

## GENERAL DISCUSSION

### DAY TWO

**BENOR:** In this conference on psi and clinical practice we have been in the model of psychologists and parapsychologists being the ones in charge of managing the phenomena. I'm working with healers; I've worked with mediums and psychics who do counseling in a clinical practice that is, as far as I can tell, every bit as successful as that of psychologists and psychiatrists and other therapists. It is a neglected area for study. These people seem to do as well, and sometimes much more deeply and thoroughly, in their work as conventional therapists.

**FENWICK:** Could I just make a comment on that? Dan, I absolutely agree with you. You know the famous study which put us all out of work. It compared a group of psychiatrists, a group of social workers, a group of nurses, and a group of people who just came and talked to other patients. The people who attended the groups were people with neurotic illnesses, and all groups did the same, it was really just talking that helped.

**KRAMER:** I agree with you. I'm also involved in working with psychic healers and what you see is that most of the time they can help their clients very well and very quickly because they are on the same level with them. One of the things I often hear from my clients is that, "It's nice to go to doctors, psychiatrists, and psychologists but they all talk a language which I don't understand. They have the impression that they understand what they are talking about." One of the good things about psychic healers is that they are coming from the same population as the clients. That means they mesh. That provides very quick results in some cases.

**VON LUCADOU:** I want to come back to the problem of models. It seems to me that we are speaking about psi as subjective psi experiences or real psi experiences and different models. But it seems to me that there is not only the alternative of the random paradigm which says that psi is something like an information transfer or a force. There are rather elaborate theoretical models in parapsychology which describe psi in quite different ways. One is, for instance, the observational theories. If you do not like them, then I would offer others—the chance model of psi, which is quite different from the observational theory,

or my own model of pragmatic information. I know that we first have to confirm in experiments that these models can be verified or falsified, but, since I'm also doing counseling at the moment, I tried to develop the model of pragmatic information. I developed this model with my colleague, Klaus Kornwachs. I simply tried to bring this down to earth and apply it in counseling cases. I found it works pretty well. But with this model the usual paradigm is far too simplistic. It's not a simple force, or a simple information transfer, or a simple reductionist model; it is a systems theoretical model. For people who do not have a theoretical background, I simply use their own language. I describe to them what I think they feel and what I expect that they will find. They say, "Well, that's true, exactly." If they speak in terms of ghosts or entities, I can predict how they behave because there are very simple rules which came from that model. For instance, one very simple rule is, whenever you use ESP like a simple information transfer, it will disappear. I find this in my practice and a person immediately understands what I'm saying. So, I think it's not very useful to discuss clinical issues without discussing the theoretical issue of what psi really is.

SUSANNA VAN DE CASTLE: As part of the general public, I think we look to you as parapsychologists, to find some answers or some possibilities for what is happening. I don't think that there is a clear answer and, from what I understand, there may not be a clear model. Maybe we should stop trying to find a specific model of something that is energy and not tangible, and start looking for a model that has flexibility depending upon the areas of perception for each individual.

PRICHETT: One thing that I would like to ask which has not been talked about directly is the relationship between memory and the paranormal. There is a difficulty here, I think, between the scientific and the non-scientific paradigm and parapsychology, in that a lot of things to do with psi, particularly reincarnation, seem to imply that long term memory is not actually located in the brain. Whereas the scientific paradigm tries to maintain that it must be in the physical brain. Has anybody got any comments on this?

FENWICK: It's a very difficult one and I certainly don't have enough data with which to answer it. From a scientific point of view, when the brain dies, all information disappears. But, in non-scientific models, such as that postulated by Ruppert Sheldrake, information is held independently of the brain and is held within the universe itself. I think that one has to be quite clear how one comes at these things. If one comes at it from a scientific point of view, then of course, one has to say that it's not possible. But I think that one has to recognize that

science is only one very small part, or one partial description, of the outside world. Other models are equally valid.

NEPPE: There's just one sentence I want to add to that, and that is, memory is the prototype example, as I think you were implying, of not being able to easily localize a phenomenon within the brain. Certain aspects can be localized to the hippocampi, and other aspects to various parts of the temporal lobe, but basically you are dealing with much that is non-localizable. The implication of what you were asking raises all sorts of questions, the same questions relating to mind and consciousness. Then you're shifting to a realm of philosophy. And here philosophy and science do indeed meet and we have heard some attempts at answers. I don't know if we've got all the answers.

MORRIS: Does anyone on the panel of participants have any one last short comment?

NEPPE: I do have one tiny comment, and that is just correcting the factual error that there is nothing on parapsychology in conventional psychiatric textbooks. The *Comprehensive Textbook of Psychiatry* which is regarded as the bible of psychiatry, has traditionally had a chapter on parapsychology and psychiatry. One issue was written by Montague Ullman but for reasons best known to that comprehensive textbook does not appear in the latest edition which came out this year. However, the entry of "subjective paranormal psychosis" is discussed in my chapter (see Neppe & Tucker, 1989).

HARARY: I have been thinking about all the different points of view on psi experiences and noticed I still avoid the word psychic. It is clear that some of us are very familiar with seeing people who are suffering from various kinds of delusions and we ask ourselves, "Under what circumstances do these delusions occur?" Others of us get defensive and say, "Well, you know, psi isn't always a delusion." The original folks say, "Well, I didn't mean that it was always a delusion." Bob Morris said to me during one of the breaks, "Nobody said anything about training." So I'll say something quickly. We are gathering evidence in our research indicating that with the proper guidance you can actually learn how to experience psi. It appears that you can actually learn to develop quite astute capabilities at processing psi information. This will not turn you into a guru. This will not make you special. This may drive you crazy if you try to bring it into a psi research laboratory, but it doesn't have to drive you crazy. Some of us have seen psi in a growth oriented context. I think there's a distinction between what's going on spontaneously in Western culture, given the fact that we're not in a culture that has its act together around these experiences yet, and the whole question of learning to work with psi in a reasonable

way. It seems that you can. Darlene and I have taught people how to do things that used to be thought to be the sole domain of special and unusual people. We found out that there apparently are a lot of people out there in the general population who can develop quite fine capabilities, they just hadn't been asked, and didn't think that they could. When we made it OK for them by saying, "This will not turn you into something weird, why don't we work on this together." We got some good results. We have to overcome the word psychic and all of the archaic thinking that goes along with it.

PARKER: I began my paper by asking the question whether or not psi and psychotic-like experiences are intimately or merely incidentally related. The theme of several papers, and here I am thinking in particular of the papers of Keith Harary, Donald West, and Wim Kramer, is that having a subjective psi experience does not necessarily imply pathology. The reverse seems also true, having a disturbing experience does not exclude genuine psi irrespective of the implications of this for parapsychology. This presents a challenge for orthodox clinical psychology and psychiatry which persists in regarding all such experiences as delusory and symptomatic.

Yet it would seem that verifiable spontaneous psi experiences are rare and that the picture is confused by personal psychodynamics giving rise to what might be called pseudo-psi. Many of the latter experiences can perhaps be explained by both the cognitive theory of psi type experiences described by Ian Tierney and myself and by the clinical theory of psychotic-like experiences occurring in the normal population (schizotypal personality). These experiences, whatever their nature, often demand crisis intervention and supportive psychotherapy but as Wim Kramer cautions us, we would probably be wasting our time searching after finding good evidence of psi amongst this clientele.

Might it however not still be the case, that at least in some instances persons having anomalous states or unusual perceptual experiences are in a potentially psi-conducive state and that the genuine article becomes heavily diluted with a delusory content? Here I think that Robert Van de Castle's paper was not only challenging in the claims he reported, but also made us aware of the role that dissociation and self conflict can play in paranormal experiences. Indeed, I firmly believe we must make the best of the *psychological aspects* of parapsychological theory and come up with predictions in both this field and the general field of abnormal psychology. Now it would seem to be a consensus finding from various lines of research that absorption internal attention states is a variable implicated in psi experiences. If we re-read the Rhine work with the high scoring subjects Lindzmager and Ownbey, it is apparent

that they achieved their results during periods of absorption or dissociation. Spontaneous trance states were already in 1941 accredited an important role in a survey of the experimentation by Smith and Gibson. It would seem natural in this respect to look closer not only at altered states of consciousness but at the role that the defense mechanisms of personality play in the interpretation of psi and pseudo-psi. These in relationship to the ability individuals may have to experience altered states may help to elucidate some of the complexity in this area. However, we must not forget that categories such as psi and pseudo-psi are conveniences coined by our scientific mind and in nature it may sometimes be impossible to purify the experience into one or the other.

WEST: Having listened to clinicians discussing pathological cases it seems to me that the link between psi and schizophrenia is liable to be over-emphasized. The prevalence of histories of ostensibly psychic experiences revealed in survey work is far too great for more than a tiny proportion to be related to schizophrenia. On the other hand, surveys also show that there is a minority who claim to have numerous experiences of different kinds. One suspects that these are the "fantasy-prone" personalities, but that does not prove that all their experiences are fantasies; they could be "psi-prone" as well as "fantasy-prone." In any case they are good subjects for research.