

of new information about remote viewing. *Mind Reach* is still essential to understanding that material.

What makes this 2005 edition of the book all the more valuable is a new introduction specially written for it by Puthoff. Now it can be told who was *really* behind the consciousness research program at SRI, and why. It was, of course, the Central Intelligence Agency, hoping to find out through reverse engineering just what the Soviets were up to in spending huge sums of money on what our Cold War adversaries called "psychoenergetic" research. When the program first started, the CIA had no idea just how useful the SRI research would prove to be.

Also present in this edition of *Mind Reach* (though not noted in the table of contents) is an edited version of an article Puthoff, Targ, and Edwin C. May presented at an AAAS symposium on parapsychology in 1979, later printed in 1980 in a small edition of the symposium's proceedings. Previously all-but-unavailable, this article captures some of the most important of the SRI project's findings from experiments conducted during the latter part of the 1970s, subsequent to *Mind Reach's* publication. Thanks to Puthoff I had recourse to this material in writing my own book, but despaired of anyone else having access to the valuable information it contains. It was a stroke of brilliance on the part of Targ to include it as part of this new edition.

Mind Reach is an essential addition to any library, public or private, on the subject of remote viewing in particular and parapsychology in general. If you don't yet have the book, I recommend you buy a copy now. Even if you have an earlier edition, the extra material alone is worth the purchase price. One never knows when *Mind Reach* may fall out of print again—though we can hope it will not for a very long time.

PAUL H. SMITH
Department of Philosophy
University of Texas at Austin
Austin, Texas
www.rviewer.com

Models of Madness: Psychological, Social and Biological Approaches to Schizophrenia. Edited by John Read, Loren R. Moshier, & Richard P. Bentall. New York: Brunner-Routledge, 2004. 373 pp. \$28.95 (paper). ISBN 1-58391-906-6.

Many mental illnesses are diagnosed exclusively by anomalous experiences such as hearing voices (with pleasant and unpleasant content) that others do not hear or the feeling of being monitored by unseen forces. From this view, clinical

psychologists and psychiatrists have considerable overlap with parapsychologists and anomalistic psychologists, and at least one of the editors of this new book has written about this overlap (e.g., Bentall, 2000). The other co-editors are likewise respected academics and clinicians in psychiatry and clinical psychology.

The title *Models of Madness* will appeal to any of the types of academics noted above, although the content is absolutely polarizing. I was an Instructor of Clinical Psychology at the SIU School of Medicine. There I worked as a clinician, researcher, and a specialist in an Assertive Community Treatment (ACT) program. ACT programs are considered the gold standard treatment for mental health patients who are chronic and refractory to other treatment. My background in ACT work is the foundation of my interest in this new book. The approach to mental illness held at the SIU School of Medicine was best described as a biopsychosocial model. The core theoretical orientation was biological, otherwise known as the medical model. It was regarded that social circumstances exacerbated or reinforced biological symptomatology (from the perspective of the DSM-IV, these correlates or influences would be documented as Axis IV variables). But this new book asserts that phenomena such as hallucinations and delusions are "understandable reactions to life events and circumstances *rather than symptoms of a supposed genetic predisposition or biological disturbance*" [emphasis added].

Aimed to both inform theory and clinical practice, *Models of Madness* is organized into three sections. The first section is an unrelenting series of critiques of "The Illness Model of Schizophrenia." The chapters were clear and well-written, yet hardly balanced in presenting points of view and supporting evidence. For example, out of the ten chapters in this section, eight were either co-authored or solely authored by one of the editors. I am quite aware of previous criticisms related to the reliability (and hence validity) of the diagnostic categories of the DSM-IV. Yet, it is my understanding that current psychiatric theory conceptualizes schizophrenia, not as a single disorder, but as a collection of cognitive disorders that appear similar in phenomenology and symptomatology. This idea could have been addressed and counter-argued in more and convincing detail.

The second section of the book ("Social and Psychological Approaches to Understanding Madness") is composed of seven chapters—four of which were co-authored or solely authored by the same co-editor who dominated the earlier section! This was my favorite section of the book, since its content so closely paralleled my own research interests and published research (e.g., Lange & Houran, 1998, 1999, 2000). Surprisingly, that research (which to my knowledge is the only replicated and peer-reviewed, mathematical model for magical and delusional thinking) was not cited in the discussions of the cognitive psychology of hallucinations and delusions. The gist of this second section echoes the core principles espoused in Lange and Houran's mathematical model; namely, that delusional thinking may well be an adaptive and functional response to understanding and controlling the ambiguity and uncertainty that stems from acute life

events or chronic circumstances. In this sense, anyone can adopt delusional or magical thinking under the proper influences.

Accordingly, the authors of this section present a wealth of correlates that are consistent with the notion that schizophrenics are made, not born—correlates including poverty, social roles, childhood trauma, stress reactions, and family tensions. Let me come back these correlates a bit later.

The final section "Evidence-based Psycho-Social Interventions" builds on the quantitative foundations laid by section two. I was relieved that none of the chapters were authored or solely authored by the particular co-editor who dominated earlier chapters. This section is a valuable and practical review of clinical interventions for mainly the positive symptoms of schizophrenia (as opposed to the negative symptoms like depression or lethargy). Throughout the section, the reader is again treated to a wide variety of social correlates of schizophrenia. The implication here is that restructuring society may well help reduce the prevalence of schizophrenia. Several outcome measures and studies with these measures are reviewed to demonstrate the efficacy and validity of the ideas presented.

Let me say something about my earlier comment that the contents of this book are polarizing. Readers may agree on the findings of past and present studies and even some of the criticisms of the medical model. However, what these findings ultimately mean for modeling and treating schizophrenia and kindred diagnostic categories remains a matter of strong debate. In my view, this book adds to that debate but fails to skew it. I personally found *Models of Madness* to be entertaining and provocative, but also somewhat schizophrenic itself. The book focused on evidence that supported its *a priori* core beliefs, while dismissing or ignoring evidence that contradicts those beliefs. This process is part of the cognitive psychology of delusional thinking (see Lange & Houran, 1998, 1999, 2000) that the book actually featured in its discussions. In addition, there are critical thinking and methodological limitations that prevent this book or its views from being definitive. For example, social correlates of schizophrenia are not necessarily causal factors and even the medical model (a.k.a, DSM-IV) acknowledges that life events and social circumstances can exacerbate medical symptoms (anyone who has had to endure a migraine headache while near a loud fraternity party knows this!) So, we are left with an issue that plagues all of psychiatry and anomalistic psychology: "How do we know what we think we know?" To my way of thinking, this question must be answered critically before we can assign a comfort and confidence level to the knowledge and insight we think we have.

In the case of this book, I am not convinced in the least that the pure psycho-social model of schizophrenia has more explanatory power than the medical model. The frequently cited correlational and psychometric studies throughout the book are a good example of the need to challenge what we think we know. How can anyone have faith in research findings, or for that matter, their implications, if it is not clear whether the measures used are even psychometrically valid?

Unfortunately, the traditional way in which researchers construct and validate

their assessment instruments relies on classical test theory. The usual approach within classical test theory is to develop a test consisting of a number of items, and to assume that the sum of the scores received on the test items defines the latent trait (e.g., cognitive impairment or improvement). Such techniques essentially treat all items as equivalent and ignore the possibility that some items may be more difficult (or, diagnostic of individuals exceptionally high on the particular construct) than other items. Another major flaw of this approach is that summed scores do not provide linear (i.e., interval-level) measures of the underlying trait. In addition, the standard raw score approach does not recognize that some items may be biased such that subjects with *identical trait levels* receive systematically *different* scores. This might be the case for instance when women (or younger respondents) endorse some questions more (less) often than do men (or older respondents) with *equal* trait levels. Thus, traditional scaling approaches offer no indicators of the true internal validity of respondents' scores. Furthermore, response biases can systematically distort research findings thereby leading to spurious correlations or factor structures (Lange et al., 2000).

Stronger arguments would have derived from findings based on Rasch scaling techniques (for reviews, see Wright & Stone, 1979; Bond & Fox, 2001). In brief, Rasch scaling allows for the quantification of the response consistency of items and persons, thus yielding important diagnostic information that goes far beyond deriving just "scores" or "measures." Specifically, it is possible to determine the fit of each response record and to identify malingering or otherwise deviant respondents. Additionally, Rasch scaling enables researchers to identify item and response biases. Although item biases within a test are generally considered undesirable as they distort the estimates of individuals' and groups' (average) trait levels, such biases can actually be integrated into the test and used as an additional diagnostic tools. Finally, the Rasch approach provides "fit" information that enables researchers to judge the internal validity of respondents' answers. Accordingly, misfit is a property of the data, rather than the model. As Bond and Fox (2001) explained, "the goal is to create abstractions that transcend the raw data, just as in the physical sciences, so that inferences can be made about constructs rather than mere descriptions about raw data" (p. 3). Researchers are then in a position to formulate initial theories, validate the consequences of theories on real data, refine theories in light of empirical data, and follow up with revised experimentation in a dialectic process that forms the essence of scientific discovery.

Models of Madness nicely and forcefully challenges clinical psychologists and psychiatrists to rethink what we think we know about schizophrenia—and indeed mental illnesses in general. It is highly recommended reading when augmented with other works that present other points of view. Nevertheless, the contributors to this book, its editors, the readers of this review, and the myriad of researchers in the social and medical sciences need to be challenged on the more fundamental issues of assessment, testing, and analysis. Critical discussion of the meaning of specific research findings should only come after a critical

discussion of the methods used to generate those findings. That is a key area of concern that is sorely lacking in this book. To be sure, the contributors and editors fail to understand that some of the research findings they cite in support of their positions are ambiguous at best (or completely wrong and misleading at worst) given their basis in classical test theory.

These issues of methodology and analysis arguably underlie a substantial portion of the ambiguity and debate surrounding outstanding issues of reliability and validity in anomalistic psychology and clinical psychology and psychiatry. It is my hope that the uncertainties and criticisms presented in *Models of Madness* will inspire re-analyses of existing databases and analyses of new and even better data. In this way, we might better decide what is and is not valid concerning the competing views on mental illness. We may also find that competing views are illusory. For instance, Manfred Bleuler (1965) suggested that nearly all schizophrenic mechanisms can be found in normals, and the basic nature of schizophrenic psychopathology (Andreasen et al., 1998), such as associational loosening and poor ability to switch attention at will, has been conceived as a quantitative variation from a normal mean (Alias, 1974). The implication here is that maybe thought disturbances are neither purely biological nor purely psychological. Maybe we are dealing with a continuum within the general population along which ordinary and pathological forms of thought and perception may be mapped (Posey & Losch, 1983–1984; Prentky, 1989; Claridge, 1990, 1997; Johns et al., 2002). And perhaps a holistic biopsychosocial model of mental illness ultimately will be confirmed as the most parsimonious explanation of all.

JAMES HOURAN

Integrated Knowledge Systems, Inc.

Dallas, Texas

jim_houran@yahoo.com

References

- Alias, A. G. (1974). On the psychopathology of schizophrenia. *Biological Psychiatry*, 9, 61–72.
- Andreasen, N. C., Paradiso, S., & O'Leary, D. S. (1998). 'Cognitive dysmetria' as an integrative theory of schizophrenia: a dysfunction in cortical-subcortical-cerebellar circuitry? *Schizophrenia Bulletin*, 24, 203–218.
- Bentall, R. P. (2000). Research into psychotic symptoms: Are there implications for parapsychologists? *European Journal of Parapsychology*, 15, 79–88.
- Bleuler, M. (1965). Conception of schizophrenia within the last 50 years and today. *International Journal of Psychiatry*, 1, 501–513.
- Bond, T. G., & Fox, C. M. (2001). *Applying the Rasch model: Fundamental Measurement in the Human Sciences*. Mahwah, NJ: Lawrence Erlbaum.
- Claridge, G. (1990). Can a disease model of schizophrenia survive? In Bentall, R. P. (Ed.), *Reconstructing Schizophrenia* (pp. 157–183). London: Routledge.
- Claridge, G. (1997). Theoretical background and issues. In Claridge, G. (Ed.), *Schizotypy: Implications for Illness and Health* (pp. 3–18). Oxford: Oxford University Press.
- Lange, R., & Houran, J. (1998). Delusions of the paranormal: A haunting question of perception. *Journal of Nervous and Mental Disease*, 186, 637–645.

- Lange, R., & Houran, J. (1999). The role of fear in delusions of the paranormal. *Journal of Nervous and Mental Disease*, 187, 159–166.
- Lange, R., & Houran, J. (2000). Modeling Maher's attribution theory of delusions as a cusp catastrophe. *Nonlinear Dynamics, Psychology, and Life Sciences*, 4, 235–254.
- Lange, R., Irwin, H. J., & Houran, J. (2000). Top-down purification of Tobacyk's Revised Paranormal Belief Scale. *Personality and Individual Differences*, 29, 131–156.
- Posey, T. B., & Losch, M. E. (1983–1984). Auditory hallucinations of hearing voices in 375 normal subjects. *Imagination, Cognition and Personality*, 3, 99–113.
- Prentky, R. (1989). Creativity and psychopathology: gambling at the seat of madness. In Glover, J. A., Ronning, R. R., & Reynolds, C. R. (Eds.), *Handbook of Creativity* (pp. 243–269). New York: Plenum.
- Wright, B. D., & Stone, M. H. (1979). *Best Test Design*. Chicago, IL: MESA Press.

Life Before Life: A Scientific Investigation of Children's Memories of Previous Lives by Jim Tucker. St. Martin's Press, 2005. 256 pp. \$23.95 (hardcover). ISBN 0-312-321-376.

Life Before Life is a highly readable account of the ongoing research at the University of Virginia division of Personality Studies into the fascinating phenomena surrounding past-life recall by children. The basic phenomenon usually involves a young child who talks about the memories of another (adult) person in first-person perspective. In some cases there are predictions or announcing dreams made, respectively by the older person before death and the mother of the child, predicting the transfer of personal identity. Also involved may be unusual play, behavior patterns, specific phobias, and birthmarks/birth defects specifically related to the life and death of the previous personality. Such cases have been found in many parts of the world; the most striking cases involve memories that can be (and in many cases were) checked against independent sources and shown to correspond to an actual deceased person. The far majority of these cases describe ordinary lives (not famous individuals, as often occurs through "past life recall therapy"), as well as violent deaths resulting from accidents or various crimes.

The investigation of such cases, as described in this book, is carried out in a methodical and impartial manner. The only view that the book assumes is that there is a phenomenon here worthy of study, and that seems amply proven. The text is fairly neutral about the interpretation of the data and indeed goes into considerable detail about the methodology (interviews and fact-checking) as well as possible pitfalls of individual cases. The author is very good about suggesting possible conclusions that might be drawn and discussing their relative merits. Clearly the most immediate thing that comes to mind is a classical notion of reincarnation, but the book discusses a number of possible alternatives that must also be considered. Accepting that, one is left with a variety of further questions, such as why only some people seem to have such recall, why the recall generally ceases at 5–6 years of age, why the birthmark cases almost always involve the skin, why the deaths almost always involve violence, etc.