

Spirits in the Material World: Demons and Theophanies in the Medical Clinic

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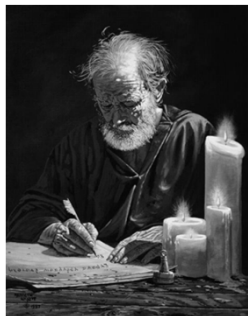
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Disclosures

Theoretical background

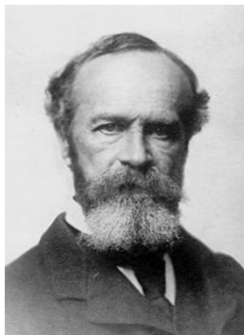
- Mind brain dichotomy / Body, soul, spirit trichotomy



Paul of Tarsus
~70AD
Psyche, Pneuma, Somos



Rene Descartes
1641
Meditations on First Philosophy: in which God's existence and the distinction between the human soul and body are demonstrated



William James, MD
1902
The Varieties of Religious Experience



Sting, *Spirits in the Material World*
Arthur Koestler, 1967 Ghost in the Machine
Gilbert Ryle Concept of Mind
1949 "Descartes' Myth"

ORIGINAL ARTICLE

Research on Experiences Related to the Possibility of Consciousness Beyond the Brain

A Bibliometric Analysis of Global Scientific Output

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Abstract: This study aims to conduct a search of publications investigating experiences commonly associated with the possibility of the existence of a consciousness independent of the brain held on the main scientific databases (Pubmed, Web of Knowledge, PsycINFO, Science Direct, and Scopus). Of the 9065 articles retrieved, 1954 were included (598 near-death experiences, 223 out-of-body experiences, 56 end-of-life experiences, 224 possession, 244 memories suggestive of past lives, 565 mediumship, 44 others). Over the decades, there was an evident increase in the number of articles on all the areas of the field, with the exception of studies on mediumship that showed a decline during the late 20th century and subsequent rise in the early 21st century. Regarding the types of articles found, with the exception of past-life memories and end-of-life experiences (mostly original studies), publications were predominantly review articles. The articles were published in journals with an impact factor similar to other areas of science.

Key Words: Mind-brain relationship, near-death experiences, end-of-life experiences, out-of-body experiences, bibliometrics

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However, this subject has also been surrounded by controversy in the academic milieu (Cardeña, 2014; Moreira-Almeida and Santos, 2012). Materialists, on the one hand, hold that the mind is a material or physical process and the product of brain activity, whereas nonmaterialists believe that the mind is a separate entity from the brain and can exist outside it (Almeder, 1992; Martens, 1994; Mobbs and Watt, 2011; Moreira-Almeida and Araujo, 2015; Saavedra-Aguilar and Gómez-Jeria, 1989; Stevenson, 1977b; Stevenson and Greyson, 1979).

In this context, there has been a rise in the number of related publications investigating this issue (such as in the area of near-death experiences) (Sleutjes et al., 2014), associated with growing interest from the public at large (Markovsky and Thye, 2001; Moore, 2005). The experiences investigated in studies on the possible independence or survival of the consciousness in relation to the brain typically include near-death experiences, out-of-body experiences, mediumship/possession, end-of-life experiences/deathbed phenomenon, and memories suggestive of past lives (Lester, 2005; Moreira-Almeida, 2013). However, there is currently a dearth of information on the profile of the academic publications available on these experiences.



Review article

Brain mechanisms in religion and spirituality: An integrative predictive processing framework

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Temporal lobes
Multisensory integration
Default mode network

ABSTRACT

We present the theory of predictive processing of religious and spiritual experiences that play a key role in religious and ecstatic experiences; multisensory experiences; the attribution of intentionality; the medial prefrontal cortex. We compare the predictive processing framework highlighting the central role of the medial prefrontal cortex for future research and by directing research on religion and spirituality.

364

M. van Elk, A. Aleman / Neuroscience and Biobehavioral Reviews 73 (2017) 359–378

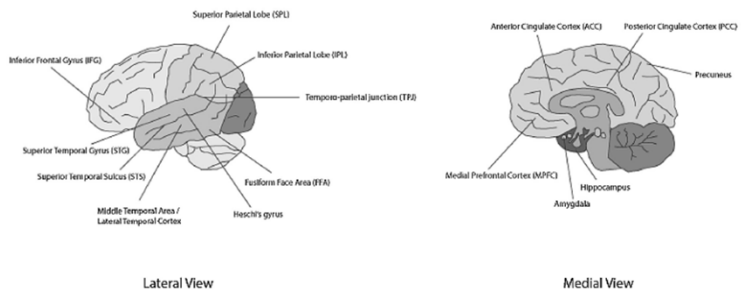


Fig. 2. Overview of different brain regions that have been related to religious and spiritual beliefs and experiences. Left side: lateral view of the brain. Right side: medial view of the brain.

Clinicopathologic Cases

15 y.o. F with seizures for 3 months

History of Present Illness

- Followed by her child psychiatrist for 2 yrs for depression and ADHD
- Discord at home, daily verbal arguments with mother in year prior
- Lost her virginity to her boyfriend, consensually. Parents found out from a text from pt. Had sex with a girl. No preference
- Found out her father was going on his 4th deployment
- Got pregnant by her boyfriend. Elective abortion.
- Developed dizziness, “walking lopsided and feeling hot”
- Developed fainting.
- Found out she would be seeing her grandfather at a funeral.
- Was arguing with mother, “Jekyll & Hyde”.

Seizures

- 1st seizure: occurred at funeral where she saw her grandfather.
- First time seeing him in 7 yrs; he was incarcerated the past 8 yrs for child pornography and molestation charges.
- Mother told pt that her grandfather died.
- Pt told mother that grandfather sexually abused pt when she was 4-6 yo.
- Pt told her child psychiatrist.
- Seizure frequency: 5-10 times a week.
- Semiology: Eyes roll back, back arches and body twists for 5 minutes. She has bitten and clawed her father.
- Mother describes, “she looks possessed.” Prayer makes them better.

Workup

- Brain MRI normal
- Cardiac – Holter monitor - nl, ECHO – mitral valve insufficiency
- Chemistries – nl
- 3 day Video EEG – no events occurred, normal background.

Psychiatric History/Symptoms:

- Depression since age 11. No PTSD sxs.
- Psychological testing revealed Depression, ADHD and Oppositional Defiant D/O.
- Beginning 2 years ago, she began hearing a voice inside her head and she sees a male figure (described next). No Schneiderian first rank symptoms. No delusions.
- Some self injurious behavior, burning, cutting, punching. No intense anger or lack of identity.
- Multiple psychotropic medication trials.

Current Meds: Celexa, Prilosec, Singulair, Zyrtec, Tylenol, Depo-contraceptive.

Developmental / Social History:

- Born 1 month premature.
- Lives with mother, father, older brother with ADD & Aspergers.
- Sees her mother and father verbally fighting weekly.
- Mother is aggressive when she is drunk and she dismisses pt.
- 10th grader. A/B student. No special ed. Out of school until she was cleared for her seizures.
- Denies alcohol or drug use.
- No boyfriend currently.
- No legal hx
- Catholic, practicing, prays, attends teen youth group. No report of occult or ritual practices.

Encounter

- Began seeing an ominous black figure, beginning a few months before her grandfather's death.
- In her room alone, figure presented, extended finger wrote words on her abdomen then disappeared.
- Letters hurt and burned as it/he wrote them.
- "He said he was here to stay." Pt screamed. Mother came into her room. Took photos of abdomen.

Differential diagnosis

- Munchausen's syndrome (factitious disorder)
- Munchausen's syndrome by proxy (factitious disorder by proxy)
- Dissociative state
- Psychotic disorder
- Incubus (variant, non-sexual)

64 yo M with pancreatic cancer

HPI:

- Prior good health; routine check up, noticed Hb A1c was elevated.
- 20 lb intentional weight loss but Hb A1c rose (pre-diabetic).
- History of hernia surgeries in past.
- Surgeon on 4/15 noted nodules during herniorrhaphy.
- 5/15 pathology revealed cancer.
- Dx'd pancreatic cancer, with metastases to liver and intestines.

Treatment course:

- Started chemotherapy: 1st round - Gem Abraxane (gemcitabine/paclitaxel), 2nd round - Folfirinox (folinic acid/fluorouracil)
- Chemo interrupted with side effects: emesis, anorexia, thromboses, abdominal pain, fluid retention (requiring surgical drainage)
- Transferred from hospital to hospice, arrived sedated on medications.
- Sunday, sedation wore off and he visited with friends.
- Monday, speech was slow and quiet. Few words. Mouthed words to music.
- Tuesday, saw things in the room that his wife did not see. He would say, "Oh wow!" and "Unbelievable."
- "Jonathan." (name of month old premie who died.) Daughter asked if he was a baby. Responded, "No – like you."
- Tuesday afternoon sighting; unresponsive, Saturday deceased.

Differential diagnosis

- Encephalopathy with visual hallucination (delirium)
 - Medication effect
 - Metabolic disorder
 - Seizure
 - infection
- Malingering
- Theophany

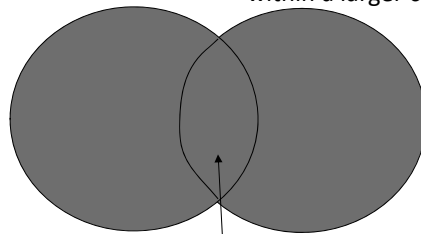
Discussion / Table talk

Clinical Concerns

(related to symptoms and functioning)

Existential/Spiritual Concerns

(related to human existence within a larger context)

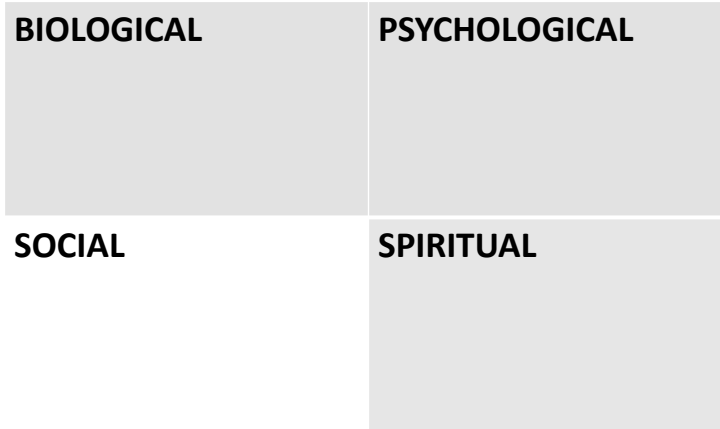


Domains of Overlap

(identity, hope, meaning/purpose, morality, autonomy/authority)

(John Peteet, MD. 2005 APA)

Domains of Humanity



(LaFrance, 2009)