

## FEATURED ARTICLES

# Death Shall Have No Dominion: Double-Talk

Albert Morell, Ph.D.



*Man is a false window  
through which his double  
walks to the truth.*

—Philip Lamantia (Surrealist poet)

I have had out-of-the-body experiences from a young age, and have spent more than three decades as an experimenter and researcher trying to understand them. Such experiences, like hundreds of thousands of others, can be variously contextualized within psychological, medical, parapsychical, and religious frameworks, but they all have in common the realistic sense of spatial dislocation, wherein one's consciousness exteriorizes outside one's body, often within a body double with sight and hearing intact, which makes sense of Aristotle's otherwise incomprehensible contention that our five senses fundamentally are not dependent on our sense organs, but on a sixth or common sense of the "animal soul."

## Historical Background

What to make of this phenomenon, and what does it currently have to do with our profession's bifurcated history in this regard? The physical, psychological, and spiritual healing sciences began with shamanism in tribal traditions. From the Mongolian steppes to the South African veld, the South American jungles, and the North American mesas, a mandatory qualification for becoming a shaman has been the ability to travel out of the body. The *double*, or subtle body, has been fundamental to most sophisticated, non-monotheistic religions and philosophies, including the Buddhist and Vedic traditions. The Egyptians, most notably, built the pyramids to facilitate the journey of the pharaonic subtle body, the *ka*, into the afterlife.

In the West, the early Church suppressed the concept of the subtle body, because it was associated with Dionysian and other pagan fertility rites, replacing it with the more abstract, non-material concept of the immortal soul, and, oddly enough, the resurrection of the physical body. Hence, the "tomb-is empty" insistence on the mystical transfiguration of the body of Christ. Ecclesiastical suppression resurfaced with a vengeance following the Crusades, when lost Greek and other pagan philosophical, mathematical, and metaphysical works came back into the West through monastic centers of learning from Arabic and Persian translations. The medieval Church adapted pagan philosophical concepts to Church ideology, but condemned the subtle body by associating it with sorcery and demonology, ignoring its tradition of high-order theurgic practice. Hence, the burning of witches "flying on broomsticks," invariably en route to satanic orgies. That said, hermetic practitioners regarded the subtle body as the Philosopher's Stone, about which the imprisoned 14th-century Spanish physician to Pope Boniface VIII, Arnaldus Villanova, remarked otherwise that the *corpus subtile* is "the stone the mason throws out into the street as having no value."

Parapsychological theories, including spiritism, magnetism, and hypnotism, based on the subtle-body premise, had a resurgence in the mid-19th century in reaction to the Enlightenment, and began to fall into disrepute among psychological sciences in the last quarter of the 19th century, after the French neurologist Jean-Martin Charcot, with whom Freud studied, made his reputation by insisting on a medical scientific methodology for clinical observation. Although he continued to use hypnotism to treat hysteria, Charcot's work formed the bridge to Freud and 20th-century traditional psychoanalytic and psychiatric theories, based on a biological and medical model that provided the foundation for contemporary standards of scientific research for psychological assessments, diagnoses, and treatments. It should come as no

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surprise, nonetheless, that hermeticism's 19th-century revival had a profound influence on the founding of psychoanalysis. As a result, traditional psychological systems overtly purported to excise the centuries-old ghost-in-the-machine sciences, and replace them with their own, inclusive of Freud and his psychoanalytic circle, many of whom were engaged in esoteric research and practice, evidenced by Freud's clandestine immersion in spiritism and parapsychological research, and his own *doppelgänger* experiences, which he feared were harbingers of death. Freud's interest in parapsychological phenomena may explain his compulsion to write *The Interpretation of Dreams*, and his thwarted desire later to wed parapsychology to psychoanalysis. Freud's firm belief in telepathy in dreams and the transference led him to write in a 1921 letter, "If I had it to live my life over again, I should devote it to the study of parapsychology, rather than to psychoanalysis" (Brottman, M., 2009). Freud effectively secularized spiritualism and occultism, transforming demon possession into psychosis, spirits into ego introjects, and exorcism into psychoanalysis. In this regard, he followed his predecessor, the pre-Freudian analyst Pierre Janet, rather than Charcot, who used the occult techniques of automatic writing, trance, and discourse on possession for the purpose of bringing the occult under control of the clinic (Janet, P., 1930). Among other esoteric psychoanalytic researchers were Sandor Ferenczi and Herbert Silberer, who committed suicide after he was expelled from Freud's inner circle for writing a paper making a connection between alchemical and psychoanalytic practices, which was the source of Jung's theoretical use of hermeticism in his own work. Otto Rank wrote a study on the double, and another on the double as the immortal self.

In a push to expand the biological and mechanistic limits of the Freudian unconscious, both Carl Jung's and Jacques Lacan's theoretical systems speak of subtle bodies. After a 10-year immersion in the alchemical tradition on which Jung modeled his analytic psychology, he made a sudden turnaround, and condemned the alchemists as ignorant, non-Christian practitioners in service to chthonic and demonic dark forces. His concept of the *shadow* is peripherally related. Jung additionally excluded the subtle body from his theory of the collective unconscious, and compartmentalized it in what he called the *necrotic* unconscious, deeming it unfit for psychological investigation. None of this, however, stopped him from adopting the spirit-communication techniques of the early 20th-century American medium, Betty White, to formulate his method of active imagination (a corollary of Freud's free-association technique), which he kept secret for over 30 years. Lacan's case is more complex. He wrote that "Man does not think with his soul as philosophers imagine. He thinks about structure, that of language; the word contains it and speaks to a structure that carves his body which has nothing to do with anatomy" (Lacan, J. 1990/1974). Lacan's early theory was tied to the structuralist movement. He therefore linked the body to unconscious structures, based on the power of language to take us beyond ordinary speech into what he called the *Real* unconscious. Although Lacan had no

interest in esotericism or parapsychology, he strangely termed language a *subtle body*, claiming it is the structural bridge to what he called the *Real* unconscious. The important implication here is that a non-physical body is involved. Lacan later concluded that language is not a sustainable bridge, and replaced it with other corporeal concepts, ending with his formulation of the Mirror Stage. He proposed that a split occurs in infants and young children, whereby, in scopic comparison to some cohesive-appearing Other, that can include themselves when looking into a mirror, or other reflective surface, they create an imaginary body to compensate for the fragmented sense they have of themselves in their physical bodies, which is the beginning of narcissism. Although there is no evidence for any of this, it is notable that Lacan made the Mirror Stage the foundation of his psychoanalytic theory, enigmatically claiming that the mirror body and the gaze are also *a priori* to developmental processes, in other words, they are innate, which smacks of subtle-body autoscopic lore, and the centrality of the *double* in the hermetically oriented Surrealist movement in which Lacan had immersed himself early on in his career. In effect, he was plowing the same corporeal "metaphysical" furrow as Freud and Jung by other means.

### Out-of-Body and Near-Death Experiences

Although it is common for out-of-body experiences (OBEs) to accompany near-death experiences (NDEs), many do not. It is estimated that between eight and 15 percent of the population reports having had an OBE, and between 10 percent to 20 percent report having had an NDE (Stevenson, et al., 1989-90). The term *near-death experience* is somewhat of a misnomer in that it describes not only the consciousness reports of experiencers on the brink of death, but also the reports of those pronounced clinically dead. An out-of-body experience is an abnormal subjective episode of self-dislocation that involves a disrupted sense of spatial unity between one's self and one's body. OBEs can occur with or without autoscopia (AS), namely the impression of seeing the body from an elevated and distanced visuospatial perspective (Blanke O., Mohr C., 2005). Research in the last half-century initially focused on OBE research, because it had clinical and laboratory funding. However, it ran separately from and concomitantly with psychoactive drug research that came to a halt with the Controlled Substances Act of 1970, which determined that psychedelics and related substances research had "no currently accepted medical use," and classified them in the most stringently regulated category of controlled substances, effectively banning them from clinical and laboratory trials. Funding for OBE research, like that of Charles Tart at the University of California Davis, dried up by association, and only now, after more than 50 years, are these strictures loosening. NDE research did not suffer the banned-drugs taint of OBE research, which subsequently moved it to the forefront.

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### Neurological Research

Researchers indicate that the area of the superior temporal cortex embodies an internal map of self-perception as one component of human self-consciousness. The supramarginal gyrus on the right side of the brain processes vestibular information for head and body orientation in space. The disembodiment experience alters one’s self-perception, but importantly in contrast to depersonalization and derealization, it retains both global self-consciousness and self-perception, although with a dissociation from immediate surroundings. The neurologist and neurosurgeon Wilder Penfield first reported that electrical stimulation of the right temporoparietal junction catalyzed patients’ sensations of out-of-body experiences, and sensations of disembodied floating, induced by electrical stimulation of the anterior to the angular gyrus (Guenther, K., 2016).

The neurologist Olaf Blanke, who has written extensive studies on out-of-body experiences, later noted that the integration of proprioceptive, tactile, visual, and vestibular information with respect to one’s body is important for the constant updating of the movement and position of single body parts and the entire body, as well as the body’s position in “extra-personal”

space. Blanke also found that additional stimulation of the more posterior, occipital side of the angular gyrus catalyzed autoscopy (AS), absent in Penfield’s case. Blanke found that autoscopy and disembodiment may involve slightly different areas of the brain. Thus, coactivation of more posteriorly located visual pathways may neurologically explain autoscopic experiences, whereas somatosensory–vestibular disintegration at the junction of the supramarginal gyrus and the angular gyrus may neurologically explain disembodiment experiences. Blanke concluded that the sense of progressive elevation, rotation, and falling of the “parasomatic body” violates normal vestibular functioning, and he describes NDEs’ autoscopic sensations as “visual pseudo-hallucinations” (Blanke, O., et al., 2004).

Traditional scientific medical and psychological explanations for OBEs and NDEs generally follow Blanke’s out-of-body and autoscopy research, namely that they involve some kind of physical or mental pathology mainly of neurological origin (Blanke O., & Mohr C., 2005).

### Memory

My earliest OBE memories are as a six-month-old infant and as a two-year-old toddler, which coincidentally or uncannily is the age-spread for Lacan’s Mirror Stage. I exteriorized as adult versions of myself, which are anomalous among out-of-body reports, but not without precedent, which brings up the intriguing question of who is ultimately remembering whom. Traditional neuroscience once deemed it impossible to have memories of experiences before the ages of two to three years old. However, researchers have established that the fetal body and brain are sufficiently developed to provide a substantial foundation for learning and memory while in the womb (Nathanielsz, P. W., 1992). More significantly, researchers have also found a connection between OBEs and the amygdala, an almond-shaped mass of gray matter inside each cerebral hemisphere that is responsible for the fight-or-flight syndrome, and is also a primitive memory center. The amygdala is additionally involved in memory consolidation, the process of transferring new learning into long-term memory (McGaugh, J. L. & Herz, M. J., 1972). It also facilitates encoding memories at a deeper level when the event is emotionally arousing (McGaugh, J. L., 2003).

### Transpersonal and Virtual Reality Research

It is noteworthy that most OBE and NDE researchers are not experiencers themselves. That said, some of those who are experiencers agree with Blanke that their out-of-body experiences are neurologically generated hallucinations. British psychologist and OBE researcher Susan Blackmore’s apparently sole OBE may have influenced her conviction, given that it occurred when she was an Oxford undergraduate in the 1970s, while she was smoking hashish with friends in a dormitory room, and found herself hovering near the ceiling looking down at her animated self sitting cross-legged on the floor with a glowing silver cord stretching from her physical body

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to her double. She then levitated through several floors and out the dormitory roof, followed by a hallucinatory night-flying journey over several continents, before returning to her Oxford room, and reentering her body through a jagged hole in her neck. Blackmore's drug-induced OBE led her to believe that OBEs are not real, that nothing leaves the body, and that they are simply aberrations in our virtual "mental maps."

Thomas Metzinger had his first out-of-body experience at 19 years old, when he was a philosophy student at Goethe University in Frankfurt. After he began researching OBEs, replicating his initial experience in the process, he met Susan Blackmore, who tried to convince him that his experiences were illusory representations "in his mental map." Metzinger rejected Blackmore's hypothesis at first, because his experiences were so real, but later came to agree with her, concluding that we experience the world as representations in a kind of mental stage set, rather than as reality itself, something Plato proposed centuries ago. Metzinger since immersed himself in the technological world of laboratory virtual reality (VR) and robotic re-embodiment research, in partnership with Olaf Blanke and others until 2015, research that has globally accelerated since then, culminating to date in Mark Zuckerberg's Metaverse.

The psychiatrist Bruce Greyson founded the University of Virginia's Division of Perceptual Studies, and has been investigating OBEs, NDEs, and paranormal-related phenomena for more than 40 years, in collaboration with his colleague, Ian Stevenson, whose related research includes cases of reincarnation. Neither Greyson, Stevenson, nor their British counterpart, the neuropsychiatrist Peter Fenwick, agree with Blackmore's and Metzinger's conclusions. (See Greyson's UVA panel discussion with John Cleese (May 30, 2018), Tom Tom Festival; and Fenwick's (2014) King's College lecture: <[youtube.com/watch?v=r1XK68tMm7Y](https://www.youtube.com/watch?v=r1XK68tMm7Y)>).

Greyson, along with Stevenson and Fenwick, has disproved many experts' assumptions about NDEs. He found, for example, that end-of-life drugs do not precipitate NDEs, but inhibit them, and that residual electrical activity in the brain does not explain NDE consciousness, particularly in cases of medical death (Greyson, B., 2010). Analyses of electroencephalograms show that consciousness-supporting electrical activity, in fact, ceases altogether when the brain flatlines, even before the heart stops beating, making consciousness impossible, particularly in cardiac arrest, which shuts down blood flow to the brain in seconds. Greyson, like Stevenson and Fenwick, thinks that "the evidence overwhelmingly points to the physical body not being all that we are," and that "there seems to be something that is able to continue after the body dies," but, like many similar researchers, Greyson concludes: "I don't know what to make of it" (Greyson, B., 2021).

Ian Stevenson, in addition to his collaborative research with Bruce Greyson, specialized in past-life reports that seem to make a case for reincarnation, given that he collected more than 3,000 vetted cases, which appear unexplainable otherwise.

Stevenson investigated the famous case of the Delhi-born Shanti Devi, which has in common with other international cases the phenomenon of very young children spontaneously talking about their "other families," with verified details of their former lives, including how they died, where they lived, their former names, and the names of their spouses, relatives, and friends (Stevenson, 2001). Additionally telling is Stevenson's two-volume, more than 2,000-page study correlating birthmarks, birth defects, and other physical anomalies with his subjects' memories of wounding past-life events, particularly in cases of violent death, which he confirmed with written medical documents and post-mortem reports. Stevenson observed that these birthmarks and birth defects differ noticeably from the usual kinds (Stevenson, 1997).

### Conclusion

As clinicians, how we apply this information, if at all, in the context of the *DSM-5*, is personal and discretionary. For most, it may ask that we reframe our professional training and perspectives, but not necessarily how we singularly approach our work. The fact is that we deal with more proximate mental health problems for the most part, and should treat them as we do. However, more people than we think, including clinicians themselves, have pertinent anomalous experiences that occur in waking states and in dreams. Most patients do not talk about them, because clinicians do not, and are trained to pathologize them. There are times when training and practice methods do not cut it—for example, in treating terminally ill and dying patients, and certain patients with psychosis. The profession historically has a rich, but censored, past for modeling how to do this otherwise, which is why most of us are on our own in this regard. Western psychology's suppression and lack of interest in its own spiritual, religious, parapsychological, and philosophical origins is somewhat startling, and presents another problem. It may account for the fact that the profession has an abnormally low spiritual orientation of any kind (27%), lower than material scientists, compared to the general population (Pargament & Krumrei, 2009). Further OBE, NDE, and subtle-body research, aside from reframing our assumptions about death, may one day resolve the polarized conflict between explaining extraordinary psychological experiences using reductive materialist models, and those using supernatural ones. Thus, we may profoundly expand the clinical models we currently work with, and progress in our understanding of who we are as human beings. ▲

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