

scientist to write up a credible report for a journal. Almost inevitably, the scientist would be a professional and need a salary.

The first two experiments, the fourth, and the seventh have long been familiar to investigators of paranormal phenomena, as Sheldrake well knows and shows by his references. Most investigators of such phenomena would agree with Sheldrake that an acceptance of the reality of paranormal phenomena by the majority of scientists would make an important difference. It would change the priorities and the funding among scientists, but perhaps not much else. After all, surveys show that the majority of persons, even among Western peoples, already believe in the reality of paranormal phenomena, although only about one quarter of scientists do. Further evidence is unlikely to make much difference to the person in the street. The problem for scientists working in this area is that of obtaining evidence that will be persuasive to other scientists. Some would say the problem is that of persuading other scientists to examine without prejudice the existing evidence. Thus the claim that these experiments "could change the world" seems somewhat grand, even grandiose.

Despite my reservations about the practicality of Sheldrake's proposals and his claim for their significance, I commend this book for its clear exposition of the fundamental principles of experimental science. Even if it does not enlist many amateurs to work in science themselves, it will surely increase respect for science among all laypersons who read it. That in itself will be a notable accomplishment.

The book has some interesting illustrations, for example of pigeons and pigeon lofts. It contains extensive references and has a fully adequate index.

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Psi and Clinical Practice edited by Lisette Coly and Joanne D.S. McMahon. New York: Parapsychology Foundation, 1993. 233 pp., \$20. ISBN 0-912328-44-4.

When is the paranormal abnormal? That is the question which floats like a mist among the participants at an international conference held in London, England in October, 1989. Ten researchers and clinicians presented papers which explored the linkages among unusual thoughts, perceptions, and/or experiences, and psychopathology. This anthology contains the entire proceedings — papers and complete discussions — and was edited by officers of the Parapsychology Foundation.

In *Reflections on the Investigation of Spontaneous Cases*, Donald J. West looks at the paranormal in everyday life. Utilizing a postal questionnaire an-

swered by 840 people, West replicates the line of inquiry found in the "Census of Hallucinations" developed by the Society for Psychical Research more than a century ago. West includes additional questions about these phenomena: *deja vu*; unexplained physical effects and movements; silent and premonitory apparitions; coincidences. While acknowledging the limitations of raw survey-data, West points out that this approach is a much-needed step toward the unbiased documentation of spontaneous cases among the general population — an approach which has been neglected in recent decades in favor of laboratory experimentation. From a wider perspective, this paper provides a background and a baseline for the ensuing papers and discussions at this conference.

According to Keith Harary, the creative process and the *psi* process are analogous. Basically, each involves the translation of subjective, intangible, inner experiences into the tangible forms of personal perceptions, skills, and/or communications. *Clinical Approaches to Reported Psi Experiences: The Research Implications* begins with an overview of the prevailing social attitudes toward *psi* ("ambivalence" predominates). Harary's cogent thesis supports the position that *psi* functioning should be regarded as normal and natural for the human person — just as artistic or creative expression and abilities are. He notes that even some *psi* laboratories contribute to the aura of "strangeness" associated with it in the wider cultural context by devising "abnormal" circumstances and methods for studying it. Harary warns against the harmful effects of the "psychic" label in describing persons who claim or exhibit, in his terminology, "extended human abilities." Clinicians can improve their diagnostic effectiveness by assessing how healthy or unhealthy a person's response is to each particular *psi* experience. Harary concludes with six general guidelines for clinicians to use in formulating strategies to help people find meaning in their *psi* experiences. The discussion that follows the paper clarifies several aspects very well.

What can happen when a person who has had a genuine *psi* experience is examined under the psychiatric microscope known as the Diagnostic and Statistical Manual-III-R (DSM-III-R)? Ian Tierney explores this concern in *The Experience of Significance* as it relates to diagnostic category of the schizotypal personality disorder. There are nine criteria for this diagnosis, and three could be applied to *psi* experiences: magical thinking, self-referential notions, and unusual perceptions. Tierney contends that harm can be done if people are not counseled properly after anomalous experiences. A lack of empathy on the part of the clinician may reinforce the tendency of the individual to develop a delusional belief system to account for the experience. This, in turn, may lead to the social consequences of the person's being isolated from, and stigmatized by, others. As a partial solution, Tierney recommends that clinicians use a "differential loading" when applying the diagnostic criteria in each case. He also warns that those individuals who exhibit high levels of generalized anxiety about their unusual experiences are the most likely to develop delu-

sional belief systems. This paper also helps anomalies researchers look at the creative processes and the social contexts of their work. For example, if I disagree with another researcher's paradigm, how readily do I assign a psychiatric diagnosis to that person? Or, at what point would my own "evolving paradigm" shift over to a "delusional belief system," and topple me into a diagnostic bin?

Horizontal and Vertical Clairvoyance with Spiritualists and Mediums by Jean C. Dierkens describes a complicated experiment. The elements include a group of 41 spiritualists and mediums (some of whom were professionals) as subjects, two groups of university students as controls, and a protocol of culturally-foreign symbols selected from occult signs, Egyptian hieroglyphs, and Chinese ideograms. The purpose of the experiment was to determine the origin of the meaningful information received by the subjects about the symbols in sealed envelopes. Was "horizontal" clairvoyance responsible for their correct perceptions, i.e., did the meaningful information originate from either the signs themselves or the subjects' minds? Or was "vertical" clairvoyance the explanation: did the information originate from disincarnate entities with the signs serving as intervening variables in the communications? One basic assumption of this procedure was that the shapes of these signs and symbols — even when seen — plus their cultural foreignness would not give the subjects any clues about their meaning. The results and interpretation of this experiment seem to support the hypothesis of vertical clairvoyance in several cases. The basic assumption could be questioned from a structuralist point of view, which would maintain that these arcane symbols are graphic representations of deep structures or a universal syntax. Putting this another way, regardless of how unintelligible the Egyptian hieroglyph for the "tongue of an ox" might seem to a contemporary observer, it is still a construct of human consciousness.

The unconscious defense mechanism, dissociation, erects a partition which separates conscious attention from cognitive and behavioral processes. Dissociative mental processes are considered to be the basis of multiple personality disorder (MPD). In *Psi Manifestations in Multiple Personality Disorder*, Robert L. Van de Castle suggests that dissociative processes present intriguing questions to *psi* researchers. He surveys the literature and traces the trends in reporting MPD over the past century. He presents examples from individual case studies. Van de Castle spotlights research from the National Institute of Mental Health that documents the unique neurological and physiological profiles of the various personalities within each MPD patient (rather compelling evidence of the mind's ability to control what matters). He also shares his own professional and personal encounters with an MPD patient, Susanna-Suzy-Katherine. This paper and the two discussions which follow it might prompt the reader to think anew about mind-brain interaction, the unitary notion of the Self, free will and determinism, guardian angels, personal demons, the spa-

tial and temporal dimensions which we blithely call "reality," and the phenomenon which Freud abjured, co-consciousness.

The Parapsychological Consulting Agency is a private, clinical-counseling center affiliated with the Parapsychological Laboratory at the State University of Utrecht. *Recent Experiences with Psi Counseling in Holland*, by Wim H. Kramer, describes a three-year span of providing such services to more than 200 clients. Kramer outlines four general categories of presenting problems. The basic operating assumptions of the agency are: (1) the relationship between paranormal experiences, on the one hand, and emotional life-experiences or psychological problems, on the other, is strong and permanent; (2) paranormal experiences are "normal" and not a marker of insanity. Kramer explains clearly their two short-term counseling techniques: one involves a directive, structured, cognitive approach supplied by the counselor; the other is a non-directive, so-called Rogerian approach wherein a counselor facilitates the client's reintegration of the experience into a world view and belief system. Both techniques take a non-judgmental stance regarding the verticality or non-verticality of subjective paranormal experiences; and the limitations of each are mentioned. Kramer concludes with eleven eminently practical take-home points which can be summarized thusly: there is a societal need for this type of counseling; doing it well requires more training and expertise in psychological counseling than an encyclopedic grasp of parapsychology; although research and counseling are not mutually exclusive, there are methodological and ethical problems associated with attempting to conduct both in the same clinical setting.

Clinical Psychiatry, Psychopharmacology, and Anomalous Experience by Vernon M. Neppes limns a fundamental problem. The symptoms of psychiatric patients do not always fit neatly into the diagnostic criteria and categories which might be in fashion at any given time. Neppes expresses frustration with these "Procrustean frameworks" and implies that if this situation obtains when a patient suspected of suffering from psychosis is being evaluated, then the patient who also reports anomalous experiences is almost surely going to be diagnosed as psychopathologic. This is because most clinical psychiatrists have no scientific background in *psi*, and will equate the patient's subjective paranormal experiences with symptoms. For example, a claim of precognitive remote perception might be classified as a "delusional idea, with self-referential phenomena." But Neppes offers an alternative: two empirically-based benchmarks for distinguishing between paranormal and abnormal behavior. First, one should view the patient as a "biopsychofamiliosociocultural system." The patient's anomalous experiences can be considered psychopathologic only if they interfere with coping skills and ability to function in any part of this system. Second, how well does the patient respond to antipsychotic medication? This benchmark is based on the clinical axiom that "a normal person cannot handle a crazy medication." Neppes also analyzes six psychiatric diagnoses that are frequently linked to subjective paranormal experiences. The

discussion adds ancillary criteria for identifying psychopathology such as the patients' lack of attentional control and the frequency of their *psi* experiences.

Adrian Parker proffers what may be this book's definitive understatement by observing that "in some cases a paranormal experience may lead to an openness to a wide range of beliefs which might gain one a psychiatric diagnosis." *The Normality and Abnormality of Paranormal Experiences: Predictions from Clinical, Cognitive, and Psi Models* covers a lot of phenomenological and conceptual ground, while presupposing a fair amount of familiarity with each model. (During the discussion, one of the presenters described himself as "somewhat depressed" by all of the connections being drawn between psychopathology and *psi*.) Parker's purpose in reviewing the three models, however, is to spotlight commonalities shared by clinical/abnormal psychology and parapsychology. First, he identifies the "need for absorption" and "perceptual defensiveness" as the two psychological traits or dimensions most useful in bridging the disciplines; but Parker's discursive style makes it somewhat difficult to follow the status of these two dimensions within each of the three models. There is a lucid exposition of the "schizotype personality," with the Swedish polymath Emanuel Swedenborg cited as an example of an historical figure who fits this diagnosis under the DSM-III-R criteria. (Parker does offer the qualification of an apparently veridical basis for Swedenborg's paranormal abilities.) The larger issues, of course, are that a person like Swedenborg — with accomplishments in many fields — clearly has a predisposition to perceive the world in a variety of unusual ways and to communicate them innovatively and effectively to others. Elsewhere, Parker acknowledges that the key features of psychosis are that paranormal experiences are perceived by the individual as ego-threatening, become an obsessive preoccupation, and are accepted uncritically as elements in a delusional belief-system.

Inadvertently, perhaps, Ian Wickramasekera sneaks up on the mind-brain problem in *Is Hypnotic Ability a Risk Factor for Subjective (Verbal Report) Psi, Somatization, and Health Care Costs?* His intriguing hypothesis is drawn from his clinical background: some patients who present with what are usually called psychosomatic, psychogenic, or psychophysiological disorders do so because they have not been able to assimilate distressing *psi* experiences in their pasts. They "somatize," i.e., convert their concerns about being labeled psychotic into face-saving physical symptoms. Wickramasekera has turned this process around in a behavioral medicine clinic, and — apparently — has helped patients to resolve their physical problems by simply giving them opportunities to discuss and reframe their unusual and anomalous experiences. His testimony to the health benefits of appropriate counseling are clearly in line with the concerns expressed by other conference presenters, especially Harary, Tierney, and Kramer. This paper poses an ambitious question, and Wickramasekera addresses it with the classical methodology of the behavioral sciences: (1) thorough literature review; (2) empirical research looking for correlations between variables as measured by psychological, parapsychologi-

cal, and psychophysiological test instruments. Unfortunately, his results were not completely ready for publication in this paper.

Peter Fenwick treats the topic of consciousness in *The Limitation of the Neuroscientific Approach*. He posits that neither psychiatry nor psychology have a widely-accepted theoretical framework for the explication of human consciousness; and he avers that if they did, then parapsychology would possess a firmer scientific foundation. So far, so good. Briefly, Fenwick acknowledges the contributions of quantum mechanics to the problem of consciousness, but ultimately dismisses this century's physics as a viable approach. As an alternative, Fenwick calls for a new science of consciousness based upon what he terms variously a New Dualism, Secondary Psychology, or Science of Secondary Qualities. Fenwick takes his cue from Galileo and Descartes — who drew a sharp distinction between the objective and subjective realms, and limited scientific inquiry to the former — and focuses his science of secondary qualities on subjective experience only (love, beauty, mystical experience, etc.). Someday, he predicts, the established science of primary qualities (i.e., physics) can be merged with the new science of secondary qualities into one seamless fabric. But Fenwick's approach to consciousness troubles me for several reasons. First, the premise of basing scientific inquiry on a sharp dichotomy between objectivity and subjectivity has been challenged on epistemological (Polanyi, 1958; Stent, 1972) and neuroscientific (Sperry, 1970) grounds. Second, quantum mechanics contains a mother lode of cognitive theory (Shaw and McIntyre, 1974) because it is a physics of processes and interactions — in contrast to the Aristotelian physics of "qualities" (Jammer, 1966). Finally, as readers of this journal know, there is ample empirical evidence supporting the thesis that consciousness cannot always be excluded from the dynamic processes whereby so-called objective reality is established.

The material in this anthology was prepared more than six years ago, but it still stands as an excellent introduction to this subject and as a guidebook for thinking through the various issues and hypotheses. The discussions reveal a healthy dialectic between the clinician-researchers and the researcher-clinicians. Scanning another guidebook, the current DSM-IV (1994), one could get the immediate impression of an exhaustive taxonomy of mental illness. But the Introduction asserts that "no definition adequately specifies precise boundaries for the concept of mental disorder" (xxi). This suggests that mental illness ("abnormality") and wellness ("normality") exist along a continuum. Indeed, the DSM-IV eschews a categorical or particulate approach by disclaiming any "assumption that each category of mental disorder is a discrete entity with absolute boundaries dividing it from other mental disorders or from no mental disorder" (xxii). From this point of view, the abnormal emerges like the paranormal — elusively, some would say, wave-like.

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