

PSI Hypothesis

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Abstract

Throughout history, human beings have experienced supernatural events that created new religions, mythologies, etc. to frighten people into forcing them to obey the authority. Due to the progress in science and technology, life style, and the way of scientific thinking, superstitions, and empty beliefs are not anymore means to convince people. Human beings are looking for more concrete manifestations to believe. The belief would be replaced by the scientific mind. Belief is a cover over the questions or suspicions in mind. The reality is to clear the mind by reasonable thinking and explain all the parapsychological events scientifically so that abstracting without any concrete base would not be accepted. Instead, scientific based mind will be the true evidence to think on the parapsychological events.

Index terms— belief, cognitive bias, magic, psi, extrasensory perception, poltergeist, psychokinesis.

1 Introduction

si is the term for the experiences that cannot be explained by the existing science, such as extrasensory-perception (ESP), psychokinesis (PK), poltergeist, near-death, out-of-the-body, apparitional, and reincarnation experiences (Irwin, 2007).

ESP is a general term used for information acquisition other than conventional sensory processes of sight, sound, taste, touch, and hearing. PK is an ability to influence the environment by intention or other mental activity alone without motoric intervention. Poltergeist experiences refer to movements of objects, noises, fires, water inundations, bites, scratches, pinches, or demonic persecution caused by a deceased person.

Another category of sensorial capacity of the mind is the detection of near-death (NDEs) and religious and mystic (RMEs) experiences, such as clinically proved cessation of the brain and heart activities, besides other extra-sensorial phenomena like a premonition, generated by the mind power. This relation shows that each individual is a distinct entity, not only as the matter structure is concerned, but also from an informational point of view, according to the personal features inherited from the parents and the habits acquired during the life.

The "out-of-the-body experience" (OBE) refers to experiences in which one's visuo-spatial perspective and one's self are experienced to have departed from their habitual position within one's body. Evidence from neurology, cognitive neuroscience, and neuroimaging suggests that OBEs are related to a failure to

Author: e-mail: cengizmorster@gmail.com integrate multisensory information from one's own body at the temporo-parietal junction (TPJ). This multisensory disintegration at the TPJ leads to the disruption of several phenomenological and cognitive aspects of selfprocessing, causing illusory reduplication, self-location, perspective, and agency that are experienced as an OBE.

The term apparition, derived from the Latin word apparere (meaning "to show oneself"), is used for the presence of a living or dead person or animal, that is not actually there. This term is a bit broader than the more popular term ghost (from the German word geist for "mind" or "spirit"), which refers to the apparition of a deceased person, usually in connection with a haunting. Experiences with apparitions are of interest to parapsychologists for three main reasons:

First, the process of witnessing an apparition involves the use of extrasensory perception or ESP: this is why some people (particularly psychics and mediums) are able to see or otherwise "sense" apparitions, while others are not.

2 REINCARNATION (PAST LIFE MEMORIES):

Second, physical phenomena associated with apparitions, such as odd sounds and object movements, involve the use of psychokinesis (PK), or "mind over matter." The apparition can be formed through a PK-related process.

Third, apparitions can be interesting in investigating their relation to alleged hauntings.

There are several types of apparitions that have been documented by psychical researchers and parapsychologists since the late 19th century such as deathbed visions, haunting, crisis, and post-mortem apparitions, or of the bystander-type.

Crisis: a crisis apparition appears to a witness at a time when the person experiences a state of crisis, whether an accident, illness, or even the threat of death. Post-mortem: a post-mortem apparition appears after a person's death, anywhere from several hours to several years after.

Deathbed Vision: Near the moment of death, some terminally ill and dying patients have described seeing images of people and places and images.

Haunting: Most of the apparitions seen at haunted sites appear as shadowy forms, floating lights, and hazy mistlike clouds. In most cases, these kinds of apparitions have a geophysical and psychological explanation (Roll, 2004).

Bystander-Type: Rather than being seen in the place where they once lived or worked, some apparitions have been witnessed near people who once knew them in life.

2 Reincarnation (past life memories):

In areas of the world where reincarnation is accepted, one can identify three forms: pre-natal and post-mortem identity, the continuing or dissolving the self and family identity. The word reincarnation derives from the Latin, literally meaning "entering the flesh again."

Rebirth is found in major Indian religions and ancient Sanskrit texts of Buddhism, Hinduism, and Jainism. In the Buddhist approach, life and death are seen as one whole, where death is the beginning of another life. Via hypnotic age-regression techniques, many patients can recall past-life memories. Personal projections, expectations, and desires appear as mindrelated projections, creating an imbalance that makes it difficult to differentiate from real inner emotional remembrance. Reincarnation, also called transmigration or metempsychosis, is the concept of being reborn into new lives. Some religions adopt the reincarnation in life cycle, as a path to purity and salvation.

Seven factors that have a possible link with Psi performance are aging, relaxation, emotional response, experimenter effects, magnetic field, personality, and belief. The psychological experiences and behaviors of a person can be mapped to the portions of the brain that are metabolically the most active during the experience. These active regions can be visualized by such technologies as positron emission tomography (PET), single positron emission computed tomography (SPECT), and functional magnetic resonance imaging (fMRI). Apparitional experiences may be termed as "conscious dissociation of self-identity" to distinguish it from pathological unconscious dissociative identity disorders. (Caputo, 2019) French expression for the phrase 'already seen' is a 'déjà vu' regarded as some sort of precognition and has been revealed as an anomaly related to the memory, with many similar occurrences; *déjà entendu* (already heard), *déjà éprouvé* (already experienced, felt, attempted or tried), *déjà fait* (already done), *déjà pensé* (already thought), *déjà raconté* (already recounted, told), *déjà senti* (already felt emotionally smelt), *déjà su* (already known intellectually), *déjà trouvé* (already found, met), *déjà vécu* (already lived through, fully experienced or recollected in its entirety) and *déjà voulu* (already desired, already wanted.) (Neppe, 2015).

The sensation of déjà vu arises from two streams of cognition: the phenomenological experience of recognizing a current situation and the awareness that this feeling of recognition is inappropriate. (O'Connor, 2010).

Déjà vu experience has also been described in many novels and poems and formulated in dreams, organic factors, and unconscious memories. It seems that the temporal region is the origin of the déjà vu phenomena. Three structures are clearly associated with déjà vu experiences as a part of neurological conditions (hippocampus, parahippocampal gyrus, and temporal neocortex). The pathophysiological hypothesis of déjà vu in epilepsy involves either the limbic regions of the temporal lobe or the temporal neocortex or both of them. A new hypothesis of corticolimbic network suggests that déjà vu results from an abnormal synchronization between rhinal cortices and hippocampus. (Moulin, 2017).

Regarding structural anatomy and the brain morphology, there is significantly less grey matter in subjects reporting déjà vu accompanied with an inverse correlation between the frequency of déjà vu experiences and the grey matter volume in the regions including bilateral mesiotemporal regions (with maximal effect within hippocampi and parahippocampal gyri), insular cortices, superior temporal sulci, basal ganglia, and thalamus. (Brazdil et al. 2012).

It is already known from neurophysiological studies that epileptic illusions of déjà vu are ictal manifestations arising from discharge in the temporal cortex of patients with TLE (temporal lobe epilepsy). In 1998 the existence of a common but often unrecognized clinical entity called benign TLE. It is characterized by seizure onset in adulthood, frequent familial history, and epileptic déjà vu that often represents the only predominant ictal symptom. Déjà vu is an ictal phenomenon in apparently normal individuals and represents the mildest manifestation of the TLE phenotype. (Labate, 2013).

The connection between false memories formation and déjà vu in healthy individuals have been shown by using hypnosis, fMRI (Chadwick, 2016), and EEG (Sederberg, 2007).

In false memory creation, certain areas of the brain (hippocampus, temporal, and prefrontal cortex) play a significant role. False memories emerge from a similarity-based neural code in the temporal pole, called the semantic hub of the brain. Each individual has a partially unique semantic code within the temporal pole, that can predict idiosyncratic patterns of memory errors. EEG is used to distinguish true from false memories by increased gamma oscillations immediately preceding a bilateral response in the hippocampus and temporal and prefrontal cortices (primarily in the left hemisphere). Deja vu experiences are not a sign of a pathological state of the brain, but rather a normal occurrence in everyday life. Familiarity based memory error is the cause of the formation of deja vu experience in healthy individuals. Deja vu occurring in simple partial seizures does not form the same in healthy individuals. Hippocampus and parahippocampal gyrus are structures directly connected in the formation of new memories which play a vital role in the process of recognition of scenes and places. Deja vu can be divided into two forms: the first one occurs in healthy

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people and the second is linked to various psychiatric and neurological conditions and they differ in the frequency and length of the experience, where longer deja vu suggests illness. Deja vu defines erroneous familiarity and deja vecu refers to erroneous recollection (Ilman et al, 2016).

Deja vu experience is a product of false activation of connections between mesiotemporal memory structures and neocortical areas directly involved in the perception of the environment by a mechanism responsible for memory consolidation at its peak during sleep (Spatt 2002).

With the help of intracranial EEG monitoring, three theories for dysfunctions have been proposed: dysfunction in the medial temporal lobe of the nondominant hemisphere, the superior lateral temporal cortex, and neuronal network that engages both medial and lateral parts of the temporal lobe. ??Panayiotopoulos, 2012).

Deja vu can be a part of a secondarily generalized seizure or equivalent to a simple partial seizure followed by feelings of fear. (Vlasov, 2013).

Cortical spreading depression (CSD), defined as a wave of electrophysiological activity that originates strictly in the occipital region, has shown deja vu symptoms in the sufferers of chronic migraines. ??Petrusic 2014) and in patients that suffer from a vestibular disease in correlation with depersonalization and derealisation symptoms. (Jauregui-Renaud, 2008).

Deja vu can indicate many pathophysiological states of the brain, such as temporal lobe epilepsy and migraine.

Paranormal beliefs (PB) in telepathy, witchcraft, and precognition are common in the general population (Schetsche, 2018).

The biopsychosocial approach considers individuals as active subjects comprised of material, cognitive, emotional, and relational resources. It has already been shown that irrational beliefs about health were significant predictors of adherence to rehabilitative care in persons affected by cardiovascular diseases and diabetes (Anderson, 2014). It is important to understand the role of illusory beliefs about health even in the diagnostic and therapeutic process, and their eventual impact on the outcome, such as adherence to medical prescriptions and the duration and the result of the treatment ??Capone, 2016).

Persons who believe in the paranormal have a higher tendency for an external locus of control (Newby, 2004).

In contrast, according to the Cognitive Adaptation Theory, the tendency to develop illusory beliefs is found just in those persons who, in a way, give up on seeking an explanation for threatening circumstances or experiences that are otherwise difficult for them to explain-such as being afflicted by an illness-in terms of, for example, the conviction of being able to personally control the course of the illness, or the treatment. Persons having high levels of illusory beliefs present low levels of self-efficacy. Absence of a sense of self-efficacy makes paranormal beliefs very comforting to deal with triggered anxiety. The relationship between the paranormal and health has been accepted in terms of self-serving illusions or illusory beliefs that are certainly false but allow a fundamental function for mental health. Some types of beliefs, such as religious and fatalistic, may inhibit health care utilization and health care behaviors, leading to poor health outcomes (Franklin, 2007).

Paranormal Health Beliefs Scale (PHBS) has been developed to investigate adolescents' adherence to the system of paranormal beliefs about health. The scale consists of 31 items that are distributed in five related dimensions: Religious Beliefs (RB) (? = .90), Superstitious Beliefs (SB) (? = .83), Extraordinary Events Beliefs (EEB) (? = .79), Parapsychological Beliefs (PsiB) (? = .73), and Pseudo-scientific Beliefs of a biomedical nature (MedB) (? = .67). (Utinans, 2015).

Cognitive-perceptual characteristics connected to positive schizotypy (i.e., magical ideation, odd beliefs, unusual experiences, and referential thinking) incline individuals toward unusual beliefs. Studies report a link between referential thinking, the tendency to find selfrelevant meaning within random events, and belief in the paranormal. Belief in the paranormal arises from an individual's attempts to structure the world in personcentered and magical causality. Anomalous beliefs are associated with intuitive-experiential thinking (processing style) and the failure to appraise evidence, experiences, and thoughts to critical analytical-rational processing. Thinking style varies as a function of belief type. (King, 2009).

Lucid dreaming is a dissociated state, which combines aspects of waking and dreaming. Specifically, it denotes conscious awareness of the lucid state of the dream periods using pre-agreed eyemovement signals. Concomitantly, lucid dreaming possesses consciousness-related features such as access to waking memories, increased insight and

control, positive affect, body dissociation, and logical thought. Other criteria used to distinguish lucid dreams are the memory of the waking state, sentence of freedom of decision, and full intellectual abilities. (Baird, 2019).

The development of physiological measurement and enhanced understanding of rapid eye movement (REM) sleep enabled researchers to produce empirical evidence for lucid dreaming to develop an objective measurement technique. Noting individual differences in prevalence and frequency, much research has focused on identifying the psychological variables that facilitate lucid dreaming. The Big Five personality factors (openness to experience, conscientiousness, neuroticism, extraversion, and agreeableness) explain a small but substantial portion of the variation.

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Specifically, openness to experience positively predicted lucid dreaming frequency, whereas agreeableness correlated negatively. Furthermore, controlling for nightmare frequency eliminated the relationship between neuroticism and lucid dreaming frequency. The openness findings reported small significant relationships between lucid dreaming frequency, openness to experience, associated dimensions (thin boundaries, absorption, imagination), and openness facets of fantasy, aesthetics, and feelings. (Hess, 2017).

Spontaneous paranormal experiences are associated with openness and exploration of psychological space. Internal sensitivity predicts propensity to psi experiences. These factors explain the relationship between paranormal experience and lucid dreaming. ESP phenomena are a more "modern" form of paranormal belief in line with the current worldviews, compared to more traditional forms of superstitious beliefs or religious beliefs. Irrational beliefs are often used as an umbrella term that comprises a variety of psychological constructs: from specific cognitive biases to a wider class of epistemologically suspect beliefs (superstitions, paranormal and pseudoscientific beliefs, conspiracy theories, etc.) or cognitive styles (analytical versus intuitive thinking), but also unsubstantiated self-related beliefs. Experimental parapsychology uses accepted scientific methods to study alleged anomalous phenomena such as telepathy, clairvoyance, precognition, and psychokinesis. (Alcock, 2017) Precognition, which is the ability to obtain information about a future event before the event actually occurs, brings into question the notion of free will alongside with notion of cause and effect. Exceptional experiences (EE) are experiences that deviate from ordinary experiences, for example, precognition, supernatural appearances, or déjà vus. Most people have EE at least once in their life like hearing the voices of dead loved ones, precognition, supernatural appearances, or déjà vus. Despite the high frequency of EE in the general population (prevalence of EE is estimated to be 30%-75%), little is known about their effect on mental health and about the way people cope with EE, which causes subjective suffering with a high negative valence, and magical ideation (MI) conceptually close to psychosis. Successfully coped EE adds improves psychological health. ??Schetsche, 2005).

Much of parapsychology research is concerned with proving that psi is real Precognition is defined as a perception or behavior (not a physiological measure) that is influenced by future events. Non-ordinary mental expressions called psi. are associated with altered states of consciousness and potential specific interactions between mind and reality that are currently not explained by known physical or biological mechanisms the psi hypothesis, states that anomalous experiences are simply forms of interactions falling outside currently known biological and physical mechanisms if psi-related processes are present in the brain, even unconsciously, they should be observable using functional neuroimaging.

Three general categories of factors that could oppose or suppress psi effects are:

1. Human motivations: Inconsistent psi effects are attributed to unconscious processes. The most frequently discussed motivation that could inhibit psi is fear of psi. The strongest opposition to psi may derive from genetically-based personality characteristics.

6 A mechanistic property of nature 3. Higher consciousness

Extrasensory perception (ESP) refers to information that is perceived outside of the five senses.

This includes phenomena such as telepathy, clairvoyance, and knowledge of future events.

Telepathy refers to communication outside of the known senses.

Brain-to-brain communication via the Internet is possible.

7 Animal "telepathy":

The biological predisposition to transfer thoughts is not limited to human beings.

When flocks of birds turn seemingly automatically or wheel together, this quick inference from all birds at the same time is thought to be similar to telepathy. Telepathy has two abilities of categories: 1. Telepathic communication: ability to transmit information from one mind to another 2. Telepathic perception: the ability to receive information from another mind knowing an opponent's moves and attacks.

Telepathy is an umbrella term for any ability that involves projecting, reading, and manipulating thoughts.

8 Basic level:

Mind Reading/thought detection: ability to read /sense the thoughts of others,

9 Visual Mind reading: to see the thoughts of others

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11 Absolute Level

Mindscape Materialization: the ability to will one's thoughts and their inner world into reality Omni-empathy: the ability to sense and feel an infinite number of emotions across all universes, planes, and dimensions Omni-telepathy: ability to read, sense, communicate with, and control an infinite number of minds across all universes, planes, and dimensions Unmind: ability to be connected with all things and their essences Techniques Telepathic combat: use telepathy in combat Telepathic intelligence. ability to heighten ones intelligence using telepathy (Telepathy) Hypotheses: Based on the preliminary research, the following hypotheses would be fair:

1. Our brains are wired to pick up subtle social cues; 2. Our brains are wired and automatically reflect intentions and emotions in the presence of others; 3. For our brains to connect across large distances, we have to be dialed into such frequency that is comparable to that of an Internet connection; 4. If people have the capacity for telepathy, some people may be more capable than others, and 5. The hippocampal and parahippocampal brain regions may be involved in telepathic communication since they are involved in integrating memories and subtle aspects of language communication (sarcasm); 6. ESP could depend on fast inference, which requires more openness to another, as implied by the oxytocin study.

One of the earliest records of a witch is in the Bible in the book of 1 Samuel, thought to be written between 931 B.C. and 721 B.C. It tells the story of King Saul seeking the Witch of Endor to summon the dead prophet Samuel's spirit to defeat the Philistine army. The witch roused Samuel, who then prophesied the death of Saul and his sons. The next day, Saul's sons died in battle, and Saul committed suicide. Other Old Testament verses condemn witches, such as the oft-cited Exodus 22:18, which says, "thou shalt not suffer a witch to live." Additional Biblical passages caution against divination, chanting, or using witches to contact the dead.

Witch hysteria really took hold in Europe during the mid-1400s, when many witches confessed, often under torture, to a variety of wicked behaviors and executed by burning at the stake or hanging. Single women, widows, and other women on the margins of society were especially targeted. Between the years 1500 and 1660, up to 80,000 suspected witches were put to death in Europe. Around 80 percent of them were women thought to be in cahoots with the Devil and filled with lust. Germany had the highest witchcraft execution rate, while Ireland had the lowest.

When witchcraft is practiced as a religion, it is called by the Old English term for witch, Wicca. This term is used to counter all the negative stereotypes that society assigned to witchcraft. Wicca is primarily a religion that worships nature and sees all creation as sacred. In fact, all Wiccan holy days follow the cycles of nature and the changes in the seasons. Wicca also worships both a male and female deity, a female Goddess and a male God, who created the world and everything in it. In addition to spells, series of rituals and prayers were conducted by Wiccans in witchcraft to ask for divine help in a certain aspect of life. All spells must adhere to the Wiccan Rede, the witchcraft code of conduct, meaning that any spells used to manipulate, dominate, or control another person is forbidden. In witchcraft, spells may also be changed or adapted to suit a Wiccan's personality or specific wishes in casting the spell. On this site, there is a range of free spells to practice at home. The Wiccan Rede is the rule of conduct that all witches must follow while practicing witchcraft. It rules that a witch may engage in any action, as long as it is carefully considered, and her actions harm nobody, including themselves. Witchcraft is ruled by the Threefold Law, which is the belief that any action taken by any witch that affects another person, will come back to the witch threefold, whether it be harmful or good.

12 Clairvoyance:

The term clairvoyance (from French "Clair" meaning "clear" and "voyance" meaning "vision") refers to the ability to gain direct visual telepathic information about an object, person, location or physical event through non-physical sense other than the known human senses... Is clairvoyance innate, or can it be developed through various psychic development exercises, meditation, or yoga? Clairvoyance today falls under the heading of pseudoscience or Paranormal Psychology. There have been anecdotal reports of clairvoyance and 'clear' abilities throughout history in different cultures and clairvoyance has been associated with religious or shamanic figures, offices, and practices. For example, ancient Hindu religious texts list clairvoyance amongst other forms of 'clear' experiencing, as siddhis, or 'perfections', skills that are yielded through appropriate meditation and personal discipline.

The earliest record of somnambulistic clairvoyance is credited to the Marquis de Puysegur out of the trance state he would be unaware of anything he had said or done. It is reported that although Puysegur used the term 'clairvoyance', he did not think of these phenomena as "paranormal", since he accepted mesmerism as one of the natural sciences.

Clairvoyance has been reported as the ability of some mediums during the spiritualist period of the late 19th and early 20th centuries, and psychics of many descriptions have claimed clairvoyant ability up to the present

day. Early researchers of clairvoyance included William Gregory (chemist), Gustav Pagenstecher, and Rudolf Tischner. These were largely qualitative experiments in which selected participants sought to identify a concealed target image or to provide accurate information about the history of a target object.

A significant development in clairvoyance research came when J. B. Rhine, a psychologist at Duke University, introduced a standard methodology, with a standard statistical approach to analyze the data, as part of his research into extrasensory perception. (Clairvoyance) Paranormal beliefs are associated with mental disorders such as schizophrenia and personality traits such as neuroticism and schizotypy, which refers to a set of tendencies to have psychotic-like experiences. Paranormal beliefs are associated with developmental instability, and therefore with mutation load. Those who have fearful attitudes to the paranormal tend to find anomalous experiences emotionally disturbing. Certain psychotic symptoms such as hallucinations and thought insertion can occur in non-disturbed individuals, so having odd beliefs and experiences is not in itself an indicator of mental illness. What seems to differentiate clinically disturbed by healthy individuals is that the former have more negative responses to anomalous experiences. When disturbed individuals have what appear to be "psychic" experiences (regardless of whether these are real), they tend to respond with negative emotions such as fear, whereas well-adapted individuals tend to regard these experiences more positively. There is evidence that both schizotypy and paranormal beliefs are associated with artistic creativity and mystical experience. It is more likely to be a mixture of adaptive and maladaptive traits rather than a pure aberration, as it is highly socially valued. (Schofield, 2007).

People with paranormal beliefs who interpret unusual experiences in a positive and meaningful way may have better mental health than those with similar beliefs but a more negative attitude to them. Hence, the presence of paranormal beliefs is not necessarily either adaptive or maladaptive, and therefore not necessarily evidence of harmful mutations.

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The linkage of brain structure with transformational experience has been via four important brain areas:

1. the limbic system, which generates and modulates emotions, 2. the sensory areas (e.g., hearing and vision)
3. the orientation association area in the posterior superior parietal lobe, where the self-world and selfother identity distinction is made, 4. the attention association area in the prefrontal cortex is important in intention, will, and modulation of emotion.

Visual imagery occurs when perceptual information is accessed from memory. Endogenous DMT (N, N-dimethyltryptamine) is described as the source of visionary Light in transpersonal experiences. Its primary source, the pineal, has traditionally been referred to as the Third Eye. DMT production is particularly stimulated, in the extraordinary conditions of birth, sexual ecstasy, childbirth, extreme physical stress, near-death, and death, as well as meditation. Pineal DMT also plays a significant role in dream consciousness. (Gallimore, 2016) Psi is defined as a means by which information can be obtained from a distance without the use of the ordinary senses, and encompasses a broad range of experiences including putative telepathy (mind-mind connections), clairvoyance (perceiving distant objects or events), and precognition (perceiving future events). Psi also includes mind-matter interactions (psychokinesis), which is the ability to influence external matter without the use of any known physical mechanism. Neuroanatomical regions postulated to have a role in mediating psi include the reticular formation, right parieto-occipital areas, and occipital region, primarily on the right. The frontal lobes act as a filter to inhibit psi and that the neuro-psychological mechanisms mediating this inhibition include self-awareness. The concept of selfawareness being involved in the mechanisms mediating the brain's inhibition of psi may explain the mind-matter interaction effects. (Freedman, 2018) Much research has focused on the role of a magnetic field in affecting human performance as well as Psi performance. Some further investigations have discovered that geomagnetic activity also affects people's memory retrieval and complex perception, such as presences, fears, and odd smells. (Booth, 2005).

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A group of monkeys, who lived on a Japanese island, had acquired the ability to wash sweet potatoes before eating them. It was discovered earlier, that another group of monkeys living on another island had acquired the same technique. The two groups were obviously not in physical contact but the information, according to the theory of morphic fields, had traveled non-locally and synchronously reaching other members of the same species. (More likely, it is just parallel evolution).

In the quantum realm, Wolfgang Pauli discovered that the ultimate laws of nature are not subject to the principle of causality -they are nothing more than a mandala of shapes that synchronize matter and interconnect it in all its parts -in the and cognitive realm. The synchronism between the mental state of an individual and an event in the world of the matter showed that in addition to the known laws of physics, others are still not known well. In light of the discoveries of modern physics, everything really seems connected.

The neurosurgeon Karl Pribram has endorsed the Bohmian theory of the holographic nature of reality by

numerous studies with rats. Despite several subsequent removals of parts of their brain, the rats continued to preserve memories. Following the results of these experiments, it was impossible to admit a localized existence. The same human ability to draw instantly on any memory, between billions and billions of pieces of information confirms the non-localization of memories, and therefore the non-classifiable nature of time. The process of life is intimately connected with the process of the observer who looks at reality. A biosystems' proper psyche can interact as an «observer» with the observed in a fully conscious way. ??Giuliodori, 2014).

The human being has potential for some parapsychological faculties that are still not explained scientifically. Therefore they are considered magic or miracles realized by selected and special people. In reality, every human being may manifest some supernatural powers by some rituals. Performing a miracle or psi experience should not raise anyone to a divine status. A saint is no different from a sincere and unhypocritical human being, regardless of gender, who is full of love. With scientific progress, more and more events considered miracles will be explained by logical shreds of evidence.

[Clairvoyance] , Clairvoyance . <https://www.crystalinks.com/clairvoyance.html>

[Psychedelic Experience. *Frontiers in Pharmacology*] , 10.3389/fphar.2016.00211. *Psychedelic Experience. Frontiers in Pharmacology* 7.

[Jauregui-Renaud et al. ()] , K Jauregui-Renaud , F Y P Sang , M A Gresty , D A Green , A M Bronstein . 2008.

[Utinans et al. ()] , A Utinans , G Ancane , J J Tobacyk , G Boyraz , M M Livingston , J S Tobacyk . 2015.

[Gallimore and Strassman ()] *A Model for the Application of Target-Controlled Intravenous Infusion for a Prolonged Immersive DMT*, A R Gallimore , R J Strassman . 2016.

[Neppe ()] ‘An Overview Perspective on what Déjà Vu is (Part 1)’. V M Neppe . 10.15406/jpcpy.2015.02.00111. *Journal of Psychology & Clinical Psychiatry* 2015. 2 (6) .

[Illman et al. ()] ‘Assessing a Metacognitive Account of Associative Memory Impairments in Temporal Lobe Epilepsy’. N A Illman , S Kemp , C Souchay , R G Morris , C J A Moulin . 10.1155/2016/6746938. *Epilepsy Research and Treatment* 2016. 2016. p. .

[O’connor and Moulin ()] ‘Credenze illusorie sulla salute in adolescenza: Validazione di uno strumento di rilevazione’. A R O’connor , C J A Moulin . 10.1007/s11920-010-0119-5. Panayiotopoulos. DOI: 10.1421/37808. *Giornale Italiano di Psicologia* Petrillo G, Donizzetti AR. (ed.) 2010. 2012. 12 (3) p. . (Current Psychiatry Reports)

[Depersonalisation/derealisation symptoms and updating orientation in patients with vestibular disease *Journal of Neurology*] ‘Depersonalisation/derealisation symptoms and updating orientation in patients with vestibular disease’. 10.1136/jnnp.2007.122119. *Journal of Neurology* 79 (3) p. . (Neurosurgery &)

[Irwin and Miller ()] ‘Depressive disorders and immunity: 20 years of progress and discovery’. M R Irwin , A H Miller . 10.1016/j.bbi.2007.01.010. *Brain, Behavior, and Immunity* 2007. 21 (4) p. .

[Petrusic et al. ()] ‘Dysphasia and Other Higher Cortical Dysfunctions During the Migraine Aura-a Systematic Review of Literature’. I Petrusic , M Viana , C Zecca , J Zidverc-Trajkovic . 10.1007/s11916-020-0836-3. *Current Pain and Headache Reports* 2020. (2) p. 24.

[Vlasov et al. ()] ‘Déjà vu phenomenon-related EEG pattern. Case report’. P Vlasov , A Chervyakov , V &gnezditskii . 10.1016/j.ebcr.2013.08.001. *Epilepsy & Behavior Case Reports* 2013. 1 p. .

[Spatt ()] ‘Déjà Vu: Possible Parahippocampal Mechanisms’. J Spatt . 10.1176/jnp.14.1.6. *The Journal of Neuropsychiatry and Clinical Neurosciences* 2002. 14 (1) p. .

[Sederberg et al. ()] ‘Gamma Oscillations Distinguish True From False Memories’. P B Sederberg , A Schulze-Bonhage , J R Madsen , E B Bromfield , B Litt , A Brandt , M J Kahana . 10.1111/j.1467-9280.2007.02003.x. *Psychological Science* 2007. 18 (11) p. .

[Alcock ()] *Give the Null Hypothesis a Chance. Parapsychology*, J E Alcock . doi: 10.4324/ 9781315247366-24. 2017. p. .

[Schetsche and Schmied-Knittel ()] *Heterodoxie: Konzepte, Traditionen, Figuren der Abweichung*, M Schetsche , I Schmied-Knittel . 2018. Herbert von Halem Verlag.

[Booth et al. ()] ‘Increased Feelings Of The Sensed Presence And Increased Geomagnetic Activity At The Time Of The Experience During Exposures To Transcerebral Weak Complex Magnetic Fields’. J N Booth , S A Koren , M A Persinger . 10.1080/00207450590901521. *International Journal of Neuroscience* 2005. 115 (7) p. .

[Anderson and Emery ()] ‘Irrational health beliefs predict adherence to cardiac rehabilitation: A pilot study’. D R Anderson , C F Emery . 10.1037/hea0000017. *Health Psychology* 2014. 33 (12) p. .

[Hess et al. ()] ‘Lucid dreaming frequency and the Big Five personality factors’. G Hess , M Schredl , A S Goritz . 10.1177/0276236616648653. *Imagin. Cogn. Pers* 2017. 36 p. .

[Kosslyn et al. ()] *Mental Imagery. Handbook of Neuroscience for the Behavioral Sciences*, S M Kosslyn , G Ganis , W L Thompson . doi: 10.1002/ 9780470478509.neub001020. 2009.

[Paranormal Beliefs of Latvian College Students: A Latvian Version of the Revised Paranormal Belief Scale Psychological Report.] ‘Paranormal Beliefs of Latvian College Students: A Latvian Version of the Revised Paranormal Belief Scale’. 10.2466/08.17.PR0.116k14w9. <https://doi.org/10.2466/08.17.PR0.116k14w9> *Psychological Reports* 116 (1) p. .

[Schofield and Claridge ()] ‘Paranormal experiences and mental health: Schizotypy as an underlying factor’. K Schofield , G Claridge . 10.1016/j.paid.2007.06.014. <http://dx.doi.org/10.1016/j.paid.2007.06.014> *Personality and Individual Differences* 2007. 43 (7) p. .

[Capone ()] ‘Patient communication self-efficacy, self-reported illness symptoms, physician communication style and mental health and illness in hospital outpatients’. V Capone . 10.1177/1359105314551622. *Journal of Health Psychology* 2014. 21 (7) p. .

- [King and Hicks ()] ‘Positive affect, intuition and referential thinking’. L A King , J A Hicks . 10.1016/j.paid.2009.01.031. *Pers. Individ. Dif* 2009. 46 p. .
- [Claridge ()] *Psychopathology and Personality Dimensions*, G Claridge . 10.4324/9781315268217. 2018.
- [Newby and Davis ()] ‘Relationships between locus of control and paranormal beliefs’. R W Newby , J B Davis . 10.1177/2055102917748460. *Psychological Reports* 2004. 94 (3) p. . (Suppl)
- [Franklin et al. ()] ‘Religious fatalism and its association with health behaviors and outcomes’. M D Franklin , D G Schlundt , L H McClellan , T Kinebrew , J Sheats , R Belue , A Brown , D Smikes , K Patel , M Hargreaves . 10.5993/AJHB.31.6.1. <https://doi.org/10.5993/AJHB.31.6.1> *American Journal of Health Behavior* 2007. 31 (6) p. .
- [Chadwick et al. ()] ‘Semantic representations in the temporal pole predict false memories’. M J Chadwick , R S Anjum , D Kumaran , D L Schacter , H J Spiers , D Hassabis . 10.1073/pnas.1610686113. *Proceedings of the National Academy of Sciences* 2016. 113 (36) p. .
- [May ()] ‘Should I Stay or Should I Go? Religious (Dis) Affiliation and Depressive Symptomatology’. M May . 10.1177/2156869317748713. *Society and Mental Health* 2017. 8 (3) p. .
- [Caputo ()] ‘Strange-face illusions during eye-to-eye gazing in dyads: specific effects on derealization, depersonalization and dissociative identity’. G B Caputo . 10.1080/15299732.2019.1597807. *Journal of Trauma & Dissociation* 2019. 20 (4) p. .
- [Moulin ()] *The cognitive neuropsychiatry of déjà vu. The Cognitive Neuropsychology of Déjà Vu*, C Moulin . 10.4324/9781315524931-9. 2017. p. .
- [Baird et al. ()] ‘The cognitive neuroscience of lucid dreaming’. B Baird , S A Mota-Rolim , M Dresler . 10.1016/j.neubiorev.2019.03.008. *Neurosci. Biobehav. Rev* 2019. 100 p. .
- [Roll ()] *The poltergeist*, W G Roll . 2004. New York: Paraview Special Editions.
- [Dutton et al. ()] ‘There Is No God”: the Rejection of Collective Religiosity Centred Around the Worship of Moral Gods Is Associated with High Mutational Load’. E Dutton , G Madison , C Dunkel . 10.1007/s40806-017-0133-5. *Evolutionary Psychological Science* 2017. 4 (3) p. . (The Mutant Says in His Heart)
- [Brázdil et al. ()] ‘Unveiling the mystery of déjà vu: The structural anatomy of déjà vu’. M Brázdil , R Mareš , T Urbánek , T Kašpárek , M Mikl , I Rektor , A Zeman . doi: 10.1016/j.cortex.2012.03.004. *Cortex* 2012. 48 (9) p. .
- [Labate and Gambardella ()] ‘Unveiling the mystery of déjà-vu: The structural anatomy of déjà-vu’. A Labate , A Gambardella . 10.1016/j.cortex.2012.08.021. *Comment on Brázdil*, 2013. 2012. 49 p. 1162.