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Profile Study of Low-Income Population Seeking the Services of the Clinic of the Latin American Center of Parapsychology

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Abstract

Study background: This study describes the socio-demographic profile of 63 patients who, after having been subjected to previous treatments, attended the Clinic of São Paulo (Brazil) for psychological assessment and assistance with their psychological and emotional disorders.

Methods: We assessed the profiles of patients who consulted the Clinic of the Latin American Center of Parapsychology (CLAP). Data on diagnosis and treatment were assessed in a standard and systematic way for 63 patients in 880 sessions in total. Information regarding age, gender, level of education, profession, religion, salary, and region of residence were collected.

Results: Women were the most prevalent, representing 68% of the patients. They had higher levels of education, (73%), however with unstable sources of income (54%), and specified religious beliefs (90%). In general, they belonged to a low/middle income social class and presented psychological problems that were mostly psychiatric and psycho- religious. The main reasons that led them to seek psychological help were depression and anxiety (46%). Regarding patients, 98% were referred specifically for parapsychological reasons. It is worth notice that 5% of the men abandoned the treatment, a circumstance that was not encountered with women.

Conclusions: In this study, three characteristics were considered: the inability of the healthcare context to reveal the actual origin and nature of the problems experienced by the patients, their socioeconomic situation, and level of education. These patients were easily open to suggestions, which often favored the occurrence of psychic perturbations and the manifestation of several mental health disorders. In general, patients incurred significant financial expenses when subjected to previous diagnoses and treatments without achieving desired outcomes. These people came to the clinic in search of the "last hope".

Keywords: Clinic; Psychology; Short-term psychotherapy; Socio-demographic profile; Psychic phenomena; Parapsychology

Introduction

The Latin American Center of Parapsychology (a research-teaching clinic) (CLAP) was founded in 1970 by Jesuit scientists who felt the need to study parapsychological problems in greater detail. These phenomena were unknown at that time to medical, social and religious spheres. Currently, there is still little insight into this subject, often resulting in misinterpretation, prejudice, or even unsuitable treatments in Latin America, and particularly in Brazil. From a psychological, theological, philosophical, and observational science point of view, these are often described as "mysterious phenomena", as their theoretical and practical consequences are unknown. CLAP patients with problems in all areas, such as medical, psychological, psychiatric, social, and religious issues are increasing alarmingly. When these problems were psychological and psychiatric, they were often interpreted with magical cognitions and beliefs, such as "spells" and "evil eye". On the other hand, many healthcare professionals ignored the ways in which their patients faced the source of their problems and administered treatments that were previously rejected by their patients, resulting in confusion. It was necessary to orientate healthcare professionals towards how to best deal with this reality, which required the collaboration of psychologists and psychiatrists.

CLAP intends to study and disseminate parapsychological phenomenology scientifically to accommodate all possible realities to research methods, thus seeking and expanding new strategies that help discover and demonstrate phenomena that are still poorly investigated. In addition, these professionals seek to remain open to evaluate extraordinary and sporadic phenomena while applying traditional science, and accept them in a natural dimension, i.e., as being observable and analyzable. In 1973, the Psychology Clinic began work with the conviction that parapsychology could guide and clarify several problems.

Later, this organization aimed to comprehensively orient and fully advise people on their problems, trying to identify the causes and treat what was hidden beneath their clinical manifestations. As Father Quevedo lectured in his parapsychology classes, behind every situation there was always a psychological problem to be treated, as parapsychology is meant to clarify the mentality of magic and beliefs, and leans on the contributions of other professionals in the areas of psychiatry, neurology, psychology, theology, and philosophy. Parapsychology deals with scientific veracity; teology decides if one deals with miracles or not.

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With time, according to Father Quevedo, demand increased and the challenges widened, bringing the need to incorporate the possibility of psychiatric treatment, in addition to the psychological approach used to treat people with parapsychological manifestations. The Clinic then began to treat psychological and psychiatric disorders and to provide outpatient treatment, in an attempt to meet the considerable demand of a large group of people who were confused, existentially disoriented, and anxious. The clinic also intended to treat people who considered themselves victims of supernatural phenomena when they were not.

Given these atypical circumstances, the founders of CLAP intended to highlight the importance of parapsychology as a science, in order to demystify and clarify the "magic mentality" present in these phenomena. They reported that the solution to these problems would only be found if supported by competent professionals in medicine, psychology, psychiatry, and neurology [1]. Moreover, the role of parapsychology should be to enlighten people who exhibit these phenomena and not to treat the causes, which should be addressed by professionals in these areas. Caruso [2] highlights that such science is difficult to perform in terms of experimental replicability, which is one of the requirements of scientific validity. This is due to the fact that these phenomena are extremely variable, and consequently, impossible to reproduce. Caruso identifies this difficulty as common in human sciences, as each human being "has a unique existence, their own history and socio-cultural background, which confer different responses [3]" .

This background was needed to support the understanding of the issues and problems of the patients attending the CLAP Clinic. Patient perceptions such as "I have the evil eye", "I have a force that is not mine," and "I am possessed by a spirit" could have been clarified and the solution to their problems could have been found more quickly and with less suffering. Contact with these patients showed that many had repeatedly sought medical care in search for a solution to their dilemmas. Previous treatments in general were "heavy" psychiatric medication, lack of psychological monitoring, lack of awareness of what was really happening in the case of parapsychological phenomena - and difficulties in being understood by their families. In these cases, it could be said that the previous professional intervention was ineffective as "magic thinking" was present in all phenomena observed.

The researchers consider it important to convey the perception of the patients that attended the Clinic as anxious to recover their "last hope" as they described it. Most of them reported having already consulted several doctors and receiving different diagnoses. This resulted in high examination and medication costs, while searching for other alternatives (frequently religious sects) to seek some relief to their suffering, problems, and intense psychological pain.

Literature Review

To many authors, the term parapsychology means a field of study associated with the investigation of paranormal and psychic phenomena. The aim of parapsychology is to scientifically research telergy, precognition, clairvoyance, telekinesis, projection of consciousness, paranormal, reincarnation, mediumship, and other supernatural claims [4-6]. With parapsychology being present in thirty countries [7] and incorporated into leading scientific institutions such as the American Association for the Advancement of Science and the University of Virginia [8,9], its role as a science branch has been contested [10]. Most scientists classify it as pseudoscience, since parapsychology continues to complete its research without verifying the results through scientific methods, even after more than a century of investigations [11-16]. Parapsychology may also be classed as a study of paranormal claims associated with human experiences, i.e., sensory reactions associated with human experiences.

Originally, parapsychology was identified as "psychological research" and systematically emerged, at the final quarter of the 19th century, associated with increasing movements of modern spiritualism and mesmerism. In 1882, the Society for Psychical Research (SPR) was founded in London in the attempt to provide "an organized and systematic approach to investigate a large group of controversial phenomena designated as: mesmeric, psychical, and spiritualist" [17], and with the association of several academic members of the University of Cambridge, such as the philosopher Henry Sidgwick and the essayist Frederic W.H. Myers. In addition, SPR also counted physicists such as Sir William Fletcher Barret and Balfour Stewart and the politician KG Arthur Balfour, who later became prime minister, as members. Then, in the first decades of the 21st century, several world-renowned intellectuals became presidents of SPR, including the American philosopher and psychologist William James, the English physicist and chemist Sir William Crookes, the English physicist Sir Oliver Lodge, the French astronomer Camille Flammarion, the French winner of the Nobel Prize in Medicine Charles Richet, and the French Nobel Prize in Literature Henry Bergson [18,19]. SPR became a model for other European countries and the United States, to such an extent that William James, together with the astronomer Simon Newcomb and other scientists, founded the American Society for Psychical Research (ASPR) in 1885, an organization that also involved many renowned intellectuals.

The term parapsychology was invented by the philosopher Max Dessoir in mid- 1889. It was approved by Banks in the 1930s as a synonym for psychical investigation [20]. It was intended to indicate a significant change in the direction of experimental methodology and academic discipline. The term originates from the psychological meaning [21]. When referring to abnormal psychology, many of the claims reported by the patients in this study and stated by a number of researchers, could be interpreted as telepathy, premonition and similar phenomena. The variables that have been associated with reports of psychic phenomena include psychic beliefs; tendencies to have hypnotic, dissociative, and consciousness alterations; and less reliable variables such as: neuroticism, extroversion, and psychic openings and experiences. These psychic experiences may occur in the context of psychopathologies such as psychotic dissociative disorders and others that often show normal intellectual functioning and severe psychopathology [21]. Thalbourne and Storn commented that Nobel Prize winner Brian David Josephson and other advocates of parapsychology had spoken about irrational attacks on parapsychology, due to the difficulties of fitting these phenomena into our current system of the universe. Josephson reported that some scientists felt uncomfortable with ideas such as telepathy, and that their emotions sometimes got in the way when making assessments [22].

There are three terms used in parapsychology [23]. The first is paranormal. A paranormal phenomenon refers to the assumption that these processes are mainly physically impossible and outside the scope of the animal or human capacity, as frequently described by scientists [24] using the synonym "psychical," "parapsychological training," "attributed to the psyche," or even "miracle" (without religious connotations). According to Thalbourne [25,26], the mystical experience involved most of the following features. It tends to occur suddenly at the beginning, joyful and difficult to verbalize, involves a sense of awareness of existing, an insight into "the harmony

of things," the perception of a better unity, ego transcendence, an absolute conviction of immortality, and temporary, authoritarian, and associated with a supreme value. Some people interpret mystical existence as an experience in contact with God [27]. Finally, Kundalini is a "Sanskrit term often translated as "life force," and sometimes simply as "energy." It is often used as a theoretical construction to explain a psychophysiological disorder and many other phenomena, described as an energy usually starting at the base of the spine and rapidly advancing up throughout the body until reaching the head. This experience is said to lead the individual to higher and more desirable states of consciousness, such as mystical consciousness and manifestation of paranormal phenomena." With these three definitions, we can delineate four categories: physical paranormal phenomena, mental phenomena, mystical experience, and Kundalini [27]. Lange and Thalbourne indicate that the existence of mystical experiences is when the person becomes more ethical and moral [28], having no doubts regarding this or the existence of a correlation with the psychic [29]. Belz-Merk stated that there was a controversy about whether common experiences are symptoms of mental disorders, whether mental disorders are a consequence of such experiences, or whether people with mental disorders are especially susceptible to or seek these experiences [30]. According to this author, apophenia is the spontaneous perception of connections and meanings of phenomena that have no relation to one another. The term was coined by Conrad in 1958 Parapsychology arose because of these phenomena and this magical thinking, since in ancient times, all diseases were considered mysterious. The person had a spirit or a spell, and according to this thinking he or she was associated with witches. Parapsychology emerged to demystify superstition, i.e., in a non-superstitious way. Its goal was to demystify and prove that the problems involve the practice of medicine, such as psychiatry, which studies abnormal phenomena of the human personality and/or neurology. As for depression, Belz-Merk describes it as the feeling of inner emptiness. The depressed person passes through uncontrollable stages where nothing can modify the situation that causes depression. Conflicts, stress, and punishment in excess can cause depression. The depressed person is not lazy or with a weak character. Anxiety and anxiety disorders (phobias, panic disorder, obsessive-compulsive disorder) are the most common mental disorders. They affect 400 million people worldwide, and it is estimated that 20% of the population will suffer from one of these disorders in their lifetime; social phobia is one of the most common, with a prevalence of up to 13%.Depression is one of the most disabling diseases in the world. According to a study released by the World Health Organization (WHO), Brazil is the country with the highest prevalence of the disease in the last year, with 10.8% of the population with mental disorders. Japan is lowest in the ranking, with only 2.2% of people disabled in the last 12 months. Dysthymic disorder, a state that lasts for at least two weeks in which the mood of the individual is melancholic, is different from normal sadness. The depressed person reacts to stressful situations with greater and more prolonged suffering. Everything turns into a problem and the problems become worse and much more difficult to resolve [30]. Symptoms can include anxiety, anguish, fatigue, discouragement, anhedonia or incapacity to feel happy when doing activities previously considered pleasant, apathy, loss or increase in appetite, difficulty concentrating, insomnia, reduced libido, low self- esteem, loss of willpower, negative thoughts and profound sadness. Depression may be endogenous, such as an organic problem or hormonal alteration, which should be treated with medication. The individual usually needs to follow this treatment for the rest of his life.

Another type of depression is known as exogenous depression, which is caused by external factors such as loss of motivation, which may be due to unemployment, loss of a loved one, or other problems. Another type of depression is known as exogenous depression, which is caused by external factors, such as loss of motivation, which may be due to unemployment, loss of a loved one, or other emotional problems. The same occurs with depression and anxiety, and these two disorders cause suffering, and loss of hope. According to the World Health Organization (WHO), depression and anxiety tends to increase. "Mental Disorders tend to proliferate as a result of multiple and complex biological, social and psychological factors. Already these are the expected symptoms of serious physical disease, war violence and trauma, and also adverse social conditions, lack of education, high rates of unemployment and poverty. Over the next few decades, it is expectable that the diseases caused by mental disorders and neurological problems will be even greater [30]. "

The most frequently used classifications of depression and manual of diagnosis and statistics of mental disorders are: The International Classification of Diseases, (ICD-10) and the Diagnostic and Statistical Manual of Mental Disorders 4th revision, of the American Psychiatric Association (DSM-IV).

Depression is classified as an affective disorder. According to ICD-10, affective disorders are those where the fundamental disturbance is a mood swing, such as depression (with or without associated anxiety) or euphoria, usually accompanied by changes in all activities. Most of the episodes tend to be recurrent and may be related to situations and/or stressful conditions that compromise social and professional functioning, which is usually the reason for which the patient seeks help. They may have lost their interest or initiative and present poor concentration, loss of libido, compromised memory, fatigue and constant tiredness, vulnerability to other diseases, low self-esteem, generalized psychic inhibition, anhedonia, insecurities, pessimism, social withdrawal, tendency to isolation, crying easily, insomnia, anxiety, and anguish [31].

Munis Sodré [32] states that the ethos of parapsychology was preceded by French Metapsychology and English psychical research, with participants including Henri Bergson, William James, and Freud, who became famous in this century, from the 1930s, with the studies of J.B. Rhine at Duke University, USA. The main problem was tautology, i.e., explaining something with needless repetition. Although guided by strict criteria of scientific research (quantitative methods, laboratorial control of experiments), parapsychology did not manage to obtain consistent explanations for physical, cognitive, and psycho affective processes involved in the phenomena studied. Rhine [33], professor of psychology at Duke University in 1920, started to be interested in psychical research, aiming to discover a philosophy of life, which could provide scientifically quick solutions to issues related to human nature and his place in the natural world, thus understanding the human being and his relationship with the universe.

The main question of this research was *what kind of people, problems and suffering situations lead individuals to seek the service offered at the psychological clinic?*

Methods

It was therefore necessary to define which variables would be sufficient to outline the psychological and social profile of the patients. Chosen were: city/state/country of residence, gender, age, social class, religious beliefs, level of education, and types of problems the

individual had during treatment. We used the CLAP classification of problems most commonly faced by patients, as shown in Table 1.

Between 1998 and 2001, 63 individuals were personally treated by the researcher, in a total of 880 sessions. The data of each patient were recorded in a file, along with their complaints, previous diagnoses, notes from each session, family history, diagnosis obtained at the Clinic via brief focal psychotherapy, and referral with indicated treatments. Brief focal psychotherapy is based on the principles of psychoanalytical therapy and aims to make the patient aware of emotional conflicts, usually known as defenses, anxiety, and hidden impulses. According to Malan [34,35], the aim is to emotionally reveal facts regarding the life of the patient and how they contribute to it, either triggering the current situation or to reveal the capacity of the individual to face difficulties and manage his anxiety. Each patient could receive more than one diagnosis. The data were then tabulated and evaluated. Cases characterized by manifestation of paranormal phenomena were accompanied by psychic disorder, as shown in Table 2.

Results

The results of this data will be illustrated for males and females in the graph below by variable: gender, area of residence (origin), level of education, working situation, religion, and disorders revealed by researcher diagnosis. In this study, women represented 68% of the patients, above the Brazilian average, which was 51% in the 2010 Census [36]. Of these, 70% resided in the Southeast region of Brazil and 71% had attended secondary to higher education.

Although 54% were employed or retired, the sessions revealed that the salaries were unstable or insufficient. This situation aggravated the psychological health of the patients, as financial problems often lead to high stress that subsequently triggers parapsychological phenomena. Regarding religious beliefs, 74% declare to be Roman Catholic, similar to the information provided by the 2010 Census (73.8%) [37]. Catholics are more unwilling to accept magical explanations for parapsychological phenomena. The number of supporters of evangelical churches and spiritual cults was below the national average, because presumably they try to solve the problem in their own rituals.

Data referring to the diagnosis obtained from CLAP sessions and shown in Figures 1 and 2 confirm the assumption that in all 63 patients of the study, parapsychological phenomena were associated with psychological and psychiatric problems. Although different, psychical problems were always detected. The prevalence of depression and stress highlights that these are currently the most common disorders presented by Brazilian population, in general, with a strong correlation to contemporary society, intense competition, and pressures of all kinds.

Additionally, we determined whether there was a significant difference in the distribution of the diagnoses by gender of the treated patients.

These results (Figures 3 and 4) show the patients were referred and recommended for psychiatric and psychotherapy treatment.

Discussion

Regarding the patients' general profiles, three items are characteristic: the incapacity of this context to reveal the actual origin and nature of the problems experienced by the patient, their socio-economic status, and level of education. In general, the patients belonged to social classes B, C, and D. Not listening to the language context used by the patient seems to cause them to search elsewhere for solutions. Unfavorable economic conditions tend to generate an emotional pressure that, either alone or due to other stresses and psychosomatic symptoms, may trigger emotional disorders associated with parapsychological manifestations.

Second, the low level of education, often associated with lower access to information, makes it easier for manipulators to interfere and lead the patients to follow mysticism. We should bear in mind that these people are vulnerable, with manifestations of which they are not aware unaware of the causes of their problems. Anyone providing a solution will be very welcomed by the patient, and therefore they are easily manipulated.

The fact that women represent the majority of the population seen corresponds to their proportion in Brazil: women 51%, men 49% (source IBGE). It is also known that women are more likely to seek help when presenting medical and psychological problems. Most patients had a high level of education of secondary school and university. Parapsychology is poorly known by the general population, meaning that only people with higher cultural education know about the studies developed by CLAP in that time. Figure 5 shows that the Majority is from the Southeast and Southern regions, where the level of education is usually higher [37].

Most common disorders of CLAP	Brief description
a) Relationship problems	Love frustration, deception with the partner, in marriage, in friendship, passiveness in relationships.
b) Psycho-religious problems	The feeling that everything is a sin and always feeling like a sinner, having made mistakes in life, ashamed, frightened, with fear of the devil, not able to stay in a church, with fears associated with God's punishments.
c) Parapsychological problems	Among the phenomena, we will list the most common: split personality or prosopopeia - dramatization of the unconscious that attributes the phenomena to other theories such as reincarnation; telergy, or "evil eye"; telepathy – transmission of a message from one person to another without any physical medium; xenoglosy – command of foreign languages not consciously learnt; pre-cognition – perception of future events; trance - psychophysiological, hysterical, or hypnotic condition, where the unconscious overwhelms the conscious; ecstasy – similar to trance, manifested as mystical and religious situations.
d) Psychosomatic disorders	Attacks of nervous weakness, loss of consciousness, loss of sensation (fainting), and dizziness.
e) Dissociative identity disorder	Usually the individual acts in a way, then in another and then in a completely opposite manner.
f) Addiction problems: alcohol and drugs	Affecting people with depression and considering life meaningless.
g) Panic disorder	Characterized by pronounced fears and anxiety disorders.
h) Diverse hallucinations	The most frequent are auditory – the patient complains about hearing voices that criticize and/or threaten, noises, animals prowling; tactile -feeling, e.g. small animals running on their body; psychical –communication with strangers through their mind.
i) Samsonism	The physical strength of the patient is much greater than normal, for example, is able to lift very heavy objects.

Table 1: CLAP clinic classification of most common disorders found in their patients. Source: created by the author.

Parapsychological Manifestation	Neurotic Disorders
Precognition	Neurotic disorders
Telergy, telekinesis, and intake	Depression
Psycho-religious problems, magical thinking, mystic living, beliefs	Depression, neurotic and emotional disorders and hallucinations
Psychography	Sleepwalking
Samsonism	Neuroses of anxiety, depression, dissociative personality disorder, and emotional stress

Table 2: Psychic origin of paranormal phenomena. Source: created by the authors.

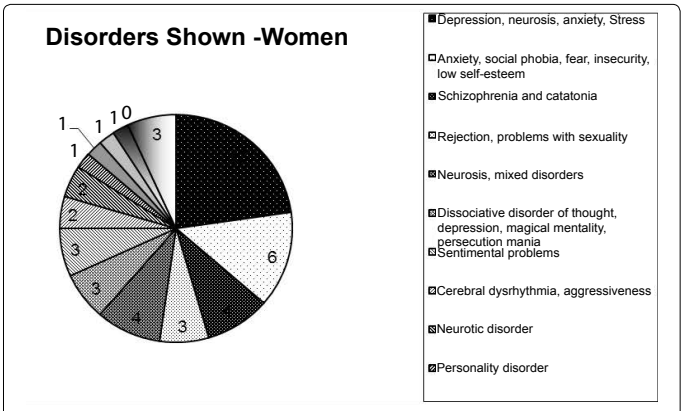

Figure 1: Distribution of psychological disorders in female patients by the CLAP diagnosis. Source: created by the authors.

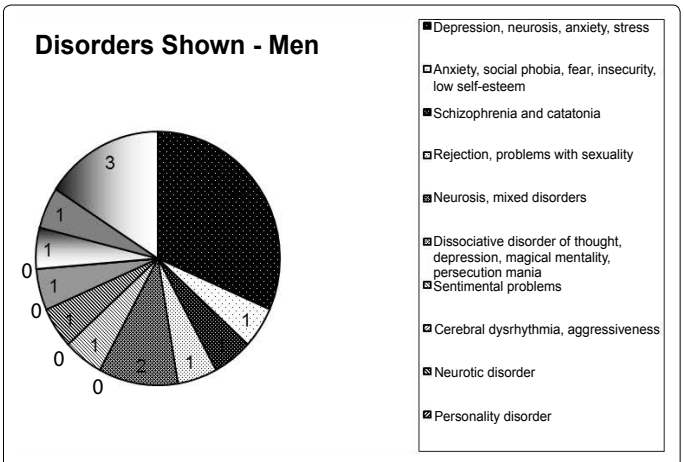

Figure 2: Distribution of psychological disorders in male patients by the CLAP diagnosis sessions. Source: created by the authors.

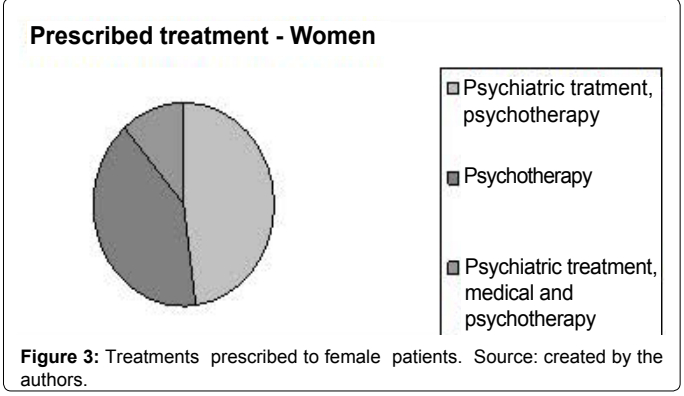

Figure 3: Treatments prescribed to female patients. Source: created by the authors.

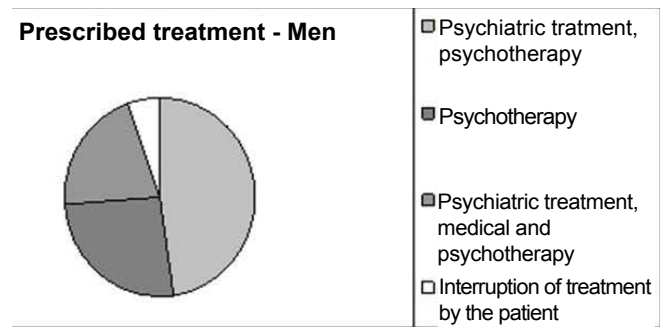

Figure 4: Treatments prescribed to male patients. Source: created by the authors.

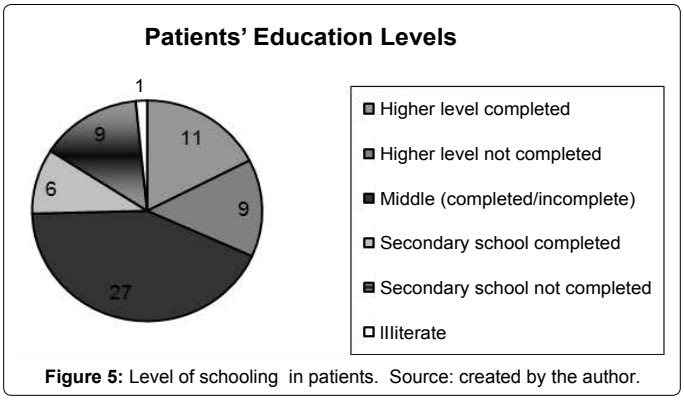

Figure 5: Level of schooling in patients. Source: created by the author.

Regarding treatments prescribed, two factors stand out. First, the patients that consulted the Clinic have already sought the support of several outpatient clinics, hospitals, different treatments, and exams. Second, the diagnosis and treatment profile were statistically different between genders, confirming what the common sense already suggested. In general, patients incurred high financial costs for previous diagnoses and treatments without achieving the outcome desired. These people consulted the Clinic in search of their "last hope."

Recommendations

The healthcare professional should at least know the principles of parapsychology in order to deal with these situations and refer these cases to competent specialists. The patient will then receive better care and treatment, thus lowering medical costs. In this study, it became clear how parapsychology is unknown as a science. Parapsychological phenomena arise from emotional stress, which is often unnoticed by healthcare professionals, as the treatment involves doctors, psychiatrists and psychotherapists. Without this triad, parapsychological phenomena are not cured but influenced by medication.

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