

POLTERGEIST AGENTS:
A REVIEW OF RECENT RESEARCH TRENDS AND CONCEPTUALIZATIONS

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Historical surveys of poltergeist phenomena (e.g., Carrington and Fodor, 1951; Roll, 1977) do not leave any possible doubt on the curious fact that in a substantial number of cases the phenomena is associated, spatially and temporally, with some specific person. If this is true, more problematic is the reason for that association. Demonologists such as Guazzo (1970) were inclined to the view that the manifestations were diabolic phenomena caused by a witch. Writers with a survivalistic inclination see intents of a discarnate agent to communicate with some person (e.g., Pierce, 1973; Stevenson, 1972). With the advent of dynamic psychiatry others see the expression of repressed tension and anger (e.g., Fodor, 1968; Roll, 1972).

Our purpose in this paper is to evaluate all published studies, from 1973 to 1979, whose authors made a judgement or clinical study of the poltergeist agent, as it relates to the etiology of the manifestations. The year 1973 is chosen as we were interested in seeing how other investigators tried to replicate Roll's (1972) conclusions, and to extend to more recent studies the critical evaluation of this topic published elsewhere by one of us (Martinez Taboas, 1977; 1980). Besides the analysis and discussions of these recent cases, we will also present a criticism of a recent theory of poltergeist phenomena: the central nervous system (CNS) or epileptic theory (Roll, 1978).

Psychological aspects

Before proceeding, we think it is important to review some recent criticisms made by Martinez Taboas (1977, 1980) concerning the methodology and assumptions involved in the so-called 'psychopathological' model of poltergeist phenomena. Martinez Taboas has discussed various points, among them:

- a) Numerous epidemiological studies of mental health report that more than half of the population on study has at least some mild dysfunctions or symptoms of behavior problems;
- b) Controlled clinical studies with adults and children has indicated that a clinician is predisposed to 'see' or encounter 'psychopathology' on normal people if they are informed offhand that they will see a patient;

By psychiatric standards the majority of poltergeist agents do not have any obvious psychopathologies or neurosis.

By looking closely at the classic evidence for the psychopathological model of poltergeist phenomena, Martinez Taboas found that this is what typically happened: A psychologist fully aware of the theory and its implications (in other words, not 'blind'), talks with the agent and his family. Usually he does not see any obvious neurosis, so he uses projective tests (highly dubious on reliability and validity) and his/her 'intuitions' and . . . finds psychopathology everywhere.

Martinez Taboas remarked in his papers that a basic reading of some books of pitfalls in human research (e.g., Barber, 1976; Jung, 1971; Rosenthal, 1976) will give us serious doubt about the conclusions of those clinicians. He concluded that in no single study have the psychopathological model been evaluated in a scientific manner. Since the most recent article by Martinez Taboas (1980) did not quote any study from 1973 to 1979, this too is an opportunity to see if the recent studies are more sound than its predecessors.

We could locate 9 studies in which its authors made some comments about the etiology of the manifestations, and one in which the author found a correlation but made no speculation on it (McHarg, 1973). All nine authors supported, some without qualifications, the

psychopathological model. A brief review of them will help us see if their conclusions are sound.

In the studies of Zorab (1973) and Pratt (1978) there is not a shred of evidence for sustaining a psychopathological model. The mere fact of this, and that its authors nevertheless stubbornly insist on psychopathology is additional evidence for Martinez Taboas (1980) argument that the poltergeist agent has a stigma before being investigated.

In the study of Eisler (1975) we are told that a girl of 8 years old had 'repressed tensions'. The evidence for this is reduced to a talk which the author had with a psychologist who knew the family and who said that the girl was trying to obtain attention through the phenomena.

Likewise, in Rogo's (1974) study we are presented with the usual terms: 'tensions', 'repression', etc.. In the final analysis we are dealing with a purely subjective interpretation of its author.

Something interesting occurred in Barrington's (1976) study. In 1965 Barrington reported this case concluding, in the typical vein, that an 8 years old girl was in 'tension', etc.. Some years later the mother of the girl commented to Barrington that by the time of the poltergeist disturbances she (the mother) was very depressed and sad. So, we are informed in the 1976 article that the agent was not the child but the mother. Needless to say is that no systematic effort was made to sustain this opinion.

Palmer's (1974) study offers, in our opinion, the most serious recent attempt to evaluate this model. He reported that a child of 12 years old was the agent, and that the dynamics involved were feelings of aggression. Palmer used the services of a psychologist who administered to the boy some psychological tests. The fact that many of the tests were of the projective type, and that the psychologist knew that unexplained movement of objects had been associated with the boy, are serious drawbacks to this study.

Hastings (1978) studied an agent of 21 years. A battery of psychological tests were given to him and to some of his co-workers. Reading the results one cannot find nothing extraordinary nor suggestive of psychopathology in this young man. Nevertheless, Hastings tries to convince us that the model is right, as the young

man "was newly married and making double payments on a car..."

In the Pratt and Palmer (1976) study there are two possible agents: a girl (10 years old) and a boy (9 years old). We are told that unconscious hostile impulses are at the root of the manifestations. The only evidence they give is that the girl had some "potential epileptiform activity" some years before the poltergeist disturbances, and that in a word association test that Palmer himself administered, the girl made a "slight nervous giggle".

Solfvin and Roll (1976) report a case in which a 21 year old agent had grand mal epilepsy and serious health problems. In their opinion the poltergeist manifestations are a substitute for discharging tensions. So, too, are the grand mal attacks. This case will be commented more fully later.

Evaluation

The basic question is: has the psychopathological model been more adequately evaluated than before 1973? In our opinion the answer is no. Although all the authors emphasized the model, what we in fact get is a disheartening situation. First of all, in seven of the studies the evidence for psychopathology of the agent is meager or simply does not exist (Barrington, 1976; Eisler, 1975; Hastings, 1978; Pratt, 1978; Pratt and Palmer, 1976; Rogo, 1974; Zorab, 1973). The strange and unconditional endorsement of the model can be explained when we realize that all these authors, besides coming to the scene fully aware of the implications of the model (not "blind"), do not even utilize the minimal requirements in protecting their results against artifact and bias. Any rigorous student of clinical research, from psychopathology to personality testing, knows that evidence obtained in these conditions is nearly worthless (Barber, 1976; Berger, 1977; Jones, 1977; Masling, 1965) (note 1).

In only one study (Palmer, 1974) at least an attempt was made to evaluate the model. But, and as pointed out before, the fact that the clinician was not "blind" was a serious drawback. In addition, many researchers and clinicians will express doubt on the psychodiagnosis as the psychologist used five projective tests, which are very controversial to say the least (e.g., Lanyon and Goodstein, 1971; Masling, 1965; Pervin, 1975; Zubin, Eron and Schumer, 1965). It is

curious too that by Palmer's description this boy was hyperactive. But, as far as we know, nobody had talked of hyperactive children as typical poltergeist agents.

We think we can conclude this section of our paper with the statement that, if anything, the recent reports not only have not improved in methodology, but what is worse, there are clear indications that the psychopathological model is being accepted by many as an applied dogma or self evident fact. This situation, in our opinion, is not healthy from a scientific point of view. If we want to make real progress we must try to protect our studies from such obvious pitfalls (note 2).

The psychophysical model

Recently Roll (1977, 1978) has proposed that the central nervous system (CNS) is a mediator in poltergeist manifestations. According to Roll what happens is something like this: the agent, by a condition of despair or psychopathology, releases those problems by means of CNS eruptions and then in a poltergeist disturbance. The classic case is from someone who suffers from epilepsy and who releases his/her tensions by an attack. Roll thinks that in some cases these subjects substitute their somatic attacks by a poltergeist attack. In other words, the latter are substitutes for the medical symptoms. If this is so, then poltergeist incidents may be regarded as a special class of epileptic symptoms.

Before reviewing the evidence for this model, it is important to know that the epileptic theory is not new. Owen (1964) tried to confirm it in historical cases, but reached a totally negative verdict: "There is little or no evidence associating poltergeist activity with epileptic seizures" (p. 348).

Then, what new evidence has Roll uncovered to sustain this conceptualization? It is our purpose to discuss critically this new evidence.

The most important data, in Roll's judgement, is that he has found four agents with a 'diagnosis' of epilepsy. A review of these four cases will be rewarding:

a) In the case reported by McHarg (1973) we are simply informed that a 14 year old girl, from the age of 9 had an abnormal EEG complicated by generalized convulsions. No correlations between the attacks and the manifestations is mentioned. This fact is acknowledged by Roll (1978, p.179).

b) Pratt and Palmer (1976) inform that a 10 year old girl "had an earlier history" of abnormal EEG consisting of "potential epileptiform activity of a generalized nature" during photic stimulation. What are we to interpret by 'earlier history' is not said. Apart from this, there is no other data suggestive of epilepsy.

c) Solfvin and Roll (1976) presented a case with a 21 year old agent that began suffering from epileptic attacks (grand mal) in March 1974. In July of 1974 poltergeist outbreaks began in his house. Apparently there was an inverse correlation between the epileptic attacks and the poltergeist.

d) The last case is one reported by Thacher (1910) and Barrett (1911) where a boy at the time "was treated for epilepsy". It is not said when epilepsy began or if there was any correlation with poltergeist phenomena.

EVALUATION

We don't know how it can be said that the above cases support the epileptic or CNS theory. In case A, apart from the fact that the girl was epileptic (as far as four years), there is no correlation (positive or inverse) stated. As Roll has postulated that the poltergeist is a substitute for the somatic symptoms (1978, pp.180, 189), then this case cannot be used for an analysis of the theory.

Case B is interesting, insofar as it shows the way Roll interprets his evidence. In our opinion this case does not offer any evidence for the theory. The fact that years earlier the girl had some abnormal EEG activity is not necessarily indicative of epilepsy. It is a well known fact that about 10-20% of normal children display 'abnormal' EEG reading (e.g., Feuerstein, Ward and LeBaron, 1979; Harris, 1977). For example, in the Eeg-Olofsson (1970) study of 743 normal children between 1-15 years old, 15% had paroxysmal abnormalities at some time during the EEG, and 16% showed positive spike phenomena. In the

Stevens, Sachdev and Milstein (1968) study 28% of a group of normal controls displayed moderate to severe abnormalities. This fact is very important and not even mentioned by Roll when evaluating the credibility of the theory.

Case C is the only case reported in the literature where the 'predictions' of the theory are fulfilled. In favor of the theory we have an epileptic agent with recurrent attacks and an inverse correlation between them and the manifestations. At first sight this seems impressive, but not so when we are faced with the fact that the so called predictions are more accurately retrospective in nature as they follow precisely from this case.

Case D is very difficult to evaluate as it is an old case. As far as we know it does not give enough information to assess the theory.

In our opinion, a critical analysis of the cases only leave one where the epileptic theory may be the best explanation. In this condition all we can say is that the theory has been advanced in an over optimistic way, where enthusiasm and dubious correlations had substituted hard and controlled data. The over-enthusiastic way in which 'data' are forcibly made compatible with it is further illustrated by a comment by Roll (1978): "A fifth (subject), whose EEG was taken some months after the incidents, produced a short burst of such spikes" (p.172). As already said, this anomaly is rather frequent in the EEG of normal subjects. Undoubtedly, over-enthusiasm inclines Roll to see this as further 'evidence' and not even to mention possible artifacts in the EEG as a counter-explanation (e.g., Harris, 1977).

CONCLUDING REMARKS

It is somewhat unfortunate to say this, but in the last seven years (1973-1979) our scientific knowledge of poltergeist agents has not advanced as could be expected. All we get are reaffirmations, supported by very questionable ways, that the psychopathological model explains the manifestations. The data, as we have shown here and specially elsewhere (Martinez Taboas, 1977, 1980) does not support such optimistic conclusions.

On the other hand, a CNS or epileptic theory has been revitalized by

some. Although interesting and more easily to refute than the psychopathological model (Popper, 1968), it only has some very meager evidence in its favor, and obviously has been stated in an unduly optimistic manner.

We hope that in the years to come both theories will be evaluated more rigorously and that researchers will take more into account the many artifacts and pitfalls that can lead astray so many bright minds in this field.

NOTES

1) Jones (1977) summarizes this matter as follows: "Studies of the influence of the examiner on the results of psychodiagnostic testing indicate that the expectations of the examiner play a significant role in determining the outcome of testing. Further, the circumstances of testing and knowledge of 'extraneous' characteristics of the client also appear to play a role in the outcome of the diagnostic process. Different examiners both see different cues in the same patient and use the same cue to infer different things (p.4).

2) Recently a study by Rogo (1979) has come to our attention in which he claims that using an 'unbiased evaluation' and keeping the clinician (Dr. Gertrude Schmeidler) 'blind', he confirmed the personality patterns which are associated with poltergeist agents. It seems to us very odd how Rogo could claim that, as we are informed that not only Rogo himself administered the tests (three projective tests) but what is more puzzling is that Dr. Schmeidler "was informed that we are dealing with a poltergeist case". It is surprising that Rogo claimed that his clinician was blind when in point of fact she was not. Furthermore, as Dr. Schmeidler is in all probability familiarized with Rogo's writings and opinions of the family dynamics of poltergeists, all the more certain that we are that it is a misunderstanding to claim that the clinician was blind. In our opinion Rogo's recent case study does not add anything significant when compared with the other studies.

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