A Presumed Case Of Spontaneous Psychokinesis In A Psychotherapy Situation

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There exist quite a few reports on ostensible cases of spontaneous psi events which have occurred in some psychotherapy situations, especially psychoanalysis (e.g., Devereux, 1974; Ehrenwaid, 1975; Eisenbud, 1969; Jung, 1963; Schwarz, 1980; Ullman, 1975). However, almost all of these are not concerned with alleged PK cases, but rather ESP ones, except for those by Schwarz. The well-known example of a presumptive PK case in the presence of Freud and Jung did not occur in a psychotherapy setting. Part I of a two part article.

INTRODUCTION

For several years I have been working mainly with psychosomatic patients, considering the possibility of some psi phenomenon occurring during the sessions of, or in relation to, the psychotherapy. Such phenomena have not been noticed until recently, when it was found that the phenomena which I will report here happened in a way that I had not expected at all.

A female patient of mine in her late-twenties began to tape record our interviews for certain reasons in February, 1981. At the beginning of the next session she mentioned that she had found loud noises recorded on the tapes and could hardly catch the vital contents of our interview, although we had not noticed this during the previous session. Then and there I played back the tape and confirmed her statement. Because these presumedly paranormallygenerated noises were occurring on the tapes (unless she was tampering with the tapes after the sessions for some purpose), I began monitoring the recordings through an earphone, with her consent. Consequently, I found through the earphone that noises were recorded during our subsequent interview.

Although a number of reports have so far appeared in which some paranormal noises or "voices" were claimed to have been recorded on tapes spontaneously or experimentally (e.g., Bayless, 1975, 1976, 1977; Ellis, 1978; Raudive, 1971; Riley, 1977), it seems Journal of the American Society of Psychosomatic Dentistry and Medicine

that most of these were low-amplitude noises and remained unnoticed until the tapes were played back. On the other hand, the phenomena I found recently differ considerably in that noises were recorded, most of which were too loud to permit hearing our interview (which otherwise should have been audible), and some of the noises were confirmed to have been recorded by simultaneous monitoring.

Although I believe that this case has not yet been examined thoroughly since I have just begun the study, there are some reasons to report it here: (1) As mentioned above, we have as yet few reports of presumed spontaneous PK cases occurring *recurrently* in psychotherapy settings, and (2) If the noises were generated paranormally, this case might offer the possibility of furnishing another clue to the psychodynamics of spontaneous PK events, including poltergeist phenomena, because there seems to exist the possibility that the subject unconsciously but purposefully used her PK ability.

1. OUTLINE OF MY SYSTEM OF PSYCHOTHERAPY

The observed phenomena appear to be clearly connected with my system of psychotherapy; therefore, I will briefly describe the relevant portion.* The approach is based on methods newly developed by a Japanese psychiatrist for treating a certain psychogenic disorder, and it is not as yet established. I am now developing this new approach mainly for psychosomatics. A therapeutic point of my approach most in common with his is that the psychotherapist sits face to face (a table in between) with the patient who is in a conscious state, and analyzes the latter's interpersonal relations with his or her mother and some important person, especially someone (a proto-rival) supposedly of the same sex and (precisely or about) the same age as the patient and whom the patient should have met around his or her first year of age (but not a sibling) and have closely associated with for at least several years. My working hypothesis being substantiated is that psychosomatic patients should efface, or more precisely speaking, conceal memories relevant to their personal relations with such important persons, especially memories of events in which the person had met them in his or her own home when his or her mother was present, and that their symptoms

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^{*}My system of psychotherapy itself has not yet reached the stage of publication, so it will be briefly mentioned. More elaborate description of it would offer more understanding of how important for the patient are the locations where the noises were recorded.

should disappear quickly when they acknowledge these memories. They reactively (and usually transiently) show various symptoms of autonomic nervous system disorders and/or psychosomatic ones in the process of acknowledging them. They proceed, by themseves or with the aid of my hints, in the analysis of their personal relations with these most important persons (proto-rivals) and proto-rivals' substitutes, who are modeled one after another on the former, but whom the patient consciously has never regarded as persons other than (close) friends. Therefore, this therapy applies only to patients who understand it (through my explanation) and wish to take it on their own accord. The reactions mentioned above include pain in various parts of the body (e.g., headache, abdominal pain, back pain, limb pain), relapse or aggravation of psychosomatic symptoms which they had showed or are showing (e.g., asthma, pain from a gastric ulcer, rhinitis, urticaria eruption), and other symptoms of autonomic nervous system disorders (e.g., dizziness, tinnitus, tiredness, chills, nausea). Moreover, they usually show drowsiness or feel an impulse to flee from the therapist, refusing to consider any more details of what has been referred to or what they have begun to recollect. Furthermore, such reactions as dizziness, tiredness, nausea and so forth are considered to be included in a group of stronger reactions. Generally, these reactions consistently appear but gradually become weaker even when the subject of conversation is the same. Moreover, these reactions, apart from their meaning, do not seem to have a so-called catharsis effect, and are not anything but useful guides to show the causes of some symptoms.

2. CASE REPORT

The patient had an ulcer in her stomach several years ago and during the past two years or so, she had been suffering from psychogenic symptoms, including back pain. She started to work with me in November, 1980, when, having learned about my system of therapy, she visited my office and asked me to give her the therapy so as to correct her character as well as treat her psychosomatic symptoms. We decided to begin with the analysis of her personal relations with recent important persons, considering the possible existence of a proto-rival. In the first session she acknowledged that she had been, and now was, regarding her former female colleague as a rival, and that she had been feeling pain in her back

58

Vol. 30, No. 2

1983

until her retirement from the post in summer of 1978. She found that she could scarcely recollect any scenes at the office, especially ones in which she would have met her colleague. From the second or third session on, she showed such reactions as headache, back pain, and drowsiness.

In January, 1981, she daily felt an intense pain in her back, a pain which was too severe for her to sleep. Although the pain was relieved momentarily a little by acupuncture, she suffered a relapse in several hours. In the next session we traced back to the time when she first felt the pain, and found that it had appeared shortly after she left a store near her house that day. We discussed every point of the scene at the store, paying attention to her reactions, before we assumed that she regarded the teenage son of the storekeeper as the elder brother of her presumed proto-rival. (That is: we supposed this to be so in order to proceed with the work since, when she speculated about the possibility, she showed stronger reactions, including more severe back pain.) This assumption became the first step toward access to the presumed proto-rival on the basis of her various reactions. The presumed proto-rival, whom we could not as yet identify, would possess the following characteristics: (a) She, of course, would be the same age as the patient, (b) their mothers would possibly be acquaintances or relatives, (c) they would have met within the first several months after birth, (d) she (the presumed rival) might have lived near (the patient's) house during their infancy, and (e) the former probably would now be married. Thereafter, the patient started to tape record our every interview for the purpose of re-examination by herself after the session was ended. She was allowed to use my tape recorder which usually was placed in my office.

3. THE STATIC NOISE

At the thirteenth session held on February 18, 1981, she first tape recorded our interview. This session started with her statement about the presumptive characteristics of the presumed rival based on her memos written during the previous session which she had re-examined by herself at home. She also stated that she knew that the family name of the presumed rival possibly included K or S, but that she could not continue thinking about it because of a reaction of drowsiness when she tried to pursue it further. Subsequently, I got her to attempt to identify the first name of the pre-

59

Journal of the American Society of Psychosomatic Dentistry and Medicine

sumed rival by examining her presumptive characteristics. She began with speculating on the final syllable of the first name. (Japanese females usually have a first name ending with the syllable "ko," "yo," "e," or "mi.") When assuming it to be "mi," she complained of "feeling unwell," a stronger reaction which appeared for the first time in our interviews. She mentioned a dozen names which contain "mi' in the final part, including "Akemi," "Yoshimi," and "Toshimi," a thought of each of which caused her to feel more unwell. In this session we worked for a little more than two hours as usual, and she left my office with two 60-minute cassette-tapes on which our interviews were recorded.

The next session was held a week later on February 25. Then she stated that, having listened to the tapes, she had noticed unexplainable noises on the tapes and could hardly catch some of our conversation due to the low volume following the noises, that this happened only at the points where we were discussing the possible names of the presumed rival, with her showing a reaction of "feeling unwell," and that she stopped listening to the tape further because of dread. Accordingly, I played back the tape on the tape recorder used in the previous session, and confirmed her statement. After the session, I borrowed the tapes from her and a thorough examination using another tape recorder revealed (a) that the noises seemed to coincide with her reaction of "feeling unwell," (b) that one could, therefore, hardly catch what we had said at those points. (c) that the noises were often followed by low volume, and (d) that the noises, heard at least thirty-two times all told, ranged from extremely high to low in volume and from about several hundredth seconds to ninety seconds in duration. Moreover, I found another recorded noise which continued for over 30 seconds. This occurred on the last portion of the second tape (i.e., at the end of the session) and coincided with my reference to another psychosomatic case, an illustration which has caused most patients to show various reactions including nausea and dizziness. (The patient had not heard this noise since she had stopped listening halfway because of dread. She had not especially shown any reactions to my illustration of the case; however, she might have reacted subconsciously, in view of her later statement.)

Beginning with the session held on February 25, I monitored the recordings of all our interviews using an earphone attached to

60

Vol. 30, No. 2

1983

my ear, with her consent. However, no noise or intense reaction was noticed during the February 25 session.

At the next session on February 28, I heard through the earphone noises which were confirmed later to be recorded on the tape. These apparently coincided with her intense reaction of feeling "a constricting pain in my head" when we discussed the time of her maternal grandfather's wake and funeral. The noises were heard two times; one lasted more than fifty seconds and another more than two minutes, varying in amplitude.

She was certain that her maternal grandfather had died, but could not remember the time, could hardly recollect anything about the funeral, nor could tell whether she had attended it or not. Although she faintly brought back the memory of the funeral, which she had apparently attended, the time still remained unclear. (The time of the funeral was later ascertained by herself from her mother to have been held when she was fifteen years old.) It was assumed that she had met the rival at the wake and the subsequent funeral.

Thereafter, she still showed similar reactions during our sessions, but I did not notice any noises recorded. Concerning this, she stated as follows: "I always feel uneasy, fearing every moment that you may say 'Oh, I hear noises.' So, I might be controlling it unconsciously." Therefore, we continued to tape-record our sessions using the same recorder and microphone without monitoring them. Later, these were not available because they had been handed over to Prof. Kikuchi, an acoustician, to be examined; and so, her tape recorder, an Aiwa TP-25, without an exterior microphone, was used. Since the February 28 session, we had twentynine sessions up to the end of October, 1981, and worked for about sixty hours without noticing any noises recorded.

On November 28, 1981, we resumed the psychotherapy after a month's break. My tape recorder, a Sony TC-1250, and microphone, ECM-19B, were then available because they had been returned by Prof. Kikuchi after a thorough examination. During the last session held on October 19, the patient had discussed the possibility that her cousin Mitsue was her proto-rival. In this (November 28) session, she said that when she had thought (in her home) about whether or not her cousin was the presumed proto-rival, she

61

Vol. 30, No. 2

experienced the feeling of her body spinning very quickly on the chair, and that when she suspected that they first might have met during the first six months of their life, the spinning feeling of her body developed into nausea and she could not think about it anymore. She showed strong reactions when she suspected that their first meeting might have occurred in her home or in the detached annex of her mother's parents' house (where she had stayed during the wake of her maternal grandfather). Then followed an examination as to whether her cousin Mitsue was her proto-rival or one of her subsequent rivals. Soon a tremor in her head was observed, a tremor which we thought to be due to extreme tension, and which had been observed repeatedly when she tried to identify the presumed proto-rival. This strong reaction apparently coincided with a malfunction of the cassette tape used: that is, the tape speed slowed down and came to a stop twice due to no noticeable normal cause. A new BASF 60-mins, cassette-tape stocked in my office was loaded and the recording was continued. She kept mulling over when and where their first meeting had occurred and what impression she had had then. Concerning the time, she contemplated as to whether the first meeting was before they were two years of age. Immediately the index of the VU meter on the tape recorder was observed to deflect greatly with no apparent normal cause, but soon the deflection came to halt as she showed intense drowsiness enough to fall asleep instantly. After she woke up spontaneously from a sleep lasting several seconds, she replied to my question that she had felt a constricting pain in her head before falling asleep. Subsequently she began to consider the place where she had met her cousin; however, a tremor in her head and intense drowsiness appeared right after each other to the point that she fell deeply asleep despite being in front of me and in daytime. Following my suggestion, she turned to consider whether the relationship between Mitsue and Mitsue's mother had differed from that between the patient and her own mother at the time of their first meeting. This apparently coincided with deflections of the VU meter index. due to no noticeable normal cause, shortly before a tremor appeared. This was the presupposed point where noises should be recorded, if those noises were caused by paranormal means to blanket the vital details of our interview in order not to be able to hear them on tape at home. On introspection the patient stated, "I had a spasm in my neck when I concentrated on those matters,

but I soon found quite irrelevant thoughts in my head although I struggled to concentrate on the other." Next I indicated to her that it might be a question of the relationship of her cousin to her (cousin's) mother being better than that of the patient to her own, and deflections of the index without any apparent normal cause were observed, followed by a tremor in her head. Subsequently, she tried to concentrate on the same subject, which apparently coincided with deflections of the index. This was also the presupposed point where noises should be recorded, if they were caused by paranormal means.

While the tape recorder was still running in the recording mode at the end of the interview, I indicated to her that noises might have been recorded. We discussed it for a while before we could confirm that noises were recorded which resembled those recorded in the former sessions, at the points where deflections of the index due to no apparent normal cause had been observed. Concerning this, the patient stated as follows:

Many weeks have passed since the previous sessions in which those noises were recorded. I had been feeling uneasy for some time after those sessions, but lately began to forget those events. I could make introspections during this session without feeling badly about noises, since it was the first session in a month. I think that is why noises were recorded today.

Examinations of the tape on the same tape recorder used in the session and on another tape deck, a Teac ff-55, revealed another cluster of noises at the point of our discussion about the noises at the end of the session.

4. RESULTS OF THE EXAMINATION OF THE TAPE RECORDER, MICROPHONE, AND TAPES USED.

At the beginning of April 1981, three questions were directed to the Tokyo Sony Service Station in order to examine possible normal causes for the noises. That is: (1) What parts or circuits might be at fault if they were considered to be possible noise sources? (2) what reduced the volume so as to be hardly audible? and (3) could any external source have caused the noises whereby one could not catch voices which otherwise would be audible? The answers given were: (1) It was presumed that a condenser in the tape re-

63

62

Vol. 30, No. 2

corder was at fault, (2) that the reason why the volume had been reduced so as to be hardly audible was due to the function of the built-in automatic gain controller (AGC), which is to keep the volume constant, and therefore, if a cluster of loud voices or noises is recorded, it automatically reduced the volume instantly for ten seconds or so, and (3) that thunderbolts, electronic ovens, and so on were possible noise sources.

Then followed confirmation by me of the functions of the AGC, but, as far as using the unaided ear, an extremely low volume continued for more than ten seconds, and the volume was found to become normal when recording was resumed after the tape had stopped running. As regards to (3), it is possible that a water ionizer situated in front of the door to my office and/or an X-ray apparatus situated six floors down and more than a hundred feet distant in a straight line were the noise resources; it was the season when thunder was least likely to occur however.

On the other hand, when the volume control knob of the tape recorder is turned quickly, low noises can be heard because of poor contact inside the control knob, probably due to rust. Such noises can also be heard when the control knob is turned quickly in the play back mode, but only very slight noises can be recorded in such a way. Similar noises can be recorded when the tape recorder is kept running, and the line connector to the microphone is pulled or bent violently, probably because of poor contact. The noises recorded in such a way were confirmed to be louder than those secorded when the volume control knob was being turned quickly. The noises recorded from these two sources were much lower in amplitude than those recorded spontaneously in our interviews although they resembled them in quality, as far as hearing comparison can be done by the unaided ear.

Then copies of the original tapes in which the noises were recorded were examined by a sound technician by the unaided ear. He suggested that they might be caused (1) by malfunction of some parts in the circuits to the pre-amplifier or (2) by poor contact of the line connector to the microphone. Subsequently, the three original tapes on which our interviews were recorded in the February 18 and 28 sessions, along with the tape recorder and the microphone used in those sessions, were thoroughly examined by Prof. Toshiaki Kikuchi. As a result, possible causes were suggested

64

Vol. 30, No. 2

as follows: (1) The short cycles of the noises showed that they were not caused by any external sources but caused by some electric malfunctions or by defective tapes, and (2) as those noises were considered to be recorded at the more-or-less first and last parts of the tapes, where there are changes in power in rolling them around the reel, magnetic dust adhering to the recording head caused those noises to be recorded, and also caused the reduced volume. On the basis of these hypotheses, he adhered magnetic dust to the head and tried repeatedly to reproduce such noises, but in vain. In addition, he confirmed that the microphone was not found to be at fault. His later statement revealed that probably the tapes themselves were not defective because no noises were recorded, whereas, noises would likely have been recorded at those points on the other sides of the tapes if due to defective tapes.

The chart which shows the recording level offered by him reveals (1) that the recording level became reduced and continued to be so with no noticeable normal cause between the time when she complained about feeling nausea in the course of thought about the presumed proto-rival's name and when the noises were recorded for the first time, (2) that there are at least several points where the low recording level continued for sufficiently long time to regard the cause as something other than the normal function of the AGC, and (3) that the recording level was still much lower than normal when the recording was resumed following her departure from my office for a few minutes to go to the toilet. These three facts do not permit the lowered recording level to be explained solely by the normal function of the built-in AGC.

(Continued in Next Issue)

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TRANSFERRING THE REINS

With this issue, the editorial reins are being transferred. After sixteen years as Editor-in-Chief, I have now decided the time has come to sit back and savor the fruits of the past. Dr. Don Morse is the new Editor-in-Chief. Don is highly qualified to assume this position at a time when the Journal is on an exciting and expanding course. Dr. Morse is currently the President of the *Philadelphia Society of Clinical Hypnosis*, Full Professor and Director of Research of the Department of Endodontology at Temple University in Philadelphia and a Consultant Editor of the *Journal of Human Stress*. He has written over 100 scientific articles and authored or co-authored four textbooks including three on stress management (with M. Lawrence Furst, the Society's President). I am certain that Dr. Morse, along with his very able group of consultant and foreign editors will carry the Journal to even greater heights. I will give him all the help and guidance of which I am capable. Let me now thank everyone for their comments and encouragement throughout the years. Adieu.

> Leo Wollman, M.D., Ph. D. Editor Emeritus

A Presumed Case Of Spontaneous Psychokinesis In A Psychotherapy Situation

Part II of a Two Part Article.

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Part II

5. DISCUSSION

5.1. Normal Hypotheses

If the above-mentioned phenomena were caused by normal means, two hypotheses may be possible, as follows: the noises were recorded (a) due to some physical means, and (b) by myself and/or the patient fraudulently. These hypotheses will be examined.

5.1.1. Physical Hypotheses

The four normal and physical hypotheses deserve a fuller discussion, as follows: (1) defective tape hypothesis, (2) external source(s) hypothesis, (3) magnetic dust hypothesis, and (4) malfunction of the apparatus hypothesis. The hypothesis we are searching for must explain *both* why those noises were recorded and what reduced the volume, at least at several points.

(1) In fact, expensive cassette tapes were not necessarily used. Particularly, the tapes used in the February 18 and 28 sessions were not good ones, and were furnished by herself for reexamination of our interviews at home, although she furnished new cassette tapes at every session. However, the tape used in the November 28 session was a new BASF low-noise tape stocked in my office and seemed to be more reliable. On the other hand, if the recorded noises were due to defective tapes, noises were likely to be recorded, according to Prof. Kikuchi, on the other side of the tapes at the points where those noises were recorded; however, no noises were recorded in such a way. Furthermore, if due to defective tapes, such noises could not have been heard through the earphone

Journal of the American Society of Psychosomatic Dentistry and Medicine

attached to my ear nor could gross deflections of the index of the VU meter have been observed, because these indicators feed back sounds being recorded, not ones already recorded. The defective tape hypothesis is, therefore, apparently rejected.

(2) Although the thunderbolt hypothesis seems rejected since it was the season when thunder was least likely, the other-externalsource hypothesis is not necessarily rejected because such apparatus as the above-mentioned ionizer and X-ray apparatus existed in the neighborhood of the office. However, Prof. Kikuchi, after examination of those noises from a technical standpoint, stated that the short cycles and long durations probably reject the external noise hypotheses, and such hypotheses could hardly explain the continued low volume.

(3) The magnetic dust hypothesis was offered by Prof. Kikuchi to be the most likely. It may be more possible that this explains both the noises and low volume in question. He stated that a recording head would become dirty unless cleaned by a head cleaner within about a year, and a dirty head could cause such noise and low volume. However, I did not use the tape recorder often, and, as far as I remember, not more than a few months had passed since last cleaning the head. Although this hypothesis is weak in that he could not reproduce similar noises and low volume by making the head dirty artificially, it is not necessarily rejected by the failure of the noise reproduction alone because these two conditions differ from each other. However, clusters of noises were recorded in the November 28, 1981, session when the tape recorder, a Sony TC-1250, returned with its recording head cleaned by Prof. Kikuchi, and the microphone, a Sony ECM-19B, which he confirmed was not at fault, were used for the first time, and the noises were recorded at the mid-point of the tape, so as to reject his hypothesis, that these phenomena were probably caused by magnetic dust adhered to a dirty recording head due to a possible change in power in rolling the tapes around the reel. (The clusters of noises and low volume on this tape have not as yet been examined from a technical standpoint: however, they seem to resemble in quality those recorded in the previous sessions.) Therefore, this hypothesis is least likely to stand up.

(4) The Sony TC-1250 cassette tape recorder (with no internal receiving apparatus) and Sony ECM-19B condenser microphone used

Vol. 30, No. 3

were placed on a small wooden table between us, with the tape recorder connected to an electrical outlet (100 V) in the wall near the table. At the beginning of the session I received the tapes from her, put them into the tape recorder, and operated it. The spontaneously recorded noises were recorded while, as far as I know, we did not touch with our hands, or any parts of our bodies, the volume control knob, the line connected to the microphone, or any other portion of the recording equipment. Even if the noises in question were, as mentioned above, similar in quality to those caused by having turned the volume control knob quickly or by having pulled or bent the line connector violently, one could not tape record similar noises (at least in quality) unless either or both of us were pulling or bending violently the line, or were turning quickly the volume control knob clockwise and counterclockwise, probably with my and/or her eyes fixed on the VU meter of the tape recorder, so that such noises could be recorded successfully. However, as mentioned above, neither of us did so, and it has been confirmed by me that several trials using such methods could not have produced noises similar to the ones in question and the ones recorded in such a way were entirely different from the former in quantity and length.

Secondly, the possibility of the noises having been recorded due to some mechanical trouble in some parts or circuits should be examined. If parts or circuits of the tape recorder were at fault, I was told, sessions should be monitored, by the same tape recorder after the presumed defective parts had been changed to new ones. to observe whether or not those phenomena recurred; I could not do so, however. On the contrary, a question arises that if these were not at fault, why did the phenomena not occur when using her tape recorder, an Aiwa TP-25 (without an external microphone), during sessions comprising no less than forty hours. The fact that no such phenomenon occurred in the tapes recorded by her tape recorder makes it difficult to explain those phenomena by the external source(s) hypothesis and defective tape hypothesis, but is likely to support the malfunction of the apparatus hypothesis. Therefore, it is a highly probable one; but it has some weak points also. One of these is the fact that similar phenomena were observed repeatedly in another psychosomatic case of mine in which similar noises and low volume were recorded, at critical points again, by the patient's tape recorder, a Sony TCS-310 (without an external

microphone), and by my tape recorder, a TC-1250, both with and without an external microphone. At any rate, it is a highly probable counterhypothesis against paranormal ones discussed below. While the defective microphone and poor contact hypotheses could not be rejected in this case, the fact that similar phenomena occurred in the above-mentioned case by using the TC-1250 tape recorder without an external microphone probably make these hypotheses least likely.

Moreover, why were those phenomena mainly observed at the particular points where she showed strong reactions? The unorthodox nature of my system of psychotherapy leaves no one aware of the vital contents in the psychotherapy except for us two, the psychotherapist and the patient. Therefore, it is hard to persuade one of my view which claims that patients of mine, including this particular patient, would show strong reactions when vital contents were referenced or they began to recollect same by themselves, and that the noises and low volume in question seem to coincide with these reactions. In fact, a few parapsychologists suggested to me that I properly objectify the data: that is, for example, a transcript of the sessions should be offered to an outside judge who would be asked to evaluate at what points in the sessions he felt certain stresses or conflicts were emerging, and then the correlation of his scoring with the places on the tapes where noises appear could be checked. Although I am well aware of the usefulness of such a method, I doubt whether one can precisely ascertain the vital contents of our interviews, because they never appear like socalled stresses or conflicts. Little can I expect that anyone but ourselves could precisely ascertain how significant for the patients themselves would be, for example, the proto-rivals' name or their first meeting. On the other hand, there is some persuasion in my assumption since most of the phenomena in question were apparently preceded by or coincided with her strong reactions.

As discussed above, the first to third hypotheses are likely to be excluded, and as far as correspondences of the phenomena with the situation in the psychotherapy which she wanted to evade at any cost are considered, the fourth hypothesis does not seem to be able to explain the primary cause.

5.1.2. Fraud Hypothesis

The possibility of the patient's and/or my committing a fraud

will be examined. First, possible fraud in which she somehow tampered with the tapes after the session for some purpose will be discussed. It is not possible that she recorded the noises in advance on the tapes although she brought them herself, taking into consideration the mechanisms of the tape recorder by which when a tape passes through the recording head, it is automatically erased and re-recorded; however, it may be possible that she recorded the noises after the session. Yet, this possibility appears to be denied by the following facts. (1) Her statement in which she stated that she could not listen to the whole tape because of dread. This is supported by the fact that she mentioned she had not been aware of another cluster of recorded noises which I had found to be recorded after the February 25 session when I played back the second tape to let her hear them on February 28. (2) Success in recording the third cluster of noises. In the February 28 session; these noises were heard through the earphone attached to my right ear and were confirmed later to have been recorded at the same location with my recorded voice saying "now I hear voices."

In the next place, the hypothesis that I fraudulently produced the tapes by normal means for some purpose by myself or in collusion with her should be examined. First, the possibility of my practicing fraud alone will be considered. The tape recorder and the microphone used belong to me, although the tapes were supplied by her. Therefore, it might have been possible for me to equip the former and/or the latter with some device by which noises could be inserted at my will. However, in this case, I probably would have had to switch some kind of noise generator on and off without attracting her attention, and above all I would have had to be fully aware of her reactions so as to synchronize them. As a matter of fact, I was not fully aware of her emotions or processes of the mind.

Next, the possibility of my practicing fraud in collusion with her will be examined. If there is such a possibility, the above-mentioned information that she was surprised when she heard the second cluster of noises at the February 25 session was not the result of her having played a trick on me, but rather from our having devised these tapes for some reason in order to make a fraudulent report in which we claim the paranormality of them. This hypothesis, as well as the above-examined one of my practicing fraud

by myself, ultimately requires my and/or her motivation for committing such a fraud. I am, however, well aware of the great possibility that once such a deception is detected, my career as a scientist may be ruined, and I am not a reckless person who is likely to commit such a risk, however strong any motivations of mine might be. If these reasons exclude the fraud hypotheses, then the hypothesis that the phenomena in question were caused by her (or my) PK seems to me to deserve full examination.

5.2 Paranormal Hypothesis

5.2.1. The Possibility of Paranormal Causes

The above discussion revealed that the malfunction hypothesis might be the most persuasive normal cause. Therefore, the paranormal hypothesis will be discussed, as opposed to the former as the counter-hypothesis.

That the malfunction hypothesis can be considered to be the most persuasive among the normal hypotheses is, as mentioned earlier, because the patient never informed me of those phenomena having taken place during interviews in which we used her own tape recorder, an Aiwa TP-25. This was before they recurred when my tape recorder, by which they had been observed in the previous sessions, was used. However, this counterhypothesis has a few weaknesses, besides the above-mentioned fact that similar effects have been observed also recurrently in another case in which both mine and the patient's tape recorders were used with those effects noticed, as follows: (1) No less than about a hundred and sixty hours of my interviews with four other psychosomatics were recorded by the same tape recorder, a Sony TC-1250, in the same room (but mainly at different periods of time) without such phenomena, except when one of them showed a strong reaction and, being unable to sit on the sofa, lay down on the floor in front of me and when the other, the above-mentioned patient, stated or was told by me several facts which she was "unwilling to hear again in my home." (2) Prof. Kikuchi could not find any mechanical fault in the tape recorder itself. Nevertheless, the possibility cannot be completely rejected.

On the other hand, Bayless (1977) suggests that the raps which he claims were recorded paranormally on tapes by himself and his colleagues are directly dependent on the presence of "a sounding surface," i.e., a wooden table, on which the microphone is rested. Therefore, it is possible in a sense that if any parts of the tape recorder had been at fault, it would be why the noises were recorded and the volume lowered (if so) paranormally.

In addition to the above reasons, there are two more reasons why these phenomena are considered to be due to paranormal causes. First, in the November 28 session noises were observed through the gross deflections of the index of the VU meter and later were confirmed to have been recorded at the points where I expected them to be recorded, if such phenomena were caused to happen by her paranormally so as to blanket the vital contents of our interview. Secondly, these phenomena were observed first when she had been speculating the name of her presumed proto-rival and she had assumed the final syllable of the proto-rival's name to be "mi," and later (in the November 28 session) when her cousin Mitsue was suspected to be the proto-rival. (The five conditions of the presumed proto-rival mentioned above can be fulfilled if she is the proto-rival; however, the patient did not wish to suspect this possibility for a long time for the reason that she could not have remembered their meetings in their early years. She showed strong reactions when speculating it to be "mi" while, strictly speaking, these should have been observed when speculating it to be "e"; it should be mentioned, however, that these so-called reactions noticed in my method of psychotherapy have tendencies to become less noticeable and to become more inconsistent when more closely approaching the point.) Those phenomena were rarely observed except when she concentrated upon details bearing on the presumed proto-rival or her cousin.

Therefore, the paranormal hypothesis would become the most probable one. This hypothesis can be supported by episodes in which two other patients of mine (who like my other patients, were never informed of my interests in parapsychology) replied to my question about how they would consider these phenomena with the statement that they could be considered the same effect as the tendencies to efface their memories and to fall asleep instantly when referring to vital details.

5.2.2. Examination As a Presumed PK Case

Stanford (1974, 1975) applies his PMIR model to PK. This model assumes that "persons can use a combination of ESP and PK

Vol. 30, No. 3

in the service of their own needs, even when they are not consciously intending to do so" (p. 127). As mentioned above, it might be possible on the basis of his assumption, to hypothesize that the patient may have blanketed the vital details of our interview purposefully by her PK so that she could not hear them later. These tapes were not for my purpose of keeping records of our interviews, but for her purpose of later examination. Nevertheless, one could hardly catch most of the vital details, because of the loud noises and low volume following especially loud noises, which predominated in noise clusters. These effects appear to be equivalent to her tendency to escape from the vital details by effacing them from memory and falling asleep instantly. Any of the other reactions appearing in my interviews could accompany each other, but not drowsiness. When the patients become drowsy, any reactions about which they had been complaining and/or which had been observed disappeared quickly: that is, in a drowsy state other reactions whose purpose may be to avert conscious thought from the vital contents of the interview become unnecessary. Seen in this light, it is very interesting to note that in the November 28 session, noises and the patient showing tremors repeatedly occurred simultaneously before her falling asleep during which no noises could be heard.

On the other hand, she has been making, apart from the tape recording, some notes on our interviews and questions or suggestions from me during the session. Consequently, she could get a rough idea of what should have been discussed by listening to the tapes while referring to her own notes. However, other patients often develop a tendency to show reactions when they repeatedly hear their own words spoken by me, although they show no reaction when they read their own notes written while the reactions were observed. These observations indicate that it may be much easier for them to recollect their own processes of mind when they listen to the tapes over again rather than re-read their notes. Therefore, even if she wrote down the contents of our interview thoroughly, it would not offer conclusive counterevidence against the hypothesis that she might have used her PK purposefully so that she could not re-examine the vital contents of our interview.

Stanford (1974) also describes a case as a possible illustration of his PMIR model. This is a case in which a phenomenon Journal of the American Society of Psychosomatic Dentistry and Medicine

occurred while he was administering a disguised form of a suggestibility to a female subject. This phenomenon might have been caused by her PK for the purpose of escaping an experimental situation disturbing to her. It seems certain that my patient had a far stronger motivation than his subject to evade a situation unpleasant to her.

If this case concerns PK by the patient (not by me), it would have something in common with the poltergeist phenomena. The majority of the ninety-two RSPK agents, whom Roll (1977) studied. appear to have more or less severe medical or psychological problems, and other studies (e.g., Palmer, 1974; Roll, 1968, 1976) also suggest that most RSPK agents have a lack of emotional stability, at least latently. The present case is one in which a psychosomatic patient is the presumed agent who might have caused the cluster of phenomena to happen by PK. However, poltergeist phenomena appear to be inhibited from happening in the presence of an observer or observers, and the thoughts or intentions of the agents at least at the time of the occurrences seem unclear. These might make it difficult for us to approach some causes of those phenomena. If the present case includes the patient's PK performance, then it might offer another clue to the psychodynamics of spontaneous PK events including RSPK ones.

It is possible in a sense that if these phenomena were caused by her use of PK to blanket vital contents, then they are to be considered "a reaction," which may be a useful guide to show us the causes of some symptoms, and in the final analysis the nature of psychosomatic diseases.

Nevertheless, even if the present case concerned the use of PK by the patient, it is still unexplained whether she used her PK purposefully or not. I believe that the above discussion fully warrants studying further the questions of whether the phenomena were produced purposefully, if caused by PK, as well as whether the phenomena really included paranormality.

> 1362-5 Maginu, Miyamae-Ku Kawasaki-Shi, Kanagawa-Ken 213 JAPAN

Vol. 30, No. 3

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