

Opinion and Debate

Paranormal Phenomena: Is there a role for mental health professionals?

Amin A. Muhammad Gadit

Discipline of Psychiatry, Memorial University of Newfoundland, Canada.

Paranormal phenomena are not very uncommon both in the developed and the developing world. A number of myths and rituals associated with this matter are widely known in various cultural contexts. A number of such phenomena include reincarnation, demonic possession, telepathy; psychic powers, distant healing, miracles, extrasensory perceptions etc. as described in literature. However, the scientists have so far not been able to find a scientific basis and hence these experiences do not fall into psychiatric classifications. The mental health professionals do come across such cases that are problematic in terms of diagnosis and subsequent management. Bobrow R1 did an extensive literature search and came across cases where systemic lupus erythematosus was ameliorated by witchcraft, distant healing that included strategies that purport to heal through some exchange or channeling of supraphysical energy and also 'remote mental healing', auditory hallucination that suggested CT scan to make a diagnosis of brain tumour that was eventually found to be present, self-predicted death that happened, lycanthropy, hypnosis, xenoglossy and reincarnation.¹ Work on telepathy which is 'the communication of impressions of any kind from one mind to another, independently of the recognized channels of sense' by using a functional MRI procedure revealed that the recipient of thoughts demonstrated significant activations in the anterior and middle cingulate areas, precuneus and frontal regions. The mentalist in this study demonstrated significant activation of the right parahippocampal gyrus after successful performance of a telepathic task.² Jinni possession has been described in literature in which a human being is possessed by an invisible being and manifests as hallucinatory disorders

with a queer, unusual and antisocial behaviour, conditions of extreme unrest, vomiting, prediction of future and talking foreign languages.³ A case reported⁴ by the author who presented in the psychiatric outpatient clinic remembered his previous life. This 12-year old boy went on a vacation with his parents to India for the first time. While visiting a city, he expressed his familiarity with it and claimed that he had spent a number of years in this city. The description of his home, parents and other things were confirmed by older residents of the area. This was an intriguing case for which there was no scientific explanation. Great work has been done by Stevenson I⁵ on this subject and has compiled 3000 such cases. He believed in existence of the phenomenon of reincarnation despite being a scientific person and ex-Head of Department of Psychiatry at the University of Virginia. His belief was based on innumerable case studies and confirmation of narrated information by the reincarnated person. His fascinating area of research was on birth marks, pigmentation and deformities that did not have familial or genetic links. These were attributed to the previous life's injuries. A recent unpublished work by Antonia Mills on the issues of reincarnation in India gives fascinating glimpse into this phenomenon. According to Kennedy,⁶ a belief about paranormal phenomena is noteworthy and poorly understood characteristic of humanity. According to his paper, at least 70-80% of the people reporting psychic experiences appear to be misinterpreting the experiences. There are personality factors and types that have significant role in attitude toward the paranormal. The personality factors most consistently associated with paranormal beliefs and experiences are the interrelated cluster of absorption, fantasy-proneness and temporal lobe symptoms.⁶ It is quite

difficult for the scientist to prove the existence of such paranormal phenomena but what science cannot prove does not mean that it does not exist. It will not be surprising that in years to come we may come across with solid evidence for this matter. The challenge comes up for clinicians when somebody presents with symptoms that are not understandable in medical sense. Particular difficulty is faced by mental health professionals when patients present with a variety of features. One case that came to the notice of the author was particularly interesting. This 26 year old man had features of visual hallucination. This was the only clinical feature. He was very much emotionally attached with his mother who died after a brief illness. A month later, he started seeing his mother and would talk to her for hours every day. He was quite functional in every other aspect of his life. There were no mood problems and no other psychotic features. He was very pleased with his continued postmortem meeting with his mother. He was brought to the clinic by his wife who was concerned about this state of affairs. The gentleman did not want any treatment and wanted to cherish this experience. There was a huge dilemma for assigning a diagnostic category and subsequent management. However, this case was more akin to a paranormal experience. A number of cases were recorded in Pakistan during the author's doctoral research where patients presented with enormous power while displaying aggression, speaking foreign languages, unusual and bizarre

fits, jinni possession and a number of other paranormal phenomena. All such recorded cases posed a challenge for mental health professionals but were comfortably dealt with by the alternate practitioners or ethnotherapists.⁷

For the mental health professionals, it is important to go for thorough investigations to rule out medical/organic pathology. A detailed psychiatric history and mental state examination is vital. Without reaching a diagnosis, management is not possible. A second opinion from a colleague is desirable. If the dilemma still remains, should the patient be referred to an ethnotherapist or discharged from practice without offering a remedy?

References

1. Bobrow RS. Paranormal phenomena in the medical literature sufficient smoke to warrant a search for fire. *Med Hypotheses* 2003; 60: 864-8.
2. Venkatasubramanian G, Jayakumar PN, Nagendra HR, Nagaraja D, Deeptha R, Gangadhar N. Investigating paranormal phenomena: Functional brain imaging of telepathy. *Int J Yoga* 2008; 1: 66-71.
3. Gadit AM, Callanan TS. Jinni Possession: A clinical enigma in mental health. *J Pak Med Assoc* 2006; 10: 476-8.
4. Gadit AAM. Myth of reincarnation: a challenge for the mental health profession. *J Med Ethics* 2009; 35: 91.
5. Stevenson I. The pioneer of reincarnation research. (Online) (Cited 2010 July 20). Available from URL: <http://www.near-death.com/experiences/reincarnation01.html>.
6. Kennedy JE. Personality and motivations to believe, misbelieve, and disbelieve in paranormal phenomena. *J Parapsycho* 2005; 69: 263-92.
7. Gadit A, Reed V. Uses and limitations of ethnotherapy. *Int J Mental Health* 2004; 33: 54-95.