming, hypnosis and hallucinations. At the very least, the imaginative function of mind can use its incredible storymaking potential to construct scenarios which resonate with or replace the traumatic ones in the past. Grof (Grof & Bennett, 1993, p. 165) elects spiritual poets ‘Rumi, Omar Khayyam, Kabir, Kahlil Gibran, Sri Aurobondo or Saint Hildegard von Bingen as best voicing ‘the ultimate creative force’ of cosmic consciousness. Radin cites English poet Francis Thompson: ‘All things by immortal power, / Near and Far / Hiddenly / To each other linked are, / That thou canst not stir a flower / Without troubling of a star’ and ends his book with the well-known verse of William Blake: ‘To see the world in a grain of sand / And heaven in a wild flower, / Hold infinity in the palm of your hand / And eternity in an hour.’

Conclusion

A sensed presence or speaking ‘other’ within a person is a real, that is, subjectively experienced phenomenon. Welcomed in primitive times as a sign of special election and a source of knowledge, in modern times, dissociative breaks are deemed pathological and treated as such. The nineteenth century maintained a keen interest in the newly discovered ‘unconscious’ tracing hysterical, dissociative symptoms to heritable conditions and/or early childhood trauma. Highly intelligent theorists, such as Jung, Kerner, and Myers, remained open to the possibility of information transmitted via unconscious means and even the survival of death.

Recent scientific research is showing how genetic traits combined with a triggering trauma, can produce dissociation along with observable changes in the physical brain. Since the brain develops in relation, and since damage often occurs in the wake of negative relational experience, healing is best effected in relation as well. While the therapeutic process itself can create additional splitting, in an effective therapeutic dyad, where patient and therapist share mental states, surprising revelations can occur.

Healing a damaged mind requires both empathy and superior intelligence. Radin signals that people with a low latent ability to inhibit confusing sensory input from the outside are more predisposed to mental disorder. Following a study of Harvard University students, he says the most highly creative students had ‘both lower latent inhibition and higher IQ as compared to the other students (Carson *et al.*, 2003, in Radin, 2006, p. 51)’. Their lowered latent inhibition allows

for creative insights and associations that others might not perceive, while their high intelligence may protect against a permanent fall into the abyss of madness that could consume lesser minds. Therapists such as Ross, Conforti, Weiss and Woolger show that an empathic relation with the imaginative constructs of their patients, treating his or her dissociations ‘as if’ real, allows for nonlinear, self-similar, resonant attraction that can rewrite or rewire maladaptation into healthy assimilation. Whereas the therapists’ beliefs, expectations and even unarticulated knowledge can impact the patients, the reverse is also true: the therapists can be converted to their patients’ beliefs, as were Weiss, Woolger and Grof.

A therapist can bring out troubled patients’ stories, whether fact or fantasy, to explain the roots of their pain. Talented poets, artists, and mystics often must forge creative constructs on the anvil of their own suffering and, in so doing, earn lasting recognition as geniuses of invention whose heightened perception of reality can benefit others for whom it rings true.

References

- Atmanspacher, H., Römer, H. and Walach, H. (2002), ‘Weak quantum theory: Complementarity and entanglement in physics and beyond’, *Foundations of Physics*, **32**, No. 3, pp. 379–406.
- Berlin, H. and Koch, C. (2009), ‘Neuroscience meets psychoanalysis’, *Scientific American Mind*, April/May/June: pp. 16–19.
- Bromberg, P.M. (1998), *Standing in the Spaces: Essays on Clinical Process, Trauma, and Dissociation* (Hillsdale, NJ and London: The Analytic Press).
- Claridge, G., Pryor, R. and Watkins, G. (1990), *Sounds from the Bell Jar: Ten Psychotic Authors* (Cambridge, MA: Malor Books).
- Conforti, M. (1999), *Field, Form, and Fate: Patterns in Mind, Nature, and Psyche* (Woodstock, CT: Spring Publications, Inc.).
- Epstein, G.N. (1981/1992), *Waking Dream Therapy: Unlocking the Secrets of Self Through Dreams & Imagination* (New York: ACMI Press).
- Flournoy, T. (1901/1994), ed. Sonu Shamdasani, *From India to the Planet Mars: A Case of Multiple Personality with Imaginary Languages* (Princeton: Princeton University Press).
- Gazzaniga, M.S. (1998), *The Mind’s Past* (Berkeley: University of California Press).
- Gold, S.N. (2000), *Not Trauma Alone: Therapy for Child Abuse Survivors in Family and Social Context* (Philadelphia, PA: Brunner/Routledge).
- Grof, S. and Bennett, H.Z. (1993), *The Holotropic Mind: The Three Levels of Human Consciousness and How They Shape Our Lives* (San Francisco: HarperCollins).
- Hacking, I. (1995), *Rewriting the Soul: Multiple Personality and the Sciences of Memory* (Princeton, NJ: Princeton University Press).
- Heber A.S., Fleisher, W.P., Ross, C.A. and Stanwick, R.S. (1989), ‘Dissociation in alternative healers and traditional therapists: A comparative study’, *American Journal of Psychotherapy*, **43**, 4, pp. 562–74.

- Higgins, E.S. (2008) 'The new genetics of mental illness', *Scientific American Mind*, June/July, pp. 41–45.
- Howell, E.F. (2005), *The Dissociative Mind* (New York and London: Routledge, Taylor and Francis Group).
- Janet, P. (1889), *L'automatisme psychologique: Essai de psychologie expérimentale sur les formes inférieures de l'activité humaine* (Paris: Félix Alcan).
- Jung, C.G. (1961), *Memories, Dreams, Reflections* (New York: Vintage Books).
- Jung, C.G. (1902/1977), trans. R.F.C. Hull, *Psychology and the Occult* (Princeton: Princeton University Press).
- Kane, J. (2004), 'Poetry as right-hemispheric language', *Journal of Consciousness Studies*, **11** (5–6), pp. 21–59.
- Kerner, J. (1845), trans. Mrs. Crowe, *The Seeress of Prevorst* (London: scanned courtesy www.spiritwritings.com).
- Kuipers, E., Garetry, P., Fowler, D., Freeman, D., Dunn, G. and Bebbington, P. (2006), 'Cognitive, emotional, and social processes in psychosis: Refining cognitive behavioral therapy for persistent positive symptoms', *Schizophrenia Bulletin*, vol. **32**, Supplement 1: pp. S24–S31.
- Lanius, R.A., Williamson, P.C., Bluhm, R.L., Densmore, M., Boksman, K., Neufeld, R.W.J. *et al.* (2005), 'Functional connectivity of dissociative responses in posttraumatic stress disorder: A functional magnetic resonance imaging investigation', *Biological Psychiatry*, **57**, pp. 873–84.
- Lyons-Ruth, K. (2003), 'Disorganized attachment and the relational context of dissociation', Presented at 19th Annual Meeting of the International Society for Traumatic Stress Studies, Chicago, November 1.
- Myers, Frederic W.H. (1903), *Human Personality and Its Survival of Bodily Death* (New York: Longmans, Green and Co.).
- Owen, I.M. (1976), *Conjuring up Philip: An adventure in psychokinesis* (New York: Harper & Row).
- Persinger, M.A. and Makarec, K. (1992), 'The feeling of a presence and verbal meaningfulness in context of temporal lobe function: Factor analytic verification of the muses?', *Brain and Cognition*, **20**, pp. 217–26.
- Platt, C.B. (2007), 'Presence, poetry and the collaborative right hemisphere', *Journal of Consciousness Studies*, **14** (3), pp. 36–53.
- Popper, C. *et al.* (2008), 'Gene-environment contributions to the development of infant vagal reactivity: The interaction of dopamine and maternal sensitivity', *Child Development*, **79** (5), pp. 1377–94.
- Putnam, F.W. (1997), *Dissociation in Children and Adolescents* (New York: Guilford Press).
- Radin, D. (2006), *Entangled Minds: Extrasensory Experiences in a Quantum Reality* (New York: Paraview Pocket Books).
- Read, J., van Os, J., Morrison, A.P. and Ross, C.A. (2005), 'Childhood trauma, psychosis and schizophrenia: A literature review with theoretical and clinical implications', *Acta Psychiatrica Scandinavica*, **112**, pp. 330–50.
- Reinders, A.A.T.S., Nijenhuis, E.R.S., Paans, A.M.J., Korf, J., Willemsem, A.T.M. and den Boer, J.A. (2003), 'One brain, two selves', *NeuroImage* **20** (4), pp. 2119–25.
- Reinders, A.A.T.S., Nijenhuis, E.R.S., Quak, J., Korf, J., Haaksma, A., Paans, A.M.J., Willemsem, A.T.M. and den Boer, J.A. (2006), 'Psychobiological characteristics of Dissociative Identity Disorder: A symptom provocation study', *Biological Psychiatry*, **60**, pp. 730–40.
- Rogers, A.G. (1995), *A Shining Affliction: A Story of Harm and Healing In Psychotherapy* (New York: Penguin Books).

- Rogers, A.G. (2007), *The Unsayable: The Hidden Language of Trauma* (New York: Ballantine Books).
- Roman, S. and D. Packer (1984), *Opening to Channel: How to Connect with Your Guide* (Tiburon, CA: H.J. Kramer, Inc.).
- Rosenberg, D. (2000/1), 'Speaking Martian', *Cabinet Magazine Online (Invented Languages)*, Issue 1.
- Ross, C.A. (1989), *Multiple Personality Disorder: Diagnosis, Clinical Features, and Treatment* (New York: John Wiley & Sons).
- Ross, C.A. (1994), *The Osiris Complex: Case Studies in Multiple Personality Disorder* (Toronto: University of Toronto Press).
- Schore, A.N. (2009), 'Relational Trauma and the Developing Right Brain: An Interface of Psychoanalytic Self Psychology and Neuroscience', *Self and Systems: Annals of The New York Academy of Sciences*, **1159**, pp. 189–203.
- Schreber, D.P. (1955/2000), *Memoirs of My Nervous Illness* (New York: New York Review Books).
- Sheldrake, R. (1981/1995), *A New Science of Life: The Hypothesis of Morphic Resonance* (Rochester, VT: Park Street Press).
- Sheldrake, R. (2000), *Dogs That Know When Their Owners Are Coming Home* (London: Arrow Books).
- Siegel, D. (1999), *The Developing Mind: Toward a Neurobiology of Interpersonal Experience* (New York: Guilford Press).
- Skea, B.R. (2006), 'A Jungian perspective on the dissociability of the self', www.cgjungpage.org, online version of a paper presented Feb. 3, 1995 at the C.G. Jung Education Center, Pittsburgh, PA, USA.
- Sword, Helen (2002), *Ghostwriting Modernism* (Ithaca and London: Cornell University Press).
- Suomi, S.J. (2005), 'Aggression and social behaviour in rhesus monkeys', in Bock, Gregory and Jamie Goode, eds., *Molecular Mechanisms Influencing Aggressive Behaviours*, Novartis Foundation, **268**, pp. 216–26.
- Trimble, M.R. (2007), *The Soul in the Brain: The Cerebral Basis of Language, Art, and Belief* (Baltimore: The John Hopkins University Press).
- Venkatasubramanian, G., Jayakumar, P.N., Hongasandra, R.N., Nagaraja, D., Deeptha, R. and Ganadadhar, B.N. (2008), *International Journal of Yoga*, Jul-Dec., **1** (2), pp. 55–71.
- Vermetten, E., Schmahl, C. Linder, S., Loewenstein, R.J. and Bremner, J.D. (2006), 'Hippocampal and amygdalar volumes in Dissociative Identity Disorder', *American Journal of Psychiatry*, **163**, pp. 630–36.
- Waldvogel, B., Ullrich, A. and Strasburger, H. (2007), 'Blind und Sehend in Einer Person', *Nervarzt*, **11**, pp. 1303–09.
- Washington, P. (1993), *Madame Blavatsky's Baboon: A History of Mystics, Mediums, and Misfits Who Bought Spiritualism to America* (New York: Schocken Books).
- Weiss, B.L. (1988), *Many Lives, Many Masters* (New York: Simon & Schuster).
- Woolger, R.J. (1988), *Other Lives, Other Selves: A Jungian Psychotherapist Discovers Past Lives* (New York: Bantam Books).

Paper received November 2008; revised May 2009