



The Association for the Scientific Study of Anomalous Phenomena

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Investigators' Bulletin

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Change from Accredited Investigator to Approved ASSAP Investigator

The ASSAP executive has decided to make a change to clarify your standing within the organisation. From now on, all AI's will be known as Approved ASSAP Investigators (AAI's). This is to stop any confusion over the status of AAI's, making it clear that being an AAI is not a national certification or qualification.

It is not just the name that is changing. There are also some changes in the procedure for existing AI's. All AAI's who wish to remain on ASSAP books as AAI's willing to take ASSAP cases, will have to complete either:

a) A report in the correct ASSAP format to be submitted to the investigations officer (Bill) once every two years, or

b) Attend an ASSAP training weekend as a refresher course in a two year period.

You do not have to do both! These changes have been made to ensure that all those eligible to receive ASSAP cases have ongoing experience and are up to date with how to investigate. Please check out the AAI area of the website for full details of how to remain a valued AAI.

Password Information This is a reminder of the ASSAP website password for all members and AAI's. You can access the members' area with:-

Username: assapmember Password: haunted

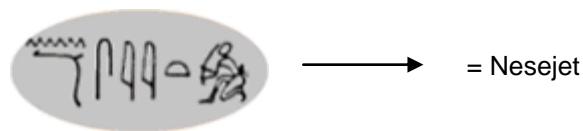
You can now access the AAI area with:- **Username: aai**

Password: approved

Usually, our 'medical' section is written by Terri Settington of the Staffordshire Paranormal Study Group. Unfortunately, due to Terri sitting further exams, she was unable to write for this Bulletin. However, her group partner and second founder Sean, who is also in the medical professional, has stepped in with this excellent article:-

EPILEPSY AND THE PARANORMAL - Sean Measdon

Linguistically the word 'epilepsy' comes from the Greek word epilepsia, meaning to take hold or seize, indeed as Sheppard (2006) notes; it was the Greeks who first documented the condition we now recognise as epilepsy. Epilepsy is one of the oldest diseases known to human civilisation with epileptic seizures having been recognised and recorded for millennia. One of the earliest descriptions of a generalised tonic-clonic seizure was recorded over 3000 years ago in Mesopotamia and was attributed to Nanna the Mesopotamian god of the moon (Cavazos et al 2005). Interestingly this association of the moon with epilepsy may help to explain the derivation of the term lunatic (lunar = moon; tics = jerky movements). Similar divinely attributed seizures were described by other ancient cultures, notably the Chinese, Egyptian and Indian (Cavazos et al 2005). Evidence to support this early belief that seizures were attributable to divinities can be found in hieroglyphic texts outlining the Egyptian word for epilepsy - 'nesejet'. (See Diagram 1)



spoken hieroglyphics



wave line: n



bails of fabrics



2 reed leaves: j



loaf of bread: t

silent hieroglyphics



cobra: "coming from God"



man with stick: "Danger"

In order to pronounce the word 'nsjt' add an 'e' between the two consonants ("nesejet").

Diagram 1 Source: H. Schneble, [Krankheit der ungezählten Namen](#), Huber-Verlag

Bern, 1987, p. 9-11 http://www.epilepsiemuseum.de/alt/body_historen.html

It wasn't until circa 400B.C that a more enlightened outlook emerged. In the first modern book about epilepsy, "On the Sacred Disease", written almost 2500 years ago Hippocrates considered that,

"It is thus with regard to the disease called Sacred: it appears to me to be nowise more divine nor more sacred than other diseases, but has a natural cause from the originates like other affections. Men regard its nature and cause as divine from ignorance and wonder, because it is not at all like to other diseases. And this notion of its divinity is kept up by their inability to comprehend it."

However whilst reasoning that epilepsy had a natural cause which was firmly centred within the brain, Hippocrates failed to grasp the true physiological nature of the disease, and concluded in his humoral theory of epilepsy that,

"The brain is the cause of this affliction, when the [surplus] phlegm [from the brain] runs down through the veins, the patient loses his speech and foams at the mouth, his hands are contracted, the eyes contorted, he becomes insensible, and in some cases the bowels are emptied..."

This misunderstanding of the physiology of epilepsy persisted for well over 2000 years and continued to be viewed by many as a curse of the gods, or worse. For example, a 1494 handbook on witch-hunting, *Malleus Maleficarum*, written by two Dominican friars under papal authority, said that one of the ways of identifying a witch was by the presence of seizures. This book guided a wave of persecution and torture, which caused the estimated deaths of between 200,000 - 1,000,000 women who were thought to be witches (Morrel and Flynn 2003, Ordoña 2004, Chillemi 2005).

The modern medical age of epilepsy began in the mid-1800s, under the leadership of three English neurologists: Russell Reynolds, John Hughlings-Jackson, and Sir William Richard Gowers (Chillemi 2005). Hughlings-Jackson's definition of a seizure as "an occasional, excessive, and a disorderly discharge of nerve tissue on muscles", is one that is still in existence today. Hughlings Jackson observed his wife's epileptic seizures and noted that all of her seizures followed the same pattern. He believed that seizures were electrical discharges within the brain and that the discharges started at one point and radiated out.

This suggested to him that the brain was divided into different sections and that each section controlled the motor function (or movement) of a different part of the body; and since the pattern never varied, he reasoned that the way the brain is organised must also be set.

Jackson also taught others that seizures could alter consciousness, sensation, and behaviour (Chillemi 2005) and his research on epilepsy stretched across a broad spectrum including uncinata attacks, intellectual auras, and other manifestations, now collectively covered by the term temporal lobe epilepsy.

Jackson's contribution to the understanding of epilepsy cannot be understated and it is notable that his detailed descriptions of focal motor seizures are forever associated with him through the eponym of "Jacksonian seizures" (Hogan & Kaiboriboon 2003) - see below.

What is Epilepsy?

To understand what is meant by epilepsy and epileptic seizures it is first necessary to understand a little about the anatomy and physiology of the brain. The adult brain is composed of about 100 billion nerve cells or neurones and 1000 billion neuroglia, the non-neuronal supporting cells of the central nervous system (Tortora and Grabowski 2000).

Electrical impulses originating within the cell body of the neurone are transmitted via the axon (at the axon terminals) to adjacent neurones. Each neurone may communicate with literally hundreds of other neurones, thus allowing the propagation of impulses throughout the entire nervous system.

Under normal circumstances these impulses originating from cerebral (brain) neurones are transmitted smoothly throughout the whole of the nervous system of the body, thus allowing for smooth coordinated functioning of the body.

However this is not the case in someone with epilepsy. In epilepsy an abnormal (paroxysmal) electrical discharge or discharges from cerebral neurones results in a seizure / convulsion or a transient abnormal event. Epilepsy can therefore be defined as the continuing periodic tendency towards seizures and is characterised by the occurrence of at least 2 unprovoked episodes of disturbed neurological function, often with altered consciousness, due to abnormal excessive electrical discharge within the brain. Whilst a tonic-clonic seizure is the most common recognised event there are in fact several different types of seizure, which this article will examine shortly.

Epilepsy according to Sander (2005) is *the* most common serious neurological condition to affect human beings. It occurs in all races, and is prevalent in all sociological and geographical groups affecting males and females equally. Although it can begin at any age the onset in many occurs before the age of 20 (Long & Phipps 1985). In most studies the overall incidence of epilepsy (excluding febrile convulsions and single seizures) in developed societies has been found to be around 50 cases per 100,000 persons per year, with a range of 40-70/100,000/year (Hauser & Kurlan 1975, Goodridge & Shorvon 1983a, 1983b, Macdonald et al 2000). The figures for developing countries are generally higher, in the range of 100-190/100,000/year (Sandon & Shorvon 1996)

The reasons for this are not entirely clear but suggestions have been made that this is due to social deprivation (Sander 2003).

Interestingly, recent data suggest that people from socio-economically deprived backgrounds in developed countries are more likely to develop epilepsy (Heaney et al 2002).

Within the United Kingdom the incidence of epilepsy is approximately 46 /100,000 / year (Kumar & Clark 2002)

Classification

There is a number of different classification systems used to categorise epilepsy many of which can confuse the issue of diagnosis, however one common system used categorises seizures by clinical pattern. Using this system, seizures may be classified under the following sub-types

- Generalised seizures: Implies abnormal electrical activity that is bilateral (affecting both hemispheres of the brain) with bilateral motor manifestations. Consciousness is impaired.
- Partial seizures: Describes a localised seizure without loss of awareness. Partial seizures may be a) simple - without loss of consciousness or b) complex - with loss of awareness.

Generalised seizure types

Tonic-clonic seizures (grand mal seizures, generalised major convulsions)

In tonic-clonic seizures, following a vague warning a tonic phase commences. During this phase the body tenses and becomes rigid (for up to a minute). Often the individual suffering a tonic-clonic seizure falls to the floor risking serious injury, sometimes bites the tongue, and may be incontinent of urine and/or faeces. This is followed by the clonic phase which is characterised by generalised convulsions, frothing at the mouth and rhythmic jerking of muscles, lasting from a few seconds to several minutes. Such seizures are often self-limiting and are followed by a period of drowsiness, confusion or coma which may last for several hours.

Typical absences (Petit mal)

This type of epilepsy almost invariably begins in childhood. In petit mal seizures the sufferer often becomes silent, staring out into empty space as though in a trance. The eyelids often twitch and a few muscle jerks may be observed. After an attack normal activity is resumed. Typical absence seizures are a developmental abnormality or neuronal control and children who exhibit these types of seizures tend to develop generalised tonic-clonic seizures in adult life.

Partial seizure types

Partial seizures (focal seizures)

A partial or focal seizure (simple or complex see above) implies that an area of the brain (e.g. temporal lobe) has generated abnormal electrical activity that may spread.

Seizures of this type often exhibit clinical features that provide evidence of the site of abnormal activity. The Aura that often accompanies focal seizures describes effects of initial focal electrical events such as unusual smells, tingling of a limb or a strange inner feeling often recognised as a warning of an impending seizure.

Jacksonian or focal motor seizures

These simple partial seizures originate in the motor cortex of the brain resulting in jerking movements that typically begin at the angle of the mouth or in the thumb and index finger and spread to involve the limbs on the opposite side to the focus of the abnormal electrical activity. Weakness of the convulsing limbs sometimes follows a seizure of this type for several hours.

Temporal lobe seizures

These partial seizures either simple or complex describe feelings of unreality (*jamais vu*) or undue familiarity (*déjà vu*) with the surroundings. Absence attacks, vertigo, visual hallucinations (visions or faces) are other examples of temporal lobe seizures. Many other types of partial seizures occur, such as autonomic nervous system disturbances, piloerection (hair standing up on end), flushing, over-breathing, strange smells (frontal cortex) sensory disturbances (parietal cortex) crude visual shapes (occipital cortex) or strange sounds (auditory cortex). Not surprisingly temporal lobe seizures TLS have attracted a lot of attention from researchers in the field of paranormal research and parapsychology (Pickover 1999 Persinger 2001, Morse 1999, Sheppard 2006 Thalbourne, et al 2003).

Pickover (1999) in an article on Temporal lobe epilepsy (TLE) considers that it may have links to divine encounters, artistic creation and fearful visitations from other realms. Pickover (1999) in examining phenomena as diverse as alien abductions, religious and spiritual euphoria, ethereal visions, transcendental wonderment and harrowing, uncanny fears and apprehension, notes that such feelings are common amongst those with TLE.

However Pickover's (1999) argument lacks scientific credibility as his assumptions are based upon conjecture, and his arguments are based solely upon witness testimonies weaved into a pseudoscientific assumption that TLE may indeed be responsible for many of the reported phenomena in his article.

However there is a number of credible researchers who have validated the role that TLE may have in experiences perceived as being paranormal. Perhaps the most well known and widely publicised researcher in this field is Canadian cognitive neuroscientist Michael Persinger who has shown that laboratory induced hallucinations can be stimulated by applying the same bursts of electrical activity as those that occur in people who have TLE.

Persinger (1983) found that people with frequent bursts of electrical activity in their temporal lobes report sensations of flying, floating, or leaving the body, as well as other mystical experiences. He was able to replicate these experiences in laboratory test subjects by applying weak electromagnetic fields to their brains, for example, he has made people feel as if two alien hands grabbed their shoulders and distorted their legs and has simulated a sense of presence (Persinger 2001). He also noted that those with TLE have a statistical propensity to report paranormal experiences (Persinger 1984).

This is not to imply that the experiences themselves are any less real for the individuals experiencing them, only that such experiences may have a physiological rather than paranormal basis. This idea may be the key to understanding the nature of anomalous phenomena in the field.

Persinger has shown that weak low frequency electromagnetic fields may influence the perceived experiences of individuals (Persinger 1988, 2001). This effect may be of particular interest to researchers of the paranormal for if weak (low frequency) but complex electromagnetic fields can induce anomalous experiences, possibly by causing neuronal discharges in the temporal lobe, then it allows field researchers to correlate such electromagnetic fields with reports of anomalous experiences.

A natural extension to this idea would be to consider whether naturally occurring (geomagnetic) magnetic fields might also be capable of influencing temporal lobe activity and/or inducing anomalous phenomena associated with haunt-type phenomena. A number of recent research studies have considered the link between geomagnetism, TLE and the association with anomalous or haunt-type phenomena (Wilkinson and Gould 1993, Bierman 2001, Persinger, M.A. Tiller, S.G. & Koren, S.A. 2000, Persinger & Koren 2001, Persinger, Koren & O'Connor 2001, Wiseman, et al 2002, Wiseman et al 2003, Braithwaite, 2004; Braithwaite & Townsend 2005, Townsend 2006).

Many of these peer reviewed studies suggest that there may indeed be a link between localised geomagnetic fields, TLE and the reporting of anomalous phenomena. If weak complex geomagnetic fields exist within the environment, and if such fields are capable of exerting an effect upon the temporal lobe of individuals to induce temporal lobe seizures / micro-seizures, which in turn are capable of being perceived as anomalous phenomena, are not researchers obliged to investigate such fields?

This article has briefly outlined the history and basic physiology of epilepsy and has attempted to show that there is evidence to suggest that there may be a link between TLE and reports of haunt-type / anomalous phenomena. Whilst not suggesting that all anomalous phenomena can be explained through such links, nor that geomagnetism and TLE are the only factors involved it has attempted to broaden the debate. It is up to the reader to decide whether any such links exist.

[A full list of References for this article can be found in the AAI section of the ASSAP website.](#)

Current Cases

- Cases involving strange lights entering rooms seem to have a habit of recurring in the area covered by APIS, as a case has now been passed to Damien O'Dell involving an unexplained ball of light appearing in the living room of a gentleman living in Bedfordshire, along with other assorted phenomena.
- A report has been received from Caroline Pick on a further ASSAP vigil that has been held at Woodchester Mansion in Gloucestershire.
- In Leicestershire, Caroline has also submitted reports on investigations into haunting activity at a World War II aerodrome and at a Great Central Railway Station.
- Dave Taylor has submitted a report on his investigation into anomalous photographs reported by a lady in the West Midlands.
- After interviewing staff at a pub in South Yorkshire about apparitional phenomena, Bill Eyre and Simon Royce-Dexter were minded to hold a vigil there but, unfortunately, the pub then closed down. However, it has recently reopened after refurbishment and so Bill will shortly be making contact again to obtain permission for a vigil.
- In Derbyshire, Bill, accompanied by Cheryl Ward, has interviewed staff at a pub where a series of minor psychical effects had taken place and a vigil has since been held. As in so many cases (frustratingly), no unusual readings were observed on the instrumentation used but certain observations were independently made by more than one investigator on a psychical level, corroborating reports from witnesses.
- A possible medical explanation for the painful experiences of the lady in Derbyshire who had reported being the subject of psychic attack has been identified and Jean Porter has produced a report on the case. This is one of those cases where, despite ASSAP explaining that its remit is to just investigate the phenomena, the client's expectations keep turning to the desire for a cure for her problems, which of course is beyond ASSAP's remit.
- Cherill Penton has organised two further vigils at a club in the West Midlands.
- In Staffordshire, Cherill, together with other members of Paranormal Awakenings, has attended vigils at a historical site where apparitions have been reported, at a hall with haunting phenomena and at a World War I camp.
- Stefan Lobuczek has organised a vigil at the location of a domestic haunting in Staffordshire.
- Dave Thomas, accompanied by Cara Coles and Laura Eldridge, has visited the gentleman in Kent who reported poltergeist phenomena and the witness reports sound convincing.
- Cara, together with Lisa Lincoln, has been to interview a family in Hampshire where apparitions had been seen by a child and unexplained noises heard by the father.
- Cara is about to look into an anomalous image appearing on video footage taken by a gentleman in Hampshire, which appears to show someone's face briefly appearing.

- Simon Sherwood has been passed a case involving ghosts and strange noises at a pub in Bedfordshire.
- Terry Hewitt thought he had managed to film a big, black cat in the Market Bosworth area of Leicestershire but this turned out in fact to be just a domestic cat, although he has on a separate occasion witnessed a large cat roaming in that area. Vera Brewin has also witnessed an OOP big cat in the same area.
- A journalist in London has unearthed a tape from a recording of an interview that he made professionally on a micro cassette recorder some years ago, in which, after the first ten minutes, multiple strange sounds, including growls, appear, with no further dialogue. However, ex-NIC and AI Michael Lewis was quickly able to diagnose this symptom as being the product of the recorder's motor running slow.

Ask Another AAI

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New Approved ASSAP Investigator

I would like to congratulate our latest (and first) Approved ASSAP Investigator -

Tamsin Ashmore!

Well done!



Parasearch and The Alister Hardy Society - Oxford Group Conference

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Be Careful Where You Send Your Photographs!

One of our AAI's recently asked an 'expert' from a 'sceptic website' to take a look at a photograph they had taken. The person who viewed the photograph was not as scrupulous as they should have been, almost ridiculing the photographer and even mentioning ASSAP to boot!

Analysing photographs is never an easy task. What looks to be of a paranormal nature may be explained by any number of causes, but if you are not an 'expert' in the field of photography, it is unlikely you would know what those causes could be.



The Anomaly volume 38 contains an excellent article about taking and analysing photos. You can get many hints and tips and even view 'anomalous' photographs on ASSAP's own website. All this may well lead you to become much more skilled at analysing your own photographs!

Our own Maurice Townsend has kindly agreed to look at any photographs you may like to send in and he will offer his expert opinion without bias! It costs nothing and you will gain a lot by using this 'extra' facility being offered to you. You can contact Maurice at:- webmaster@assap.org

The Investigators' Bulletin is edited by Cherill Penton. To submit articles please contact: - deputy.nic@assap.org