

A STUDY OF THE CORRELATIONS BETWEEN SUBJECTIVE PSYCHIC EXPERIENCES AND DISSOCIATIVE EXPERIENCES

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ABSTRACT

A variety of subjective "psychic" experiences, such as telepathy, clairvoyance, and out-of-body experiences, are often reported in conjunction with dissociative experiences. This study looked at the relationship between the Dissociative Experiences Scale (DES) and a variety of psychic experiences in a non-clinical adult population with a high level of psychic experiences. The DES was correlated moderately (Pearson's r from .3 to .4) with most but not all of the experiences. The mean DES score was 17.2 (SD = 12.5), and the median was 14.1, substantially above the norm for adults. The correlations with a measure of affect, the Positive and Negative Affect Schedules (PANAS), were low for both positive and negative affect, and the means for affect were similar to the means for the general population. Eighty-one point five percent of the subjects felt that their psychic experiences had had a positive or inspirational effect on their lives. When taken in conjunction with other surveys of the general population, this study confirms that psychic experiences are a common occurrence in non-clinical populations, and that, although they are correlated with dissociation, they are not necessarily associated with pathology.

INTRODUCTION

A variety of subjective experiences termed "psychic" often occur in conjunction with dissociative phenomena. Commonalities among mediumship, automatic writing, and dissociation were recognized in the 19th Century (Ellenberger, 1971; Myers, 1903). Recent accounts of multiple personality disorder (MPD) have also reported psychic experiences (e.g., Chase, 1987; Mayer, 1988). Ross (1989) discusses these types of experiences in his text on MPD, and concludes that they are worthy of systematic study.

In diagnostic interviews for dissociative disorders, a number of questions phrased in terms of psychic experiences are typically asked. For example, Putnam (1989) asks questions about out-of-body experiences, which he states occur in at least half of all multiples. The Dissociative Disorders Interview Schedule (DDIS) (Ross, 1989) contains questions on several types of psychic experiences, including perception of another person's thoughts (telepathy), seeing the future while

awake or in dreams (precognition), moving objects with the mind (psychokinesis), possession, contacts with ghosts, spirits, or poltergeists, recall of past lives, and déjà vu (Ross, Heber, Norton, Anderson, Anderson, & Barchet, 1989). In the DDIS, this category is one that discriminates MPD from other disorders such as schizophrenia and anxiety disorders.

Psychic experiences have also been linked with hypnotic susceptibility and absorption. Wilson and Barber (1983) and Wickramasekera (1989) have noted that their highly hypnotically susceptible subjects report a variety of psychic experiences. Nadon and Kihlstrom (1987), Richards (1990b), and Wagner and Ratzeburg (1987) all reported weak but consistent correlations of psychic experiences with hypnotic susceptibility as measured by the Harvard Group Scale of Hypnotic Susceptibility. Researchers reporting correlations of the Tellegen absorption scale with psychic experiences include Irwin (1985), Nadon and Kihlstrom (1987), and Palmer and van der Velden (1983).

However, the psychological connection among these diverse experiences is not immediately apparent. Some, such as out-of-body experiences, seem clearly related to depersonalization, but may reflect a general capacity for dissociation, rather than a dissociative disorder (Putnam, 1989). Others, such as psychokinesis, have no obvious relationship to dissociation, yet are also reported by MPD patients (Chase, 1987). Still others, such as trance "channeling" by alternative healers, may resemble the symptoms of MPD, yet not be accompanied by other signs of pathology (Heber, Fleisher, Ross, & Stanwick, 1989). Studies by Greeley (1987) and Palmer (1979) suggest that psychic experiences are very common in the general population; over two-thirds of the respondents reported psychic experiences in Greeley's survey. As Heber et al. (1989) have noted, our current understanding of dissociative experiences is largely drawn from studies of patients with varying degrees of psychopathology, and little is known about dissociative experiences in the general population, or about what comprises "normal" dissociation.

The purpose of this study was to quantitatively assess the relationship of dissociative experiences, as measured by the Dissociative Experiences Scale (DES), to a variety of subjective psychic experiences and related experiences, in a non-clinical population.

METHOD

Subjects

The subjects were 184 attendees at conferences at the

Association for Research and Enlightenment (A.R.E.) in Virginia Beach, Virginia, an organization that sponsors programs dealing with various types of psychic phenomena. Aspects of the psychology and demographics of the A.R.E. population have been studied by Kohr (1977, 1978, 1980, 1983), Reed (1978), and Richards (1990b, c, 1991). The population consists primarily of well-educated, middle class adults, and is about 25% male and 75% female. In this study, all subjects were volunteers who participated as an optional conference activity. There were 25.3% male subjects and 74.7% female subjects. The mean age was 49.3 years ($SD = 12.4$).

INSTRUMENTS

Psychic Experiences

The list of psychic experiences was derived from the work of Palmer (1979) and Kohr (1983), and is an extension of the psychic experiences scale of Richards (1990b). It contains paired questions on eleven different experiences; for each experience, one question addresses spontaneous occurrences, and the other addresses volitional occurrences. There are four response alternatives ranging from "Never" to "More than five times." The Richards (1990b) scale, which contains a subset of seven of these items, has a two-week test/retest reliability of .89, and correlates .69 with Thalbourne's (1981) measure of psychic beliefs. The expanded questionnaire was not assessed psychometrically; for the purposes of this study, the items should be taken as having face validity only. In addition, there were questions on the following experiences hypothesized to be related to psychic experiences, based on the work of Palmer and Kohr: dream recall, lucid dreaming, volitional dreaming, meditation, *deja vu*, and near-death experiences. The complete questionnaire is given in Appendix A.

Dissociative Experiences Scale (DES)

The DES was developed by Bernstein and Putnam (1986) to measure dissociation in normal and clinical populations. It is a 28-item self-report questionnaire, with a range of possible scores from 0 to 100. The items in the DES are constructed to screen for the presence of dissociative disorders; most items are extreme for normals. Nevertheless, it has proven useful in studying dissociation in non-clinical populations (Ross, Ryan, Anderson, Ross, & Hardy, 1989).

Measures of Affect and Attitudes

This study was not intended to yield psychiatric diagnoses, and diagnostic instruments were not administered. However, general affect was measured using the Positive and Negative Affect Schedules (PANAS), a one-page, twenty-item measure, requiring endorsement, on a five-point scale, of adjectives such as "enthusiastic," "excited," "angry," and "irritable" (Watson, Clark, & Tellegen, 1988). Watson et al. report an alpha reliability of .88 for the positive affect (PA) scale and .87 for the negative affect (NA) scale, and have shown that their concepts of positive and negative affect correspond closely to the traits terms "extraversion" and "anxiety/neu-

roticism" in many other studies.

In addition, a single question on the general subjective effect of psychic experiences was asked, with the following wording: "What effect, in general, have your psychic experiences had on your life?" The possible answers, on a five-point scale, ranged from "(1) They make me very frightened and continue to plague me," to "(5) They have been a major source of inspiration in my life."

PROCEDURE

The psychic experiences questionnaire, the DES and the PANAS were administered to the subjects during conference sessions as an optional activity. The researcher explained that the subjects were being asked to participate in a survey of psychic experiences and other experiences of different types of altered states of consciousness. Space was also provided for the subjects to write comments about their experiences. The questionnaires were administered anonymously, and the subjects were asked not to include their names.

RESULTS

The mean score on the DES was 17.2 ($SD = 12.5$, $n = 184$) and the median was 14.1. Subscales for amnesia, depersonalization and absorption, based on the factor analysis by Carlson and Putnam (1988) did not show consistent differential relationships to the psychic experiences. In particular, the correlations with a scale lacking the relatively "normal" absorption-related items were not different from the correlations with the entire DES. Therefore, only the overall correlations with the DES are presented.

Table 1 presents the percentages of the subjects endorsing the experiences in the four frequency categories and the correlations (Pearson's r) with the DES. The smaller sample size for some of the experiences is due to these experiences being added to the questionnaire after its first administration.

A summary statistic, essentially an expanded version of the Richards (1990b) psychic experiences scale, was created by summing all the experience items. This sum (Mean = 46.3, $SD = 14.1$) correlated with the DES $r(126) = .52$, $p < .001$.

Table 2 presents the percentages of subjects responding to each frequency category in the dream and meditation questions, and the correlations with the DES. Occasional unanswered questions on the non-DES part of the questionnaire account for the slightly variable number of subjects in some of the correlations.

The DES was not significantly correlated with age ($r(182) = -.10$, $p = n.s.$) or sex ($r(182) = .07$, $p = n.s.$).

The DES was significantly correlated with positive affect ($r(179) = .17$, $p < .05$) and not significantly correlated with negative affect ($r(179) = .14$, $p = n.s.$).

The mean scores for affect on the PANAS were positive affect, mean = 37.1, $SD = 5.8$, $n = 181$, and negative affect, mean = 18.9, $SD = 7.0$, $n = 181$.

The mean score on the 5-point scale about the general

Table 1
Frequency Tabulation of Psychic Experiences and Correlations with the DES

Experience	Frequency of experience (percent)				Correlation with DES	n
	Never	Once or twice	3 - 5 times	More than 5 times		
<i>Psi</i>						
Clairvoyance						
Spontaneous	32.6	20.7	16.8	29.9	.41***	184
Volitional	53.3	17.9	9.8	19.0	.36***	184
Precognition						
Spontaneous	23.9	26.1	23.9	26.1	.39***	184
Volitional	59.8	16.8	9.8	13.6	.41***	184
Apparition						
Spontaneous	51.1	27.2	8.7	13.0	.32***	184
Volitional	70.1	17.4	6.0	6.5	.38***	184
Psychokinesis						
Spontaneous	83.2	12.0	4.9	0.0	.32***	184
Volitional	83.7	11.4	3.3	1.6	.30***	184
Telepathy						
Spontaneous	9.8	13.0	10.3	66.8	.19*	184
Volitional	31.5	17.9	12.5	38.0	.34***	184
Psychic dream						
Spontaneous	32.6	26.6	17.9	22.8	.20**	184
Volitional	52.2	23.4	10.3	14.1	.27***	184
<i>Psi-related</i>						
Out-of-body						
Spontaneous	34.4	33.6	14.8	17.2	.37***	128
Volitional	65.6	15.6	7.8	10.9	.43***	128
Spirit guide						
Spontaneous	41.8	22.3	12.5	23.4	.37***	184
Volitional	50.8	15.2	10.3	24.5	.34***	184
Trance channeling						
Spontaneous	91.8	3.3	1.1	3.8	.34***	184
Volitional	91.8	4.9	0.5	2.7	.41***	184
Extraterrestrial						
Spontaneous	91.3	6.5	1.6	0.5	.15*	184
Volitional	96.2	3.3	0.0	0.5	.22**	184
Past life						
Spontaneous	35.2	22.7	18.8	23.4	.29***	128
Volitional	39.1	27.3	19.5	14.1	.16	128
Deja vu	10.2	22.7	16.4	50.8	.25**	128
Near death	73.4	21.9	4.7	0.0	.31***	128
*p < .05 **p < .01 ***p < .001						

effect of psychic experiences on the subject's life was 4.07 (SD = 0.85, $n = 173$). Forty-nine point one percent of the subjects answered "(4) They [psychic experiences] have generally been a positive experience, opening my perception to a wider view of life," and 32.4% answered "(5) They have been a major source of inspiration in my life." Only 0.6% answered "(1) They make me very frightened and continue to plague me." This question was not significantly correlated with the DES ($r(171) = .14$, $p = n.s.$), but it was significantly correlated with the summary number of psychic experiences ($r(117) = .33$, $p < .001$), and with the measures of positive affect ($r(168) = .36$, $p < .001$) and negative affect ($r(168) = -.22$, $p < .01$).

DISCUSSION

The DES is moderately correlated with most, but not all, of the subjective experiences in the questionnaire. However, the experiences themselves are quite diverse, and not all have an obvious dissociative component. Are these experi-

ences themselves dissociative, or do they reflect some more general capacity for shifts of conscious focus? How are they relevant to questions of pathology and normalcy in regard to dissociative disorders?

Only some of the experiences in the questionnaire would be classified by parapsychologists as potential psi (extrasensory/motor interaction with the environment). Palmer (1979) and Kohr (1980) have adopted a useful classification of experiences into "psi" and "psi-related" categories. Psi experiences include apparitions, clairvoyance, precognition, telepathy, and psychokinesis. For such experiences, at least in principle, it would be possible to obtain independent verification. For example, there might be multiple witnesses to an apparition, or a person could have written down a precognitive dream and told it to someone prior to the event. The questionnaire method of this study, however, does not allow a verification of the objective source for these subjective experiences. In contrast, psi-related experiences are primarily subjective, such as *deja vu* and past life recall, and are not accessible to outside verification. Still others, such as

trance channeling or mediumship, would be interpreted differently depending on one's opinion of the ontological status of the "entities." Nevertheless, both psi and psi-related experiences correlate significantly with the DES. Despite the distinctions made by researchers, a wide variety of psychic and dissociative experiences appear to be related in the reports of those having the experiences. The relative frequencies of the experiences are consistent with the findings of Palmer (1978) and Kohr (1980), who also reported high correlations between psi and psi-related experiences.

Psi Experiences

Psi experiences are common in the general population. They were reported by 51% of the townspeople and 55% of the students in Palmer's (1979) study, and 67% of the random sample of the U.S. population in Greeley's (1987) study. In the current study, all the subjects reported at

TABLE 2
Frequency Tabulations of Other Items and Correlations with the DES

	Percent	Correlation with DES	n
Dream recall		.12	181
Rarely or never	14.9		
About once a month	13.8		
About once a week	22.1		
About three times a week	26.5		
Almost every night	22.7		
Lucid dreaming		.23**	178
Rarely or never	45.5		
About once a month	23.6		
About once a week	14.0		
About three times a week	11.8		
Almost every night	5.1		
Volitional dreaming		.20**	184
Little or no control	51.1		
About 10%	31.5		
About half	8.7		
Almost every time I try	8.7		
Frequency of meditation		.09	184
Do not currently meditate	15.8		
Less than once a week	11.4		
1 or 2 days a week	19.0		
3 or 4 days a week	15.2		
5 or 6 days a week	11.4		
Every day	27.2		

* $p < .05$

** $p < .01$

least one psi experience. Spontaneous experiences were more common than volitional experiences in all cases, but volitional experiences were by no means rare.

The psi experiences correlating most highly with dissociation ($r = .30 - .41$) include waking clairvoyance, precognition, apparitions, psychokinesis, and volitional telepathy. Paradoxically, the comments by the subjects suggest that these experiences often do not occur in a particularly dissociated state, but rather as an intrusion into an otherwise normal, conscious state. Frequently, however, the conscious activity before a spontaneous experience is monotonous or boring. Volitional psychic experiences may occur in a deliberately induced state of relaxation or concentration; for example, the "ganzfeld" technique of partial sensory deprivation is one of the most commonly used techniques for investigating psychic phenomena in laboratory experiments (Honorton, 1977; Stanford, 1987).

Spontaneous telepathy, in contrast with volitional telepathy, has a substantially lower correlation with the DES, but this may be an artifact of the skewed distribution of scores; over 90% of the subjects reported a spontaneous telepathy experience. Psychokinesis, however, the rarest of the psi experiences, had a moderate correlation with the DES despite the skewed distribution. Dreams with a psi component had relatively low correlations with the DES, but this result is hard to interpret, since it is complicated by the low correlations of dream recall with the DES, as discussed below.

Psi-related Experiences

The psi-related experiences have a more obvious component of dissociation. Nevertheless, the correlations were in the same range as those for the psi experiences. The strongest correlations (over .30) were with out-of-body experiences, mental contact with higher beings, and trance channeling. These all resemble dissociative phenomena; contact with higher beings and trance channeling include the perception of a separate personality. Trance channeling also includes an amnesia component.

Although Putnam (1989) found out-of-body experiences (OBEs) in half of all MPD patients, they are also quite common in the general population. Palmer (1979) found them in 14% of his sample of townspeople, and 25% of his student sample. In the current study, spontaneous OBEs were reported by 65.6% of the subjects. As Putnam notes, while out-of-body experiences may be frightening to MPD patients, for non-MPD patients they may be accompanied by a feeling of detachment or tranquility when in conjunction with a near-death experience. People also seek out-of-body experiences deliberately, and there are training programs for achieving this state (Monroe, 1971). In the current study, 34.4% of the subjects reported volitional OBEs.

Near-death experiences (NDEs), also moderately correlated with the DES, were reported by 26.6% of the subjects, and can be considered from two perspectives. First, in reporting multiple near-death experiences, some subjects may be expressing the repeated trauma found in the etiology of MPD. In other cases, however, the NDE appears to be a single event in adulthood precipitating a significant change

in perception and world view. Kohr (1983) and Greyson (1983) have documented the increase in psychic experiences that many subjects claim follows an NDE. Prolonged or repeated trauma may not be required to trigger a permanent increase in psychic experiences, often perceived as a positive transformation by the subjects. Note that the NDE question in the current study did not explore the details of the experiences as described by authors such as Greyson (1983), and a more in-depth questionnaire would be required to determine which aspects of the NDE are related to dissociation.

Mental contact with higher beings was also common; 58.2% of the subjects reported spontaneous contact and 49.2% reported volitional contact. These contacts were often described as very positive and rewarding. In contrast, trance channeling with amnesia was quite rare, yet not surprisingly was also highly correlated with the DES. Only 8.2% of the subjects reported spontaneous trance channeling, and 8.2% reported volitional trance channeling.

The psi-related experiences having lower correlations with the DES, although they were common experiences, included past-life recall and *deja vu*. From a skeptical point of view, both types of experiences could plausibly be attributed to an active imagination, the "fantasy-proneness" of Wilson and Barber (1983), since they are entirely subjective. The question on volitional past-life recall even referred specifically to hypnosis-induced experiences. Nevertheless, these experiences, though common, were not strongly related to the experiences on the DES.

Physical contact with extraterrestrials was the rarest of the experiences; 8.7% of the subjects reported spontaneous contact, and 3.8% reported volitional contact. The correlations with the DES were also among the lowest, in contrast with the almost equally rare trance channeling. This experience, although not typically considered by researchers to be a psychic experience, sometimes occurs in conjunction with psychic experiences (Hopkins, 1981), and has similarities to reports by MPD patients (Ganaway, 1990). The low frequency of these experiences in the current study does not allow any firm conclusion to be drawn about their relation to dissociation, but the low correlation suggests that dissociation is not a complete explanation for the phenomenon.

Dream Recall and Meditation

The correlations of the DES with dream-related experiences are especially low, despite the high frequency of these experiences in this population. Simple recall and volitional control of dreams have very low correlations with the DES, a somewhat surprising finding given the theoretical reasons for linking dreams with dissociation (Gabel, 1990). Dreams are an avenue for communication with the unconscious, yet dreams *per se* seem very weakly related to waking dissociation. Lucid dreams, defined as "awareness that you are dreaming, while you are dreaming," are significantly correlated with the DES, but the relationship is also a weak one. Lucid dreaming involves a simultaneous split of consciousness; one part of the self is aware of dreaming, while the other part continues to participate in the dream. In this way it resembles waking dissociation. The correlations of the DES with

dreams identified as "psychic" are somewhat higher, but are still below the typical correlations of the DES with the other experiences.

The item on the frequency of practice of meditation also has no significant correlation with the DES. The low correlation is consistent with the study by Brown, Forte, Rich, and Epstein (1982-1983), in which they demonstrated that one form of meditation (mindfulness) and self-hypnosis are phenomenologically different. In addition, the low correlations of the DES with both dream recall and meditation are evidence that the correlations of the DES with the other variables are not simply a consequence of an acquiescence response set to questions on altered states of consciousness.

Implications for Pathology and Normalcy

How can we define what is pathological and what is normal in relation to psychic experiences and dissociation? Experiences that occur with a low base rate in the population may be perceived as reflecting deviance or psychopathology, but conversely may be regarded positively in populations where they are common. Clearly psychic experiences are frequently observed in patients with dissociative disorders (Ross, 1989), yet they are common in non-clinical populations as well (Greeley, 1988; Kohr, 1980; Palmer, 1979). In the population surveyed here, neither the psychic experiences nor the dissociative experiences appear to be related to pathology. On the contrary, both the statistical results and the subjective comments suggest that these experiences may be interpreted by many of these individuals as part of a healthy developmental process.

The data suggest that we are seeing different aspects of a dynamic ability to partition or focus consciousness in the service of particular needs. Thus, in the context of childhood physical or sexual abuse this ability might lead to the amnesias characteristic of dissociative disorders. But in the context of more normal life the ability may express itself in an enhanced sensitivity to certain types of experiences. Wilson & Barber (1983) used the term "fantasy-proneness" to refer to the imaginative capabilities of highly hypnotically susceptible subjects, yet the actual correlation between hypnotic susceptibility and psychic experiences is relatively weak (between .19 and .26 in various studies) (Richards, 1990b). Although there are moderate correlations among hypnotic susceptibility, fantasy-proneness, psychic experiences, imaginative abilities, and dissociative experiences, Lynn and Rhue (1988) have cautioned that it is misleading to speak of a unified syndrome of affective, cognitive, and behavioral attributes. Although in practice it may be difficult to separate fact from fantasy, the extensive documentation of these types of experiences, with multiple witnesses in many cases (e.g., Gurney, Myers, & Podmore, 1886), suggests that they should be taken seriously and not classified *a priori* as fantasy. If one is looking for a plausible alternative to actual paranormal events, psychic experiences could be explained away in terms of dissociative processes. But more productively, the study of dissociation could provide insights into the nature of the processes that link common cognitive functions to more obscure cognitive functions.

The statement, "They [psychic experiences] have been a major source of inspiration in my life," was endorsed by 32.4% of the subjects, and 49.1% endorsed the statement, "They have generally been a positive experience, opening my perception to a wider view of life." The transformative potential of these experiences should not be overlooked (Richards, 1990a). There is undoubtedly commonality between the Inner Self Helpers (ISHs) characteristic of MPD patients (Adams, 1989; Allison, 1974) and the experiences of spirit guides and higher beings reported by the subjects of this study. The understanding of the ISH function in a therapeutic context may have much to gain from a study of similar phenomena in normal people.

The data on general positive and negative affect tend to confirm that dissociative and psychic experiences, *per se*, are not necessarily indicators of pathology. The DES is weakly, but *positively* correlated with positive affect in this population, and is uncorrelated with negative affect. The means for positive and negative affect are very similar to those in the normative sample of Watson et al. (1988) (Mean = 35.0, SD = 6.4 for PA and mean = 18.1, SD = 5.9 for NA, $n = 663$). The results from the PANAS show that the typical characteristics of MPD patients, such as depression and suicidal tendencies, are not related to dissociation in this group as a whole. Comments from some of the subjects suggest that some types of dissociative experiences are regarded as signs of progress along a spiritual path. As Beahrs (1982) emphasizes, a symptom can become a skill. In a substantial segment of the population, experiences that could be classified as dissociative symptoms are looked on as very valuable skills (Heber et al., 1989). The relationship of affect to dissociation in this group contrasts with that in the university students studied by Norton, Ross, & Novotny (1990), where anxiety was a significant predictor of DES scores.

How representative are A.R.E. conference attendees of the general population? In common with the results of Kohr (1980), these subjects report psychic experiences at about three times the level of the general population in Palmer's (1979) study. They also have mean scores about three times higher on the DES than the normal group in the report by Bernstein and Putnam (1986). The relative proportions of different types of psychic experiences, however, are very similar to those in the Palmer and Kohr studies. The results of the PANAS suggest that the subjects are "normal" with respect to affect, in comparison with the general population. This should not be taken to mean that none of them have psychopathology. Halbreich, Bakhai, Bacon, Goldstein, Asnis, Endicott, and Lesser (1989) have shown that a moderate percentage of self-selected normal volunteers have some form of psychopathology. Nevertheless, there is no reason to expect a higher incidence of pathology in this sample than in the general population.

The approach taken to psychic experiences in a therapeutic context is complicated by the disparate belief systems, both among therapists and among clients, regarding the interpretation of such experiences. The situation is similar to that with religious beliefs, discussed by Bowman (1989), who recommends that a neutral but respectful position be

taken by therapists on the validity of particular beliefs. There is general agreement that uncritical validation of unverified experiences reported by a client has potentially deleterious effects (Ganaway, 1990; Hastings, 1983). But it may be difficult for either client or therapist to separate fact from fantasy; for example, Braude (1988) has shown that objectively separating mediumship from multiple personality is a virtually intractable problem, particularly if one accepts the possibility of extrasensory perception. On the other hand, for some psychic experiences, such as precognitive dreams, reality testing in the form of recording and verifying specific experiences is fairly straightforward. Hastings (1983) notes that there may be both normal and paranormal components to a given experience; psychological processes such as projection and distortion may accompany experiences that also appear to have a psi component. Hastings recommends that therapists become knowledgeable in the literature on psychic experiences, particularly the case material in such sources as Gurney, Myers, and Podmore (1886), Rhine (1961, 1962), and Stevenson (1970). Several psychotherapists, notably Ehrenwald (1948, 1977, 1978), Eisenbud (1970), Mintz (1983), and Ullman (1977) have addressed the relevance of psychic experiences to therapy from a variety of theoretical perspectives.

The data in this study tend to confirm Ross' (1989) clinical observations, that ESP experiences may be a marker of a dissociative trait, but are not in themselves indicative of a dissociative disorder. They appear to be the norm rather than the exception, and are common in high functioning people. "ESP experiences occur in otherwise healthy, high functioning individuals in our culture. They are not linked to childhood trauma or substance abuse and represent a dimension of experience that is not linked to psychopathology," (Ross, 1989, p. 184). A segment of the population exists which sees these experiences as inspirational, and stands in contrast to the MPD patient who presents clinically as depressed and lacking in energy. Individuals who report psychic experiences or who actively seek them out may comprise an important population for study of the normal aspects of dissociation. ■

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APPENDIX A

Psychic Experiences Questionnaire Items

The following questions refer to a variety of experiences, and are paired. For each experience, the first question refers to spontaneous experiences; that is, those that "just happen" that you have no control over. The second refers to experiences where you feel you have some control over their occurrence; that is, they happen due to some effort on your part. How many times have you had each of these experiences:

- 1a. A spontaneous psychic dream, which matched in detail an event that you did not know about or expect at the time of the dream.
- 1b. A psychic dream which you feel occurred due to intentional effort on your part.
- 2a. A spontaneous apparition or vision, while awake, of a living or dead person.
- 2b. An apparition which you feel appeared due to effort on your part.
- 3a. Spontaneous telepathy, that is, transmission of thoughts with someone else.
- 3b. Telepathy occurring due to effort on your part.
- 4a. A spontaneous clairvoyant impression, that is, a vision or intuition of a distant scene or event.
- 4b. A clairvoyant impression which you feel came about due to effort on your part.
- 5a. A spontaneous premonition or precognition of a future event which later came true, which you could not have predicted by logic.
- 5b. A premonition or precognition which you feel you received due to effort on your part.
- 6a. Spontaneous mental contact with higher beings or spirit guides (through yourself), where you remained aware of what was happening.
- 6b. Mental contact with higher beings or spirit guides, where you remained aware of what was happening, in which you controlled the contact through your own effort, for example, through meditation.
- 7a. Spontaneous "trance channeling," in which some other being speaks using your voice, but you have little awareness afterward of what has been said.
- 7b. "Trance channeling" where you controlled entry into the trance state, but had little or no awareness afterward of what was said.
- 8a. Spontaneous contact by extraterrestrial beings (actual physical presence).
- 8b. Contact by extraterrestrial beings where you are able to call them to physically come through your own efforts.
- 9a. Spontaneous movement of an object, bending of metal, etc., which could not have been due to natural physical causes (you may not even know if you were the psychic cause).
- 9b. Movement of an object, bending of metal, etc., not due to natural physical causes, where you felt you were controlling it due to your own psychic effort.
- 10a. Spontaneous recall of what you felt was a past life (another life, before you were born into this life), either awake or in a dream?
- 10b. Intentional recall of a past life, for example, during a hypnotic past life regression?
- 11a. A spontaneous experience in which you felt that "you" were located "outside of" or "away from" your physical body; that is, the feeling that your consciousness, mind, or center of awareness was at a different place than your physical body.
- 11b. An out-of-body experience that you deliberately induced, or felt you had control over.
12. Deja vu, the strong feeling that you had been some place or in some situation before, even though you had never actually been there before or were experiencing the event for the first time in "real life."
13. A near-death experience, that is, an experience where you came very close to death, in an accident, heart attack, etc.

The response alternatives for the above questions were:
1) Never 2) Once or twice 3) Three to five times
4) More than five times

14. How often do you remember the specific content of your dreams?
15. How often are you aware that you are dreaming, while you are dreaming (lucid dream)?
16. To what extent do you feel that you have volitional control over a dream, while you are experiencing the dream? That is, to what extent can you sometimes do what you want in the dream as opposed to feeling that the dream is something which is happening to you?
17. How many days a week, if any, do you currently meditate (any type)?
18. What effect, in general, have your psychic experiences had on your life?

The response alternatives for these questions are given in the results tables.