

THE PRESENCE OF SPIRITS IN MADNESS

A CONFIRMATION OF SWEDENBORG
IN RECENT EMPIRICAL FINDINGS

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By an extraordinary series of circumstances a confirmation appears to have been found for one of Emanuel Swedenborg's more unusual doctrines—that man's life depends on his relationship to a hierarchy of spirits. Out of my professional role as a clinical psychologist in a state mental hospital and my own personal interest, I set out to describe as faithfully as possible mental patients' experiences of hallucinations. A discovery four years ago helped me to get a relatively rich and consistent picture of the patients' experience. Though I noticed similarities with Swedenborg's description of the relationships of man to spirits it was only three years after all the major findings on hallucinations had been made that the striking similarity between what Twentieth-Century patients describe and Swedenborg's Eighteenth-Century accounts became apparent to me. I then collected as many details as possible of his description. I found that Swedenborg's system not only is an almost perfect fit with patients' experiences, but, even more impressively, accounts for otherwise quite puzzling aspects of hallucinations. I will first describe how I worked and my findings, and then relate this to Swedenborg's work.

All the people involved hallucinated. They included chronic schizophrenics, alcoholics, brain-damaged and senile persons. The subjects of this study came to the attention of friends or the public because of unusual behavior. The average layman's picture of the mentally ill as raving lunatics is far from reality. Most of these people have become entangled in inner processes and simply fail to manage their lives well. In the hospital most have freedom of the grounds and the average visitor is impressed that, aside from occasional odd bits of behavior, the patients have most of their powers and appear like almost everyone else. Many return home in a month or two, never to need mental hospitalization again.

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Some become so enmeshed in inner processes that they slip to lower levels of mental disorder. The most severe disorder is usually that of a person who sits all day involved in inner processes, who obediently obeys the request of hospital staff to dress, eat, bathe and sleep in the hospital routine.

The people described here range from a few months in the hospital to twenty years. Most would be like the patients on the hospital grounds who strike the visitor as not unlike themselves. A conversation with one of these patients might indicate to the visitor that the patient has an unusual set of beliefs—for instance, that he is kept in the hospital by a gang of thieves, or that ordinary clouds are radiation pollution. In many, even unusual beliefs would not be apparent. Most conceal that they hear and see things because they are wise enough to know the visitor doesn't and wouldn't understand. Their adjustment within the hospital is relatively good. Many do productive work ten to thirty hours a week. It is when they return to the relatively complex and demanding outside world that their adjustment often worsens. None of the patients at the most severe level of mental disorders could be included in this study because they couldn't describe their hallucinations well enough.

After dealing with hundreds of such patients, I discovered about four years ago that it was possible to speak to their hallucinations. To do so I looked for patients who could distinguish between their own thoughts and the things they heard and saw in the world of hallucinations. The patient was told that I simply wanted to get as accurate a description of their experiences as possible. I held out no hope for recovery or special reward. It soon became apparent that many were embarrassed by what they saw and heard and hence they concealed it from others. Also they knew their experiences were not shared by others, and some were even concerned that their reputations would suffer if they revealed the obscene nature of their voices. It took some care to make the patients comfortable enough to reveal their experiences honestly. A further complication was that the voices were sometimes frightened of me and themselves needed reassurance. I struck up a relationship with both the patient and the persons he saw and heard. I would question these other persons directly, and instructed the patient to give a word-for-word account of what the voices answered or what was seen. In this way I could hold long dialogues with a

patient's hallucinations and record both my questions and their answers. My method is that of phenomenology. My only purpose was to come to as accurate a description as possible of the patient's experiences. The reader may notice I treat the hallucinations as realities because that is what they are to the patient. I would work with a patient for as little as one hour or up to several months of inquiry where the hallucinated world was complex enough.

Some may wonder why one should believe what these patients report. The patients cooperated with me only because I was honestly trying to learn of their experiences. They were not paid or even promised recovery or release from the hospital. Most of my subjects seemed fairly sensible except for the fact of hallucinations which invaded and interfered with their lives. On several occasions I held conversations with hallucinations that the patient himself did not really understand. This was especially true when I dealt with what will be described as the higher order hallucinations which can be symbolically rich beyond the patient's own understanding. There was great consistency in what was reported independently by different patients. I have no reason to doubt they were reporting real experiences. They seemed to be honest people as puzzled as I was to explain what was happening to them. The differences among the experiences of schizophrenics, alcoholics, the brain damaged and senile were not as striking as the similarities; so I will describe these hallucinated worlds in general.

One consistent finding was that patients felt they had contact with another world or order of beings. Most thought these other persons were living persons. All objected to the term hallucination. Each coined his own term such as The Other Order, the Eavesdroppers, etc.

For most individuals the hallucinations came on suddenly. One woman was working in a garden when an unseen man addressed her. Another man described sudden loud noises and voices he heard while riding in a bus. Most were frightened, and adjusted with difficulty to this new experience. All patients describe voices as having the quality of a real voice, sometimes louder, sometimes softer, than normal voices. The experience they describe is quite unlike thoughts or fantasies. When things are seen they appear fully real. For instance a patient described being awakened one night by Air Force officers calling him to the service of his country. He got up and was dressing when he noticed their insignia wasn't quite right;

then their faces altered. With this he knew they were of The Other Order and struck one hard in the face. He hit the wall and injured his hand. He could not distinguish them from reality until he noticed the insignia. Most patients soon realize that they are having experiences that others do not share, and for this reason learn to keep quiet about them. Many suffer insults, threats and attacks for years from voices with no one around them aware of it. Women have reported hearing such vile things they felt it would reflect on them should they even be mentioned.

In my dialogues with patients I learned of two orders of experience, borrowing from the voices themselves, called the higher and the lower order. Lower order voices are as though one is dealing with drunken bums at a bar who like to tease and torment just for the fun of it. They will suggest lewd acts and then scold the patient for considering them. They find a weak point of conscience and work on it interminably. For instance one man heard voices teasing him for three years over a ten-cent debt he had already paid. They call the patient every conceivable name, suggest every lewd act, steal memories or ideas right out of consciousness, threaten death, and work on the patient's credibility in every way. For instance they will brag that they will produce some disaster on the morrow and then claim honor for one in the daily paper. They suggest foolish acts (such as: Raise your right hand in the air and stay that way) and tease if he does it and threaten him if he doesn't. The lower order can work for a long time to possess some part of the patient's body. Several worked on the ear and the patient seemed to grow deafer. One voice worked two years to capture a patient's eye which visibly went out of alignment. Many patients have heard loud and clear voices plotting their death for weeks on end, an apparently nerve-wracking experience. One patient saw a noose around his neck which tied to "I don't know what" while voices plotted his death by hanging. They threaten pain and can cause felt pain as a way of enforcing their power. The most devastating experience of all is to be shouted at constantly by dozens of voices. When this occurred the patient had to be sedated. The vocabulary and range of ideas of the lower order is limited, but they have a persistent will to destroy. They invade every nook and cranny of privacy, work on every weakness and credibility, claim awesome powers, lie, make promises and then undermine the patient's will. They never have a personal identity

though they accept most names or identities given them. They either conceal or have no awareness of personal memories. Though they claim to be separate identities they will reveal no detail that might help to trace them as separate individuals. Their voice quality can change or shift, leaving the patient quite confused as to who might be speaking. When identified as some friend known to the patient they can assume this voice quality perfectly. For convenience many patients call them by nicknames, such as "Fred," "The Doctor," or "The Old Timer." I've heard it said by the higher order that the purpose of the lower order is to illuminate all of the person's weaknesses. They do that admirably and with infinite patience. To make matters worse they hold out promises to patients and even give helpful sounding advice only to catch the patient in some weakness. Even with the patient's help I found the lower order difficult to relate to because of their disdain for me as well as the patient.

The limited vocabulary and range of ideas of the lower order is striking. A few ideas can be repeated endlessly. One voice just said "hey" for months while the patient tried to figure out what "hey" or "hay" was meant. Even when I was supposedly speaking to an engineer that a woman heard, the engineer was unable to do any more arithmetic than simple sums and multiplication the woman had memorized. The lower order seems incapable of sequential reasoning. Though they often claim to be in some distant city they cannot report more than the patient sees, hears, or remembers. They seem imprisoned in the lowest level of the patient's mind, giving no real evidence of a personal world or any higher order thinking or experiencing.

All of the lower order are irreligious or anti-religious. Some actively interfered with the patients' religious practices. Most considered them to be ordinary living people, though once they appeared as conventional devils and referred to themselves as demons. In a few instances they referred to themselves as from hell. Occasionally they would speak through the patient so that the patient's voice and speech would be directly those of the voices. Sometimes they acted through the patient. One of my female patients was found going out the hospital gate arguing loudly with her male voice that she didn't want to leave, but he was insisting. Like many, this particular hallucination claimed to be Jesus Christ, but his bragging and argumentativeness rather gave him away as of

the lower order. Sometimes the lower order is embedded in physical concerns, such as a lady who was tormented by "experimenters" painfully treating her joints to prevent arthritis. She held out hope they were helping her, though it was apparent to any onlooker they had all but destroyed her life as a free and intelligent person.

In direct contrast stands the rarer higher order hallucinations. In quantity they make up perhaps a fifth or less of the patients' experiences. The contrast may be illustrated by the experience of one man. He had heard the lower order arguing a long while how they would murder him. He also had a light come to him at night like the sun. He knew it was a different order because the light respected his freedom and would withdraw if it frightened him. In contrast, the lower order worked against his will and would attack if it could see fear in him. This rarer higher order seldom speaks, whereas the lower order can talk endlessly. The higher order is much more likely to be symbolic, religious, supportive, genuinely instructive, and communicate directly with the inner feelings of the patient. I've learned to help the patient approach the higher order because of its great power to broaden the individual's values. When the man was encouraged to approach his friendly sun he entered a world of powerful numinous experiences, in some ways more frightening than the murderers who plotted his death. In one scene he found himself at the bottom of a long corridor with doors at the end behind which raged the powers of hell. He was about to let out these powers when a very powerful and impressive Christ-like figure appeared and by direct mind-to-mind communication counseled him to leave the doors closed and follow him into other experiences which were therapeutic to him. In another instance the higher order appeared to a man as a lovely woman who entertained him while showing him thousands of symbols. Though the patient was a high-school educated gas-pipe fitter, his female vision showed a knowledge of religion and myth far beyond the patient's comprehension. At the end of a very rich dialogue with her (the patient reporting her symbols and responses) the patient asked for just a clue as to what she and I were talking about. Another example is that of a Negro who gave up being useful and lived as a drunken thief. In his weeks of hallucinations the higher order carefully instructed him on the trials of all minority groups and left him with the feeling he would like to do something for minorities.

In general the higher order is richer than the patient's normal

experience, respectful of his freedom, helpful, instructive, supportive, highly symbolic and religious. It looks most like Carl Jung's archetypes, whereas the lower order looks like Freud's id. In contrast to the lower order, it thinks in something like universal ideas in ways that are richer and more complex than the patient's own mode of thought. It can be very powerful emotionally and carry with it an almost inexpressible ring of truth. The higher order tends to enlarge a patient's values, something like a very wise and considerate instructor. Some patients experience both the higher and lower orders at various times and feel caught between a private heaven and hell. Many only know the attacks of the lower order. The higher order claims power over the lower order and indeed shows it at times, but not enough to give peace of mind to most patients. The higher order itself has indicated that the usefulness of the lower order is to illustrate and make conscious the patients' weaknesses and faults.

Though I could say much more on what the patients reported, and quote extensively from dialogues with hallucinations, this is the substance of my findings. I was very early impressed by the overall similarities of what patients reported even though they had no contact with each other. After twenty patients there wasn't much more to be learned. I was also impressed by the similarity to the relatively little shown in the Biblical accounts of possession. These patients might well be going through experiences quite similar to what others experienced centuries ago.

Several things stood out as curious and puzzling. The lower order seemed strangely prevalent and limited. In the face of their claim of separate identity, their concealing or not knowing any fact (birthplace, schooling, name, personal history) which would set them apart was unusual. Their malevolence and persistence in undermining the patient was striking. And why would they consistently be unreligious or anti-religious? Just the mention of religion provokes anger or derision from them. In contrast, the higher order appeared strangely gifted, sensitive, wise and religious. They did not conceal identity but rather would have an identity above the human. For instance, a lady of the higher order was described as "an emanation of the feminine aspect of the Divine." When I implied she was Divine she took offense. She herself was not divine but she was an emanation of the Divine. I couldn't help but begin to feel I was dealing with some kind of contrasting

polarity of good and evil. The patients' accounts of voices trying to seize for their own some part of the body such as eye, ear or tongue had a strangely ancient ring to it. Some people might suspect that my manner of questioning fed back to the patients what I wanted to hear, but after I addressed on hallucinations an audience including patients many warmly commended me for capturing their own experiences too. As incredible as it may seem, I'm inclined to believe the above is a roughly accurate account of many patients' hallucinatory experiences.

I read and admired Swedenborg's work for some while, primarily because his religious experiences fit with my own and partly because of his immense knowledge of the hypnogogic state and the inner structure of the psyche. His doctrine regarding spirits I could neither affirm nor deny from my own experience, though it seemed a little incredible. As I describe Swedenborg's doctrine in this matter the similarity with my own findings will become apparent.

Swedenborg describes all of life as a hierarchy of beings representing essentially different orders and yet acting in correspondence with each other. The Lord acts through celestial angels, who in turn correspond on a lower level to spiritual angels, who in turn correspond to a third lower heaven—all of which corresponds to and acts into man. On the opposite side there are three levels of hell acting out of direct contrast into man. Man is the free space and meeting ground of these great hierarchies. In effect, good and its opposite evil rule through this hierarchy of beings down to man who stands in the free space between them. Out of his experiences and choices he identifies with either or both sides. These influences coming from both sides are the very life of man. The man who takes pride in his own powers tends toward the evil side, The man who acknowledges that he is the receptacle of all that is good, even the power to think and to feel, tends toward the good side. In the extreme of evil, spirits claim power over all things and seek to subjugate others. In the extreme of good, angels feel themselves free in that the good of the Lord acts freely through them. Swedenborg's doctrine of the effect of spirits with man is simply the lowest aspect of a whole cosmology of the structure of existence.

Such is the equilibrium of all in the universal heaven that one is moved by another, thinks from another, as if in a chain; so that not the least thing can [occur from itself]: thus the universe is ruled by the Lord, and, indeed, with

no trouble (SD 2466). From this order of creation it may appear, that such is the binding chain of connection from firsts to lasts that all things together make one, in which the prior cannot be separated from the posterior (just as a cause cannot be separated from its effect); and that thus the spiritual world cannot be separated from the natural, nor the natural world from the spiritual; thence neither the angelic heaven from the human race, nor the human race from the angelic heaven. Wherefore it is so provided by the Lord, that each shall afford a mutual assistance to the other. . . . Hence it is, that the angelic mansions are indeed in heaven, and to appearance separate from the mansions where men are; and yet they are with man in his affections of good and truth (LJ 9).

Each, man or spirit, is given to feel he is free and rules. Yet all are ruled (SD 3633). Even the world of matter is created and sustained by the Lord through the spiritual world (DP 3). It is normal that man does not feel himself to be the subject of a spiritual world. Swedenborg repeatedly enjoins that one is not even to attempt to become aware of the world of spirits because it is dangerous (HH 249, AC 5863). In the normal man spirits are adjoined to the man's spirit (AC 5862) or, what is the same, to more unconscious levels of his mind so that man is not aware of them. They flow into his feelings or into the matrix of thought (AE 1182). Spirits think spiritually and man naturally so that the two correspond to each other. In modern terms one would say spirits are in the unconscious and there live out their desires in what is to man the origin of his thought and feelings. In the normal situation man is not aware of their action, taking it to be his own thought and feeling. They, too, do not feel themselves to be in the life of a man. To all of man's experiences they have corresponding spiritual experiences. They do not see or hear the man's world. The spirits adjoined to man have dispositions similar to the man's. As Swedenborg says, with a bit of humor, enthusiastic spirits are with the enthusiastic (AE 1182). Thus they act together. Man is free to act, but by this relation to a hierarchy of spirits his tendencies are conditioned (AC 5850). His identification with good or evil tendencies, by his acts, furthers the conditioning in one direction or another. Good spirits or angels dwell in the most interior aspects of man's mind—in his loves, affections or ends (AC 5851). They think by generals or universals (AC 2472), or as modern psychology would put it, they think more abstractly. One of their thoughts would cover thousands of a natural man's thoughts. The soul, spirit or interior man are the same thing (AC 6059).

. . . being thus supereminent, spiritual ideas or thoughts, relatively to natural, are ideas of ideas, thoughts of thoughts; that by them, therefore, are expressed qualities of qualities and affections of affections; and, consequently, that spiritual thoughts are the beginnings and origins of natural thoughts (CL 326: 7).

Evil spirits reside in a lower but still unconscious area of mind, the personal memory. Those like the man are joined to him and they take on the memory of the man and neither the man nor they know that they are separate. They are in what Swedenborg calls his scientifics, or the facts and tendencies stored in the memory.

To some this whole conception of Swedenborg's sounds strange and even highly improbable. Scientifically it appears beyond any real test. If man cannot know these spirits, nor do they even know they are with man, the matter is like the worst speculation and not open to examination. In Swedenborg's personal diary and other works he tells how he felt gifted by the Lord with the experience both of heaven and hell and could examine over a period of many years their exact relationship to man. To learn of the powers and tendencies of evil spirits he was attacked by them as though he were a man possessed, yet it was not permitted that he be injured by them. In this respect his account sounds very much like madness with hallucinations and delusions. Yet the many documents that have been gathered * testify to his normal and even prosperous life as a nobleman, respected scientist and man of the world. Apparently he was a gifted man who was allowed to explore experiences that other less gifted persons are caught within.

The diagnosis of schizophrenia did not exist in his day, it having been first clearly delineated in 1911 by Eugen Bleuler. He did speculate on the nature of madness, sometimes describing it as being too involved in one's own fantasies (SD 1752), and sometimes ascribing it to pride in one's own powers (spiritual madness) (AC 10227: 3). He gave much description of possession by spirits and what they did. Present day psychosis always involves some degree of self pride (spiritual madness) but the hallucinated aspect looks most like what Swedenborg described under the general headings

* R. L. Tafel, *Documents Concerning Swedenborg*, 3 Vols., Swedenborg Society, London, 1890.

A. Acton, *Letters and Memorials of Emanuel Swedenborg*, 2 Vols., Swedenborg Scientific Association, Bryn Athyn, Pa., 1948.

G. Trobridge, *Swedenborg, Life and Teaching*, Swedenborg Society, London, 1945.

of obsessions (to be caught in false ideas) and possession (to have alien spirits acting into one's thought, feelings, or even into one's own bodily acts) (HH 257). He indicates that normally there is a barrier between these spiritual entities and man's own consciousness. He also makes quite clear that if this barrier of awareness were penetrated the man would be in grave danger for his mental health and even for his life (HH 249).

If evil spirits knew they were with man they would do all sorts of things to torment him and destroy his life. What he describes looks remarkably like my own findings on the lower order hallucinations. Let us consider lower order hallucinations and possession by evil spirits together. You will recall that I said lower order hallucinations act against the patient's will, and are extremely verbal, persistent, attacking, and malevolent. They use trickery to deceive the patient as to their powers, threaten, cajole, entreat, and undermine in every conceivable way. These are all characteristics of possession by evil spirits which takes place when the spirits are no longer unconscious but have some awareness of themselves as separate entities and act into consciousness.

It is not clear how the awareness barrier between spirits and man is broken. In Swedenborg's case he had a way of minimal breathing and concentrating inwardly for most of his life—a practice that resembles the yogic Pranayama and Pratyahara, which is calculated to awaken inner awareness. In the context of his whole system of thought one would surmise this inner barrier of awareness is penetrated when the person habitually withdraws from social usefulness into inner fantasy and pride. This would conform to contemporary social withdrawal which is the earliest aspect of schizophrenia. I am relatively certain that religious faith alone doesn't prevent hallucinations because many patients try to save themselves by their faith. Observation would suggest useful social acts (charity) would come closer to preventing schizophrenia.

All of Swedenborg's observations on the effect of evil spirits entering man's consciousness conform to my findings. The most fundamental is that they attempt to destroy him (AC 6192, 4227). They can cause anxiety or pain (AC 6202). They speak in man's own native tongue (CL 326, DP 135). (The only instances I could find where hallucinations seemed to know a language other than the patient's were from the higher order.) They seek to destroy conscience (AC 1983) and seem to be against every higher value.

For instance they interfere with reading or religious practices. They suggest acts against the patient's conscience and if refused threaten, make them seem plausible, or do anything to overcome the patient's resistance. Swedenborg says these spirits can impersonate and deceive (SD 2687). This accounts for one puzzling aspect. Patients say voices can shift sound and identity as they speak, making it impossible to identify them. Or if a patient treats them as some known individual they will act like him. They lie (SD 1622). Most patients who have experienced voices for any length of time come to recognize this. They tell a patient he will die tomorrow and yet he lives. They claim to be anyone including the Holy Spirit (HH 249). It took some while for a woman patient to come to realize the male voice in her probably was not Jesus Christ as he claimed. She considered him sick and proceeded to counsel this voice, which improved and left her! He claimed he could read my mind, but I showed her by a simple experiment that he couldn't.

When spirits begin to speak with man, he must beware lest he believe them in anything; for they say almost anything; things are fabricated by them, and they lie; for if they were permitted to relate what heaven is, and how things are in the heavens, they would tell so many lies, and indeed with a solemn affirmation, that man would be astonished; . . . They are extremely fond of fabricating: and whenever any subject of discourse is proposed, they think that they know it, and give their opinions one after another, one in one way, and another in another, altogether as if they knew; and if a man listens and believes, they press on, and deceive, and seduce in divers ways (SD 1622).

Though most patients tend to recognize this, most still put faith in their voices and remain caught by them. For instance, one lady felt a group of scientists including a physician and engineer were doing important but painful experiments on the ends of her bones. Even though I couldn't find a trace of medical knowledge in the physician or any mathematical ability above simple sums in the engineer, she continued to believe in them.

Many voices have indicated they will take over the world, or have already done so, which bit of bragging Swedenborg noticed too (SD 4476). They can suggest and try to enforce strange acts in the patient and then condemn him for compliance (AC 761). They draw attention to things sexual or simply filthy (SD 2852) and then proceed to condemn the person for noticing them. They often refer to the person as just an automaton or machine (SD 3633), a common delusional idea that many schizophrenics adopt.

In the normal condition these spirits cannot see and hear the world of man (AC 1880), but in mental illness they can (SD 3963). For instance I was able to give the Rorschach Ink Blot Test to a patient's voices separately from the patient's own responses. Since I could talk with them through the patient's hearing they could hear what the patient heard. Though they seem to have the same sensory experience as the patient I could find no evidence they could see or hear things remote from the patient's senses, as they often claimed.

There are a number of peculiar traits of the lower order hallucinations on which Swedenborg throws light. If voices are merely the patient's unconscious coming forth I would have no reason to expect them to be particularly for or against religion. Yet the lower order can be counted on to give its most scurrilous comments to any suggestion of religion. They either totally deny any after life or oppose God and all religious practices (AC 6197). Once I asked if they were spirits and they answered, "the only spirits around here are in bottles" (followed by raucous laughter). To Swedenborg it is their opposition to God, religion, and all that it implies that makes them what they are.

Another peculiar finding is that the lower order hallucinations were somehow bound to and limited within the patient's own experiences (AC 796f). The lower order could not reason sequentially or think abstractly as could the higher order. Also it seemed limited within the patient's own memory. For instance, one group of voices could attack the patient only for things he had recalled since they invaded him; and they were most anxious to get any dirt to use against the patient. Swedenborg throws light on this when he indicates evil spirits invade man's memory and scientifics (the facts he has learned). This accounts for their memory limitation, their lack of sequential and abstract reasoning, and their extreme repetitiveness. As I indicated earlier, it is not uncommon for voices to attack a person for years over a single past guilt. It also accounts for the very verbal quality of the lower order as against the higher order's frequent inability to speak at all (AC 5977).

Swedenborg indicates the possibility of spirits' acting through the subject (AC 5990), which is to possess him. This I have occasionally seen. For instance the man who thought he was Christ within a woman sometimes spoke through her, at which

times her voice was unnaturally rough and deep. She also had trouble with him dressing at the same time she was because she would be caught in the incongruities of doing two different acts at once.

Another peculiar finding which Swedenborg unintentionally explained is my consistent experience that lower order hallucinations act as though they are separate individuals and yet they can in no way reveal even a trace of personal identity, not even a name. Nor can they produce anything more than was in the patient's memory. Most patients have the impression they are other beings. They will take on any identity suggested, but they seem to have none of their own. This strange but consistent finding is clarified by Swedenborg's account. These lower order spirits enter the man's memory and lose all personal memory. The personal memory was taken off at their death leaving their more interior aspects. That they discover they are other than the man allows obsession and possession to take place and accounts for their claiming separate identity and convincing the patient of this. But their actual lack of personal memory comes from their taking on the patient's memory.

It may be that in the deeper degree of schizophrenia the spirits have taken on more of their own memory. Swedenborg says this would lead man to believe he had done what he had not done (AC 2478, HH 256). For instance delusional ideas are a belief in what has not occurred. Some patients speak of themselves as dead and buried and their present identity as of another person. "For were spirits to retain their corporeal memory, they would so far obsess man, that he would have no more self-control or be in the enjoyment of his life, than one actually obsessed" (SD 3783). I am just guessing at this point that the most serious of the mental disorders, where a person is totally out of contact and jabbars to himself and gesticulates strangely, are instances where these spirits have more memory and act more thoroughly through the person. It is then symbolically accurate that they are dead and someone else lives.

I deliberately looked for some discrepancy between my patients' present experiences and what Swedenborg described. It appeared I had found it in the number of spirits who were with one patient. They may have three or four most frequent voices but they can experience a number of different people. Swedenborg says there

usually are only two good and two evil spirits with a person (AC 904, 5470, 5848, 6189). He also gives instances where spirits come in clouds of people at a time (SD 4546). I later learned that where there is a split between the internal and external experience of a person, as in schizophrenia, there can be many spirits with a person (SD 160). Also, as patients' voices themselves have described the situation, one spirit can be the subject or voice of many (HH 601). This was the case with the lady who had a team of researchers working on her bones. They themselves were in a kind of hierarchy and represented many. Only the lowest few members of the hierarchy became known to the patient and myself. Swedenborg refers to such spirits as the subjects of many.

Both Swedenborg and the medieval literature speak of the aim of spirits to possess and control some part of a patients' body (SD 1751, 2656, 4910, 5569). Parts involved in my observations have been the ear, eye, tongue, and genitals. The medieval literature speaks of intercourse between a person and his or her possessing spirit, giving these spirits the names incubi and succubi depending on their sex.* One female patient described her sexual relations with her male spirit as both more pleasurable and more inward than normal intercourse. Swedenborg makes clear that those who enter the affections or emotions enter thereby into all things of the body. These more subtle possessions are more powerful than simply having voices talking to one, and can easily account for affective psychoses where there is a serious mood change (AC 6212, SD 5981). One older German woman was depressed by tiny devils who tormented her in her genital region and made her feel the horror of hell. There are many impressive similarities between the patients' experiences of lower order hallucinations and Swedenborg's obsession and possession by evil spirits.

The higher order hallucinations are quite a bit rarer, do not oppose the patient's will, but rather are helpful guides, and are far more abstract, symbolic and creative than lower order hallucinations. In Swedenborg's terms the higher order would be angels who come to assist the person. As Swedenborg describes it, they reside in the interior mind which does not think in words but in universals which comprise many particulars (AC 5614). The higher order in one patient visually showed him hundreds of

* See *Demoniality; or, Incubi and Succubi (17th Century)*, London, 1927.

universal symbols in the space of one hour. Though he found them entertaining he couldn't understand their meaning. Many of the higher order are purely visual and use no words at all, while the lower order talk endlessly. One patient described a higher order spirit who appeared all in white, radiant, very powerful in his presence and communicated directly with the spirit of the patient to guide him out of his hell. Swedenborg describes how the influx of angels gently leads to good and leaves the person in freedom (AC 6205). I've described the incident where the patient recognized good forces first as a sun which withdrew from him when he was frightened whereas all his experiences of the lower order had been attacking. It was this simple respect for his freedom that led the patient to believe this was another order.

Swedenborg indicates that good spirits have some degree of control over the evil ones (AC 5992, 6308; SD 3525). Higher order hallucinations have made the same comment—that they can control lower order ones, but it is seldom to the degree the patient would desire. In some respects they overcome the evil insofar as the patient identifies with them. In one case I encouraged the patient to become acquainted with these helpful forces that tended to frighten him. When he did so their values merged into him and the evil plotters, who had been saying for months they would kill him, disappeared. I seem to see some kind of control of the higher order over the lower, though the nature and conditions of this control are not yet clear. Again, precisely in agreement with Swedenborg, I found evil spirits cannot see the good, but the good can the evil (HH 583). The lower order may know of the presence of the higher order but they cannot see them.

It remained a considerable puzzle to me for over a year why the higher order hallucinations were rarer since they were far more interesting to the patient and myself and potentially more therapeutic. Again, Swedenborg has an explanation that fits beautifully with my findings. I had noticed the higher order tends to be non-verbal and highly symbolic. He indicates angels possess the very interior of man. Their influx is tacit. It does not stir up material ideas or memories but is directed to man's ends or inner motives (AC 5854, 6193, 6209). It is for this reason not so apparent and hence rarer in the patients' reports.

CONCLUSION

There are ideas which fashions in thought make unpopular. That man's life is intimately related to a hierarchy of spiritual beings is one of these. Yet I would not feel I were a scientist if I could not be led by the truth in my own data, even if it led in an unpopular direction.

There are a number of points which make the similarity of Swedenborg's accounts and my own findings impressive. For one, my clinical method makes a detailed examination of living hallucinations possible, even to subjecting them to projective tests. My patients' accounts, derived independently of each other, agree with each other remarkably. They also agree, on every particular I could find, with Swedenborg's account. My own findings were established before I really examined Swedenborg's position in this matter. It seems remarkable to me that, over two centuries of time, men of very different cultures working under entirely different circumstances on quite different people could come to such similar findings. Moreover, his explanation makes sense out of details which are otherwise strange and incongruous. I tried to find some discrepancy in his writings but could not. It may yet be possible since his writings on this subject are voluminous.

Should time permit I hope now to go back to the patients' hallucinations with this different assumption in mind to see if it can be used to help these people while trying to find tests of the assumption. Though accounts of these hallucinations are curious to the reader, they involve painful and destructive experiences for the persons involved. Should the assumption of the presence of spirits in the lives of these people be correct, there should be some way of turning this knowledge to their aid. In addition to throwing light on psychotic hallucinations, we have here the possibility of evidence for life after death.