Psychiatrists and psychologists with advanced degrees are investigating the mysterious realm of kundalini, UFOs, and ghosts.

DARK SIDE OF THE UNKNOWN

ARTICLE BY PATRICK HUYGHE

Tell us about it. Terrorized by little gray creatures with large black eyes who whisk you away from your bedroom at night? Plagued by poltergeists rattling the bookshelf and hurling pictures from the wall? Haunted by the ghost of a loved one, say, or precognitive dreams that turn suddenly real? Whatever the nature of your encounter with the unknown, you may have been left physically drained or emotionally scarred. Chances are, you've confided in no one, fearful friends and relatives would consider you insane. So where do you turn?

Actually, you have some options. You might, for instance, place your trust in someone who makes a business out of the unknown. You saw the movie; you know the tune. Who you gonna call? Ghostbusters! If it's psychic troubles you've had, you call a parapsychologist. And when it comes to possessions and visions and such, there's always the minister, rabbi, or parish priest. On the plus side, you can be fairly confident these people will believe you. On the other hand, if your trouble is even partially psychological, how much help would they be?

That's where mainstream psychologists and psychiatrists come in. If you're hallucinating, they might have a treatment or cure. But don't expect them to believe you. They'll dismiss your story as a raving fantasy, and if you can't shake the episode, you may end up diagnosed with schizophrenia and on antipsychotic drugs.

Not what you had in mind? Then consider your third option: the new breed of mental-health professional now contending that such other worldly experiences are legitimate and commonplace among the

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sane. That's not to say they accept the reality of alien abductors or precognition or ghosts—though much to the horror of their colleagues, a few of them have. But what many of these therapists have come to believe over the past five years is that such experiences—regardless of their cause—are common among normal, healthy people, and that those who find themselves traumatized by such episodes are just as deserving of psychological ministrations as those who suffer anxiety, depression, or the trauma that follows a plane crash or a rape.

To signal the birth of this new discipline, some dedicated professionals have even formed a group known as TREAT, for clinicians and physical and behavioral scientists interested in the Treatment and Research of Experienced Anomalous Trauma. TREAT, which holds a conference each spring, deals with everything from reports of UFO abduction and precognition to near-death episodes, satanic possession, and alleged contact with the dead. Another favorite TREAT area is kundalini—often perceived as a burning, vibrating, or electrifying sensation associated with meditation or any other heavy-duty spiritual chore.

PEOPLE REPORTING ALIENS OR GHOSTS DESERVE QUALITY PSYCHOLOGICAL ASSISTANCE

By all indicators, TREAT is a movement whose time has come. Indeed, every national poll on the paranormal confirms just how widespread such experiences are. A 1992 survey by the Roper Organization, for instance, suggests that 2 percent of the population, or 1 of every 50 adult Americans, exhibits the symptoms that sometimes mask a UFO abduction experience. A 1987 study conducted by Andrew Greeley and colleagues at the University of Chicago showed that 42 percent of American adults reported contact with the dead, 67 percent claimed ESP experiences, and 31 percent reported clairvoyance. And a 1981 Gallup poll showed that an extraordinary 15 percent of all people revived from the cusp of death reported the spectacle of the near-death experience in which they glimpsed such generic signposts as beckoning loved ones or a tunnel of light.

One must not, of course, mistake these experiences for proof of their reality. "Truth should not be defined by what people believe," warns Harold Goldstein, a psychologist in the division of epidemiology and services research branch of the National Institutes of Mental Health. "Facts are facts. Now it may turn out that there are aliens and such things, but there needs to be evidence for it, and belief is not evidence."

Then again, say the professionals on the frontier of the new psychology, beliefs should not be dismissed. "Paranormal experiences are so common in the general population," psychiatrists Colin Ross of Dallas and Shaun Joshi of Winnipeg, Canada, said in a recent issue of the *Journal of Nervous and Mental Disease,* "that no theory of normal psychology or psychopathology which does not take them into account can be comprehensive." Such experiences, they say, could be studied scientifically, "in the same way as anxiety, depression, or any other set of experiences" without making "any decision as to whether some, all, or none of them are objectively real."

That may sound good in theory, but some observers wonder whether it's really possible in practice. Therapists, it turns out, are no more immune to the potent lure of the unknown than anyone else. Unwary specialists of the human mind may, in fact, be particularly prone to accepting the reality of their patients' fascinating tales. And enchantment can lead to obsession. The psychoanalyst Robert Lindner admitted as much in 1955 after coming under the spell of a patient who provided detailed accounts of visits into the future reality of another planet. To help the patient, Lindner studied the mass of written records Kirk had prepared, noted the inconsistencies, and confronted him with the errors. That effort forced cracks in the fantasy and led, eventually, to Kirk's recovery. But Lindner, meanwhile, become so absorbed in the story that he had difficulty extricating himself from its grip. In his classic book, *The Fifty-Minute Hour,* he admits to skirting "the edges of the abyss." Now, some 35 years later, the latest mental-health professionals to flirt with UFO abduction, the near-death experience, and psychic phenomena face this danger as well.

One mental-health worker to dive headlong into the dark pit of the unknown in recent years is psychiatrist Rima Laibow. Her sprawling office in the upscale Westchester County town of Hastings-on-Hudson, New York, is ringed with the big fluffy pillows she uses in holding therapy, originally designed to repair early attachment deficits in autistic children but now used with other serious childhood and adult prob-

lems as well. Dressed in blue slacks and a blouse, her frizzy hair tossed to one side, Laibow recalls her first professional journey through the looking glass. "It was 1988," she explains, "and a patient whom I had known for many years came to me in a state of anxiety and panic because, out of the corner of her eye, she had caught sight of the cover of *Communion*."

The patient, a 43-year-old cardiologist, had never read this 1987 best seller by horror novelist Whitley Strieber, didn't know that it concerned alleged encounters with UFO entities, and had never been interested in the subject of alien abduction at all. Despite all this, after glimpsing the cover of *Communion,* she claimed terrifying memory fragments of encounters with creatures like those on the book's cover.

"Such notions had always struck me as psychotic," Laibow explains, "but this patient taught me otherwise." Convinced that her patient showed no sign of major psychopathology, in fact, Laibow came up with a different diagnosis for the sudden breakdown the cardiologist experienced following recall of an alleged alien encounter: posttraumatic stress disorder, or PTSD.

According to the most recent *Diagnostic and Statistical Manual of Mental Disorders,* PTSD is a stress reaction triggered by various external events "outside the range of usual human experience." Triggering events, the American Psychiatric Association's manual goes on to say, include such atrocities as rape, war, and natural disasters like earthquakes or floods, which are "usually experienced with intense fear, terror, and helplessness." In fact, Laibow's patient met all the criteria for PTSD but one. "There had been no known trauma," recalls Laibow, "so I thought, how could she have PTSD when we all know there couldn't possibly be an external event like an alien abduction—could there?"

Over the weeks that followed, Laibow worked to quell her patient's anxiety and panic. But the doctor herself remained genuinely puzzled. In search of answers, she read all the literature she could find on reported alien abductions and spoke to the primary investigators in the field: New York artist Budd Hopkins, who had written two books on the topic, and Temple University historian David Jacobs, who, like Hopkins, had become a kind of folk guru and de facto therapist for UFO abduction victims.

"What I found," Laibow states, "left me both impressed and appalled." She was impressed, she says, because "there's a substantial body of data suggesting that under some circumstances, at some times, for some reason, there are things in the atmosphere we call UFOs that appear to have external physical reality." But she was appalled because from her "sad and shocking experience, UFOlogy as it exists today is little more than a collection of belief systems vying for dominance. The field is plagued by the notion that just collecting neat stuff is the same as doing research. If I were the National Science Foundation, I wouldn't fund this research, either."

Hoping to change all that, Laibow began by giving UFO abduction and the whole gamut of experience with unexplained phenomena a new, more respectable name. "*Experienced anomalous trauma,*" she called it, so that "professionals, who would otherwise stop listening because you've mentioned UFOs, parapsychology, and other weird things would now stop and process those three words in relation to each other and ask, 'Like what?'"

The strategy worked. In fact, with the name *experienced anomalous trauma* as a draw, Laibow found dozens of psychiatrists and Ph.D. psychologists intrigued by her ideas. To take advantage of the momentum, she formed an umbrella organization for the Treatment and Research of Experienced Anomalous Trauma, or TREAT, and held the group's first meeting in May 1989.

TREAT quickly attracted some big guns in the mental-health community. One was John Wilson. A professor of psychology at Cleveland State University, Wilson is one of the pioneers in the field of posttraumatic stress disorder. He helped both to coin the term and to formulate a definition of the disorder as far back as 1980. In the past two decades, Wilson has listened patiently to more than 10,000 people traumatized by some major life event and has conducted major studies of PTSD in Vietnam combat veterans and victims of toxic exposure.

Wilson's own curiosity with the unknown dates back to childhood, when a neighbor of his worked for Project Blue Book, the notorious Air Force effort responsible for investigating UFOs. When the abduction phenomenon emerged, he began to wonder what symptoms the alleged victims would report. "The most obvious answer," he says, "is that they would have PTSD."

According to Wilson, in fact, those who report memories of UFO abduction find themselves in the same sort of psychologically stressful dilemma as those who have been exposed to invisible toxic contaminants such as hydro-

gen sulfide. "They aren't sure about it," he explains, "not sure anybody is going to believe them, don't know how to stop it, and don't know how long it has gone on. But the big difference is that those claiming a UFO abduction don't even know if it occurred for sure. If you've been exposed to a toxic chemical, you can usually have a toxicologist come and study your house, and they'll say, yeah, it's there, or it's not. But someone who's had a UFO abduction experience can't point to the flying saucer or the little gray guy with the almond-shaped eyes. That puts them in a really psychologically ensnaring position." In fact, Wilson places UFO abductions and exposure to invisible toxic contaminants in the same general category of traumatic experiences as childhood sexual abuse and psychological torture, calling them examples of "hidden events" that may lead to PTSD but which often can't be proven real.

Wilson isn't surprised by his colleagues' slow reception to anomalous trauma. "Fifty years ago, mental-health professionals didn't believe in childhood abuse," Wilson notes. "When kids or adults would report incest experiences, sexual molestation, or rape and went to see a mental-health professional, they were told, 'That's a fantasy; that doesn't happen; it can't be real.' It wasn't until the Sixties that the American College of Pediatrics even did a study to find out what was going on. And then, voilà, it was out of the closet, and today we have hard data on childhood sexual abuse. There is a parallel here to anomalous experience; whether it's UFO abduction or demon possession, our culture says no."

But as far as Wilson is concerned, the cultural disbelief system will change as anomalous trauma becomes a diagnostic subcategory of PTSD. "American culture is on the leading edge of this material," he says, "and my prediction is that within five to ten years, the idea of experienced anomalous trauma will get the serious consideration it deserves."

Indeed, with Wilson's stamp of approval and Laibow's promotional drive, other psychiatrists and psychologists have begun to come around. One already going that route is kundalini expert Bonnie Greenwell, a California-based psychotherapist and author of *Energies of Transformation.* This "energy phenomenon," as Greenwell calls it, has been described by Hindu mystics and practitioners of Yoga as an "awakening" of spiritual energy that supposedly "sleeps" at the base of the spine. But kundalini awakenings, considered the beginning of the process of enlightenment by masters of the technique, can result in serious psychological disturbance as well.

And that's where Greenwell comes in. Even those *seeking* the kundalini experience can find it painful, she explains, and for those not expecting it, the experience can be a nightmare. Indeed, those undergoing the kundalini experience don't seem to know what hit them because they are unaware that it might be triggered by anything from a physical trauma or emotional shock to a long-term spiritual practice or dose of LSD. What's more, says Greenwell, the experience may be accompanied by visions and trances, the sensation of leaving the body, and alternating periods of ecstasy and despair, symptoms that could lead to pathological diagnoses by conventional shrinks.

But Western medicine is not alone in its ignorance of kundalini, according to Greenwell. Many spiritual teachers don't have a clue what to do with it, either. "Some teachers will tell them it can't be kundalini or it would feel good," she says. "Others tell these people they're having a breakdown. There are even cases in Buddhist retreats where people have been taken to psychiatric hospitals when they had a kundalini opening. Many people who teach yoga or meditation are not developed to the extent that they have gone through this process themselves. It's very unfortunate, and it's one of the major reasons I started doing what I do."

> "It's easy to mistake the kundalini experience for a breakdown. In Buddhist retreats, there are even cases where people had to be taken to psychiatric hospitals."

Greenwell's craft includes helping those troubled by kundalini tap the positive aspects of the phenomenon while discarding the negative as quickly as they can. "Once they understand the process as essentially positive in the long run," Greenwell says, "they are no longer afraid of it and can often work it out quite effectively on their own."

One person Greenwell saw overcome the problems of kundalini was Sarah, born after her father's death in 1918. During childhood, Sarah spent numerous hours communing with her deceased father and as an adult used that same impulse to meditate. Listening to high-frequency sound and visualizing the inside of her body, Sarah began feeling waves of kundalini along with terrifying visions: In one, she was cut up piece by piece, and in another, her body was invaded by swords. In the end, Sarah managed to control her terrors by expressing the creative energy of kundalini in the form of dreams, dance, movement, and art.

Other clients, Greenwell adds, have been far more distressed by kundalini energy than Sarah. In these severe cases, she notes, "the person struggles to get control of a body which involuntarily forces them into motions or freezes them in action, locks pain into the back and shoulders or into the site of any preexisting injury, and flushes them with intense heat and cold. Such subjects occasionally fall into trance or report that they are leaving their body. They may be blinded by lights upon entering a dark room or feel they're being electrocuted in bed."

Depending upon who these people consult, says Greenwell, they may be diagnosed with any number of disturbances from schizophrenia to grand mal epilepsy. That's just what happened to Cathy, who experienced periods of intense, trancelike states, extreme sensations of cold, and "unusual energy flows" moving upward from her feet to her hands. Given medication for everything from psychosis to seizures, Cathy finally decided to abandon all conventional treatment and accept her symptoms as "spiritual" in nature, coming from energies beyond. It was this acceptance, Greenwell claims, that resulted in an immediate improvement in Cathy's health and enabled her to give up antiseizure drugs and integrate her experiences in a positive way into her life.

Greenwell probably sees more patients with kundalini problems than therapists on the East coast, perhaps because kundalini is largely a California phenomenon. The high percentage of meditators out West, she concedes, means "you have a lot of people primed for the experiences."

Those who suffer from spiritual traumas, kundalini or otherwise, can also access another West Coast resource—the Soquel, California–based Spiritual Emergence Network, or SEN, a telephone referral service (408-464-8261) founded by Christina Grof, who with her husband, Stanislav, pioneered research on the altered state. "We get about 150 calls a month," says Deane Brown, a

therapist and the Network's program director. "People call us when something is happening that they don't understand. The volunteers who answer the phone come from a variety of backgrounds and many of them have experienced some critical or frightening period of spiritual emergence of their own. So they can truthfully say to the caller, 'I know what you're going through; I've been there.' What we do, essentially, is listen. That's the greatest gift that we can give to a caller. We don't judge the content of what they say. We respond to the feeling rather than the content. We never diagnose."

After talking to the caller for a while, SEN volunteers provide the name and number of one of the 500 people in the SEN database. These people range from psychiatrists and psychologists who are familiar with the SEN philosophy of "spiritual emergence" to shamans, psychics, healers, or clergy in the troubled caller's area.

"The types of calls seem to go in cycles," notes Brown. "We will often get a lot of the same calls at about the same time from all over. For a while we may get a lot of kundalini calls. Then we may get a lot of psychic opening, including out-of-body experiences, telepathy, and uncanny coincidences. Other callers report possession, psychic attack by demons, and the like."

Despite the common goals of workers like Greenwell and Laibow, however, the TREAT movement has run into some trouble of its own. The reason: Laibow's strong resistance to the pioneering group of workers *without professional credentials* who aided the spiritually traumatized in the first place, years before it became fashionable for those with degrees. The biggest rift was caused by her refusal to accept artist Budd Hopkins, author of the classic volumes *Missing Time* and *Intruders,* and the individual who brought the plight of UFO abductees to the attention of physicians and the general public when everyone else was ignoring them or calling them insane. Laibow's beef: Hopkins and others had been hypnotizing the alleged abductees to elicit their tales, and they had no business doing so "since their formal training amounted to just about nil." Such "wannabe clinicians," she believes, can be very dangerous, indeed.

Says Laibow, "There's a huge difference in being able to induce a hypnotic trance and being a clinician who knows what to do when you've got a trance, who knows how to not contaminate the material, and who knows how to facilitate recovery rather than cause retraumatization—because people can be retraumatized by the unconscious repetition of their material. And what do you do if a UFO investigator does you clinical harm by taking on clinical responsibilities? Where is his malpractice liability, and how are you going to be protected? People who are not willing to take the time and the effort to become clinicians should not be stomping around in the unconscious."

Though many professionals agreed with Laibow's argument, others felt it was unjust to throw out those who had brought the phenomenon to their attention in the first place. As Hopkins himself said, "Where have all the mental-health professionals been all these years while these people were clamoring for help." In fact, the dispute has done little to diminish Hopkins' influence, who continues to bring mental-health professionals into the fold.

One of Hopkins' recruits is Harvard Medical School psychiatrist John Mack, author of the 1977 Pulitzer Prize–winning biography of Lawrence of Arabia. Though he is the most prominent and respected member of the mental-health profession to take an interest in anomalous experiences in recent years, Mack is not a pretentious man.

The photo from a *Boston Globe* profile shows him standing in a field wearing corduroy slacks and a plaid shirt, his soft gray-green eyes staring calmly at the camera. Unlike most therapists who take an interest in these matters, Mack makes no attempt to hide the fact that he is "open to what these people are telling us."

Mack met Budd Hopkins in January 1990, and was impressed both by the man and the case histories of alleged UFO abductions he had collected over the years. "The stories didn't sound at all like dreams or fantasies to me," says Mack, his voice resonant with authority. "It sounded like something real was happening. And I thought, well, if this is real, what is it? Then Budd asked if I wanted to see some of these people, and I realized I was crossing some kind of line, but I said yes."

Since then, Mack has heard abduction stories from people of all walks of life. "Forty years of psychiatry," he says, "has given me no way to explain what I'm encountering in my interviews and hypnosis sessions of these individuals. Something is going on; something is happening to these people. I'm convinced of it."

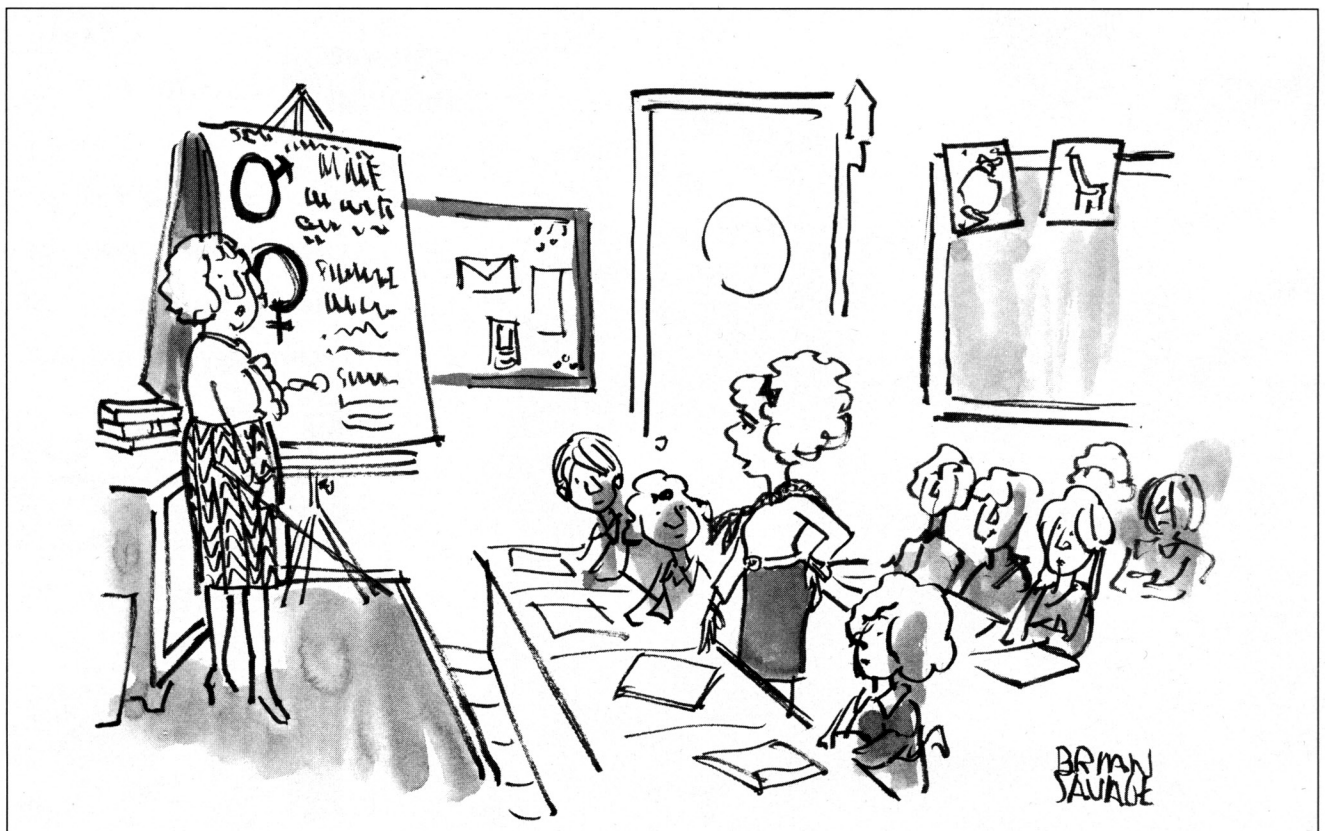
In fact, Mack has done as much as TREAT to bring anomalous trauma to center stage in the professional domain. He has spoken freely with the media about his interest and has given talks and participated in private conferences on the subject. Colleagues who hear him speak often raise the issue of whether UFO abduction stories might not be covers for episodes of sexual abuse and incest in childhood. But according to Mack, the reverse has been the case. "There is not a single known case of the thousands that have been investigated where exploring or looking into the abduction story revealed behind it an incest or sexual-abuse history," he says, "but therapists looking for incest stories have come up with UFO abduction memories instead."

Mack understands his colleagues' reluctance to delve into the subject. "It's so shocking to the paradigm of psychology and psychiatry, which tend to look for the source of the experience in the psyches of the people who are affected rather than to acknowledge that something mysterious is happening to these people. The phenomenon is not simply a product of their mental condition but has some kind of objective reality. Whether you call it extraterrestrial or other-dimensional, what it really means is that we may live in a rather different universe from the one Western science has told us we live in.

Mack speaks of vast philosophical implications for this phenomenon and human identity in the cosmos. "There's really a great fear of opening up our world beyond what we know," he says. "But we need to get out of the box we're in and see ourselves in relationship to the universe, and I think this phenomenon could be very important in expanding our sense of ourselves."

Mack's daring views are not shared by all therapists involved in the dark side of the unknown. "If aliens are coming and invading us and abusing us in a very literal sense," argues Toronto psychotherapist David Gotlib, "then it's difficult for me to understand how a significant portion of those who are taken could find it curious or enlightening. If you compare it to the Holocaust or the Vietnam War or any kind of traumatic event, then sure you can learn to grow through it, but only after a lot of pain and soul searching, and not right away. So it discourages me from subscribing to a literal explanation. It also suggests to me that the phenomenon may be dependent on who's experiencing it as well as on what's happening."

Gotlib has thought a lot about UFOs since 1988 when he began treating a woman who had been turned down by



"Instead of more talk about sex and reproduction, don't you think it's time we discussed prenuptial agreements?"

other therapists because she claimed her anxiety was due to an alien abduction. He has now seen 40 such patients and publishes the *Bulletin of Anomalous Experience* so that his 150 subscribers in the mental-health professions can network and exchange ideas on UFO abduction reports and related phenomena. "I don't expect to solve the puzzle or have the puzzle solved in my lifetime," notes Gotlib. "These kinds of things have been going on for hundreds of years. I think if we start trying to solve the question definitively, then we're chasing our tail. What I'm most concerned about is, how can we help these people?"

Gotlib sees his next patient and 50 minutes later calls back to answer his own questions. "Basically, what we have to do is listen to them without judgment. You let them know that there are a lot of other people who have had these kinds of experiences, that they are not crazy, they are not psychotic, they are not mentally ill, they aren't losing their minds, and this has the effect of empowering them. You talk about the different ways that people understand this experience, and you explore it with them. One patient left saying that his fear had been transformed into curiosity. If I can do that, then I think I've met my therapeutic objective."

It's not a surprise, of course, that Mack, Laibow, and other mental-health professionals championing the anomalous have faced a growing barrage of criticism both from colleagues and outsiders. Are these therapists, critics wonder, clinging to the myth of their own mental impregnability and being drawn into the abyss by the magnetic pull of their patients' experiences?

"One needs to monitor one's own reaction to what it is that goes on," cautions NIMH psychologist Harold Goldstein. "You can be sympathetic, you can be empathic, you can be understanding, but your goal as a therapist is not to leap into the same pit as the patient, but to be there to help pull someone out. I think that when physicians or psychologists endorse these things, or appear to endorse them, we do real damage to issues of rationality and realistic evidence. When we reach a point that what's true is what people believe, then we've sunk to a very dangerous situation."

Bill Ellis, a researcher in contemporary legends at Pennsylvania State University in Hazleton applauds mental-health professionals for coming to grips with anomalous experiences, but, like Goldstein, thinks a little more objectivity is in order. "I think we forget how easily, even if unintentionally, ther-

apists can communicate through body language what they want from their patients," he says. "It's the clever Hans phenomenon. It's like the horse that could come up with the square root of 360, but what it had really learned to do was keep pawing the ground until its trainer relaxed. The trainer was not doing it deliberately. The trainer was convinced that the horse could add and subtract and do square roots. But eventually, somebody who was smart enough to figure out what was going on stopped watching the horse and started watching the trainer. I think we should have more people watching the therapists."

Doing just that is Robert Baker, a retired professor of psychology who taught at the Massachusetts Institute of Technology and the University of Kentucky. And Baker doesn't like what he sees. "I hope we can do something about this nonsense, because it's getting to the point where it's almost a national panic disorder," he says. "We have to do something about therapists who really don't know what they're doing. The therapists who commit themselves to this nonsense are not aware of major areas of human behavior and just do not understand the way the human nervous system works."

One thing that fools therapists, says Baker, is cryptoamnesia, a series of false memories that form a fantasy with a few minor elements of truth thrown in. "The fact is, we do not remember things exactly," he explains. "We change, arrange, and distort the memories we have stored to better serve our needs and desires. We fill the gaps in memory with events that never happened or with events that did not happen the way we imagine, and the results can be bizarre."

The other major cause of the wild stories people tell, according to Baker, is sleep paralysis, a sleep disorder accompanied by hallucinations that affects about 5 percent of the population. In sleep paralysis, Baker explains, "people wake up in the middle of the night and can't move. They feel like they're wide awake, but they continue dreaming and in the dreams often see such things as demons, aliens, or ghosts. Since they're partly awake, however, they may think the dream really happened when, in fact, it didn't. It's no wonder that people find this terrifying, and that's what's responsible for the posttraumatic stress disorder that therapists are talking about."

But Baker has no explanation for the wild stories told by the therapists themselves, unless, he notes, they're "simply seeking attention." Laibow, for instance, claims to have personally experienced anomalous "healing," an event she says cannot be explained by conventional medical science. As Laibow recalls, it was a muggy day in August 1991 when she "trucked on down to Brooklyn to an unairconditioned high-school auditorium filled with lots of Polish and Russian émigrés. "She sat for three hours, she says, watching Kiev-based psychiatrist and self-proclaimed healer Anatoly Kashperovsky dance to New Age Gypsy music and thought, "What's a nice girl like me doing in a place like this?"

Anyway, there was Laibow, watching Kashperovsky's performance, impatient and skeptical and thinking, "This wouldn't work well at the AMA," when suddenly," she says, "this Caesarean scar that I had, which was thick and ropey and very prominent because I'd gotten an infection immediately after the delivery of my son, began to tingle." As soon as she could decorously take a peek, she hiked up her skirt and found to her surprise that the scar was gone.

She immediately made an appointment with her gynecologist, "the head of reproductive medicine at a major university," who, Laibow claims, was shocked when all he could find was a very fine *hairline* scar. The gynecologist, whom she will not name, was excited by her story. "Imagine if we could do that," Laibow says he exclaimed. Laibow adds that the gynecologist may be interested in collaborating on a future study of healing. One possible subject: a Japanese healer who Laibow says "seems to have some very substantial powers."

As founder of TREAT and raconteur of stories both marvelous and strange, Laibow is controversial to say the least. But are the doctor and her colleagues merely misguided, marrying their fortunes to the winds of culture, much like those who touted fairies and dragons in eras past? Or are they onto something new? Will their quest lead more people to come forward with anomalous experiences and encounters, providing the data necessary for proper scrutiny—perhaps even authentication—by the scientific and medical communities at large? In short, are these mental-health professionals fooling themselves, or are they forging extraordinary paths through the byways of consciousness and the murky outback of the unknown? To answer these questions, of course, is to know the nature of the unknown, and that is something we humans have ceaselessly attempted for thousands of years—so far, without much success. ∞