

TWO CASES OF ALERTED CONSCIOUSNESS WITH AMNESIA APPARENTLY TELEPATHICALLY INDUCED¹

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This is a partial report of my experience under the influence of an hallucinogenic mushroom taken for experimental purposes. The details which are selected for presentation indicate that two of my patients suffered states of altered consciousness with aberrant behavior followed by amnesia for the three-hour period during which I was unconscious. There is no proof that their odd behavior and subsequent amnesia were in any way related to my state of mind, but the coincidence in time and the similarity in mood are sufficiently startling to arouse speculation. The question arises whether symptoms of mental disturbance in one mind may be produced by a disturbance in another mind at a distance and without any of the usual means of communication. If so, our approach to diagnosis must be broadened to take such possibilities into account.

The experiment of which I speak was planned only twenty-four hours before it took place and no one knew of it except the immediate participants. It was conducted at a distance of three hundred miles from my office and neither of the two patients who became involved in it even knew that I was out of town.

On Thursday, June 22, 1961, my husband, Dr. Kurt Fantl, also a psychiatrist, and I traveled by plane from our home in San Pedro, California, to Carmel, three hundred miles up the coast, to attend a symposium on hypnosis. That evening we had dinner with our friend, Dr. Henry K. Puharich, the director of a small research laboratory in Carmel Valley. He told us of recent experiments in which he was attempting to discover whether there is an increase in extrasensory perception under the influence of hallucinogenic drugs. He had another of these experiments planned for the

following evening. My husband and I, in a mutual burst of impulsiveness, offered ourselves as subjects and we were accepted.

The experiment took place on Friday evening, June 23, in the laboratory in Carmel Valley. There were three subjects, the two of us and a professor of philosophy from Stanford University. It was the first time that either my husband or myself had taken any hallucinogenic drug (and the last!) but the professor had experimented previously with various agents and had always had pleasant, mystical experiences. The setting was very informal, with several friends and laboratory assistants wandering in and out at irregular intervals.

At seven-thirty, preceding the ingestion of the drug, I was given a Matching Abacus Test. The purpose of this test is to evaluate one's ability to receive information telepathically. I made only two hits out of fifty tries, which is below the chance expectancy of five. No conclusion about my telepathic sensitivity could be drawn from such a small sample of my performance, of course, but the design of the experiment was merely to test my ability before and after the ingestion of the hallucinogenic agent. Obviously I could hardly go any lower on the scale, and it was hopelessly expected that I might go higher. Unfortunately, all three of us were so disoriented and confused that we were unable to take a second test. Therefore, it appeared at the time as if the purpose of the experiment had been thwarted.

At eight-ten I drank a broth made from the mushroom *Amanita pantherina*, found in the state of Oregon. There is no standard dosage of this concoction, but I drank only half as much as is customary because of a well-established habit of my stomach to reject that which it finds unpalatable. The broth had an unexpectedly pleasant woody flavor and was not at all revolting as I had been led to believe. Since Dr. Puharich said it might take as long as two hours for the first effects to appear, I settled down to read a book on religious mysticism, hoping to direct my thoughts into uplifting channels. Within a few minutes, however, I was nauseous, dizzy and unable to concentrate. I took a short walk outside in the early dusk but when I returned to the laboratory I was swaying unsteadily. I sat down in a straight chair, folded my arms on a table, and rested my head on my arms. I just wanted to be left alone.

By now it was eight-thirty. After a few extraordinary perceptions, such as gray lines converging upon me, interspersed with flashes of orange and turquoise, telescopic vision, bringing the far end of the laboratory clearly before my eyes, the interpretation of voices recorded on tape as an EEG record which I read in the air, and the sensation of my own body being tossed on the waves of a storm, I subsided into a coma.

For the next three hours I lived in a world of nightmares. Reality disappeared as I was whirled from one fantasy to another.

Certain traumatic childhood experiences were relived with total recall, but they soon became interwoven with incidents from my adult life. I felt terribly threatened by a destructive force and the only comprehensible escape was through love, love of all kinds: parental, brotherly, humanitarian, and sexual. The atom bomb fell as in my fantasy I thought I had predicted, and I was killed. Dying was a sweet ecstasy which I expected to be followed by a vision of heaven. But it was not. I found I had to return to earth and live through the whole ghastly sequence, time and time again. I wrestled with the conviction that I was either psychotic or in hell, and I could not decide which. It was truly a catastrophic experience for me, and one from which I sought desperately to escape.

At eleven-thirty in the evening I awakened abruptly from the world of hallucinations. Within two or three minutes I was completely oriented for time and place though I was still quite labile emotionally, and unsteady physically. In fact, as I was driving the car home from the airport on Sunday evening my husband says I almost took a wrong turn off the freeway which might have meant instant death, but since he was not even in a condition to drive I don't know how far to trust his judgment. Anyway, for several days, intervals of lucidity alternated with waves of hysterical laughing and crying, wild and very loose associations, confused thinking and lapses of attention.

On Monday, June 26, I saw patients as usual, though I was still prone to spells of absent-minded day-dreaming. I was startled quite wide awake, however, when Mr. X, a thirty-year-old bachelor clinical psychologist, said that he had been depressed and unable to work or to think straight since he had 'lost' three hours on Friday evening. He went on to say that ever since Friday he had been 'floating in and out of a mild psychotic state.' Since I had also lost three hours on Friday and was still floating, I asked him to tell me more.

As far as he could remember, he said, he had gone to the market on Friday afternoon to buy food for his dinner, which he cooked himself. On this day the mushrooms looked especially delicious, and though he had never cooked mushrooms before, he bought some and prepared them with hamburger. After dinner he had planned to watch a particular TV show on science fiction at eight o'clock, but he said he must have fallen asleep because the next thing he knew he was watching the eleven o'clock news. On Saturday he was tense and anxious, worrying about the world situation, particularly the Berlin crisis. He felt that an atomic attack was imminent and thought he should lay in a supply of canned goods and water.

Mr. X was unusually concerned about the three hours which he could not remember because it did not seem to him that he had been in a normal sleep. He feared that he might have left his home in a trance-like state and done some awful unknown thing. He had

called several friends, with whom he might conceivably have spent the time, but none of them could tell him anything. On Monday, when I saw him, he was still dazed and anxious. When I told him of my experience on Friday night and remarked upon its similarity with his, his depression lifted but his wonderment increased. And so did mine, for it seemed to me that we now had an example of telepathic communication, though it was not at all according to experimental design, since I was on the sending rather than the receiving end.

On Tuesday I saw another patient, Mrs. Z, a twenty-eight-year-old unhappily married woman who had been doing very well for the past few weeks with a gradual rise in spirits and lessening of anxiety. On this day, however, she reported that she was afraid she had had a setback since Friday because she had become quite disturbed on that evening and ever since then had felt that she was in a fog. I asked her what had happened on Friday, but try as she might she could only recall that she thought she had company for dinner and that she had cooked *teri-yaki*. Though she could recall every other day of the past week, she could not recall Friday evening. I told her of my experience on Friday and mentioned that one of my other patients had had amnesia for that period. We discussed the possibility that the same sort of thing might have overtaken her. She was relieved and expressed a desire to find out what she had done during those lost hours.

Fortunately, she was able to check on her actions by questioning her husband. He confirmed the menu and the fact that there were guests. He told her that she had not been drinking; in fact, he had fixed her a wine & soda but she had not finished it. Instead, shortly after dinner, that is, around eight o'clock, she had asked one of the women guests to accompany her to the ice cream store and she had not come home until midnight. Continuing her investigations, my patient had asked her friend who had accompanied her to buy ice cream how they had spent all those lost hours. She was astonished to learn that she had insisted upon driving to the home of a man with whom she was secretly in love, that she had sat outside his house mooning over him for at least two hours, and that only her friend's vigilance had prevented her from throwing herself into her lover's house and arms. She was horrified to realize that she had divulged her secret to her friend who was likely to gossip, but grateful that she had been prevented from making a further fool of herself.

Following our assumption that these two patients were responding to a stress experienced by their therapist in a crisis situation, we must note that each responded differently according to his own personality. Mr. X, a very cautious man, picked up the fear

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of a nuclear holocaust and wished to prepare himself against such a disaster. Mrs. Z, a frustrated and impulsive woman, reacted with strong sexual desires and poor judgment.

Both patients had earlier expressed an interest in ESP phenomena, Mr. X with fearful fascination and Mrs. Z with reluctant acceptance. Mr. X had had no previous ESP experiences; Mrs. Z had often reported precognitive dreams and intuitions. Both patients had an unusually strong but ambivalent emotional attachment to their therapist.

These incidents are of no great importance in the field of parapsychology because more dramatic events are being reported daily; nor are they important in the field of psychedelic research since almost every subject feels he has great clairvoyant powers. But they may be important in the field of psychiatry since they suggest the possibility that one mind may influence another at a distance even to the extent of producing temporary psychotic-like symptoms. Perhaps many unaccountable moods and impulses stem from telepathic communications, and they remain unaccountable because we have not learned where or how to look for their source. This sounds uncomfortably like witchcraft but may indeed be a phenomenon which must be incorporated into our diagnostic system. Certainly I never expected to be involved in witchcraft, even less to be a witch, and least of all, an unwitting witch.