

CLOSING REMARKS

ROBERT L. MORRIS: I would like to note a reminder that when we talk about psi in clinical practice, we really are talking about circumstances involving the prevention and alleviation of difficulty of some sort. A client is involved, a counselor or clinician is involved. The difficulties can be mental and physical. Clinicians can be therapists, administrators, general medical practitioners, specialists, social workers, and others. They may be interested in parapsychology, not interested, or hostile. I think what we have discussed this weekend has many implications for the nature of our research. We do our work in an extraordinarily powerful and complex social context. If we are to get to the place where we are to really understand the full personal implications of psi, we may have to go through phases that are almost analogous to the classical Aristotelian hero, who first must experience duress and sorrow in order to achieve anything resembling catharsis. Perhaps we must inevitably pass through considerable psychological turmoil in order to integrate the self into our social context in the way that we have in mind.

Even prior to the beginnings of formal psychical research, people have been aware of a linkage between ostensibly psychic experiences and psychopathology. This connection has been problematic for us in the past and threatens to be even more so in the future. At the same time it represents an opportunity for parapsychology to contribute both theoretically and practically to our understanding of mental health and dysfunction.

The intertwining of psi and psychopathology presents many concrete problems. Most members of the mental health professions presume that purported psychic experiences are indicative of distorted thinking or delusional beliefs. Thus parapsychologists are seen either as colluding with such thinking and thus detrimental to the mental well-being of society; or, worse yet, as providing evidence that threatens their own current understanding of the range of influences between mind and environment. If psychic functioning is real, their job becomes much more difficult. They are thus most eager to see any such evidence invalidated. The result can be bias, deliberate ignoring of the evidence, ridicule, and active opposition. This can be readily communicated to potential clients, who then seek better information or, occasionally,

formal validation from the parapsychological community, as broadly defined by society. We as members of that community have an obligation to provide the most valid, accurate information we can about a host of anomalous experiences, some of extraordinary personal power and meaning, which may or may not include a genuine psi component. Ideally we should help people identify for themselves which experiences involve true psychic functioning, including their implications for how they lead the rest of their lives, philosophically and pragmatically, and which experiences may have other, conventional interpretations. Yet we all know it is difficult if not impossible to do so for the majority of events that we are asked to reconstruct. Most clinicians have no familiarity with the current state of understanding within parapsychology, and such understanding is marginal at best, especially in the clinically relevant aspects. Most researchers involved in parapsychology conversely have little if any clinical training. We don't want to encourage everybody to ignore whatever psychic talents they may potentially have, yet we don't want to collude with inappropriately exaggerated beliefs either. If people are troubled by their experiences we wish to help them, not just dismiss them or else ask them to participate in a research project which may not be in their best interests.

As we present our research publicly we also have comparable obligations to society as a whole, both at the individual and institutional level. We do not have the opportunity to conduct an extended discussion about the implications or uncertainties of our work with all who come across a direct or secondary account of it. People may alter their beliefs as a result of what they see or hear from "experts." They may accept premature interpretations or speculative philosophies which only appear to be supported by data on hand. They may open themselves up to influences, psychic or otherwise over which they have no real control and which are poorly understood even by "experts."

Conversely, a further understanding of the relationship between psi and psychopathology may give us valuable new insights into the latter. Our current understanding of thought disorders, unintended imagery, the aetiology of delusional systems and related topics is still far from complete. By developing and evaluating better models both for genuine psychic experiences as well as fake or pseudopsychic experiences we will inevitably improve our understanding of the full range of factors that influence our interactions with the world around us and the distortions thereof that characterize so much of psychopathology. Additionally, many have argued that psychic functioning is an intimate part of the interaction between therapist and client, an interaction that would be greatly enriched by any improvements in our understanding

of the clinical aspects of psi. Actual application of any such improved understanding within a clinical context would be a gradual process, however, given the bias and inertia that must inevitably be overcome by any radical innovation in clinical thought and procedure.

All of this means that, as we come to have success in our research and communicate those successes, we will inevitably confront more and more criticism, both fair and unfair, because our work is significant in both its positive and negative implications. As society comes to increase its acceptance of psychic functioning, there will be even greater demands on us as responsible researchers to provide individuals and institutions with the knowledge and tools to help them separate wheat from chaff. We can't just say, "psi exists, here are some conditions for enhancing its occurrence, but sorry, we really can't give you any advice on how to integrate it into your daily lives, your worldviews, your sense of self." People need and deserve much more than that. It is most important that we help people understand the clinical context of apparent anomalous experiences. The fact that they overlap with some characteristics of psychopathology indicates that such experiences may have some very problematic properties. Parapsychology in the past has rarely acknowledged these clinically relevant aspects of our work, and their importance for the entire social context of our research and how it is valued by others. The present symposium is an extremely important step in moving us in this direction.

Donald West begins by presenting the results of his recent British survey of apparitional experiences, noting that such experiences are still frequent occurrences, although only a small proportion are regarded as meaningful. Interpretation of such experiences, including assessment of their evidentiality, remains problematic unless the description is sufficiently thorough and one has access to information about potential corroborating events. This is a problem for experiencers and researchers alike. Such cases do suggest that simple alternative explanations do not suffice, and the question remains open of what triggers hallucinations and determines their contents.

Keith Harary surveys many of the issues confronting those who wish to provide useful counselling for those who have had disturbing experiences. He critiques the existing clinical approaches including psychoanalytic ones which treat psi as largely dysfunctional. The existing parapsychological literature just scratches the surface and has little to do with application or helping people find meaning in their experiences and grow from them. The research literature often seems to imply that only certain types of people tend to have such experiences and only in certain states, which is not useful to the bulk of people whose

experiences are not so restricted. He identifies four areas in which counselling can help people cope with their experiences: (1) adjusting to genuine, long-term psi; (2) integrating short-term or isolated psi; (3) dealing with deeper psychological problems reflected in experiences which may or may not have a true psi component; and (4) confronting delusional systems with strong defenses in place, not necessarily involving any psi at all. The first two ordinarily may require only brief counselling whereas the latter two call for longer term professional services. In general, Harary makes a plea for counsellors and researchers to be sensitive to social context and the meaningfulness of experiences for those involved.

Ian Tierney, also writing from a clinical psychology perspective, notes that anomalous experiences and their interpretation can lead individuals to encounter social difficulties and thus be at risk of meeting the criteria for institutionalization. As Maher and others have noted, problems can arise when we attribute excessive meaning to our experiences. We need to understand why some attribute meaning and others don't. There are neurophysiological correlates of the experience of meaningfulness, shifts in states of arousal are linked to attribution of meaning, and a host of prior experiences, interests, and beliefs potentially contribute as well. Clinicians can have difficulty in helping people sort out the extent to which they have overinterpreted their experiences—counsellors must be supportive and understanding, without colluding. Tierney argues it's therefore most important that health care officials as well as clients be given more information about parapsychology, including the ways in which we can be misled by ourselves or by clever others.

Jean Dierkens presents a description of recent research with mediums suggesting that they can respond to the meaning of symbols independently of their form. His work thus further emphasizes the importance of meaning in interpreting anomalous experiences.

Robert Van de Castle focusses on experiences of dissociation, especially multiple personality disorder (MPD), noting the frequent appearance of psychic experiences in those who have MPD. Although its reported incidence varies from culture to culture, it is now resurgent in the U.S. Of special interest is the frequent presence of Inner Self Helpers (ISH), personalities that function almost like guardian angels, seem to be actively involved in helping the personalities reintegrate, and show occasional strong psi themselves. Van de Castle illustrates with examples from his own spouse, who has MPD and an ISH. Parapsychologists need to explore such phenomena more than in the past. They should be prepared to confront unconscious processes and as-

sociated experiences with strong personal significance, as advocated by Rhea White's depth parapsychology with its emphasis on psi in situations of change and personal growth.

The paper by Wim Kramer provides a description of the range of counselling techniques he and his colleagues have used in Holland, where popular acceptance of psi and psychics is very high. He identifies four types of problems for which people seek advice: (1) people experiencing mysterious negative forces, often within a belief system such as those of immigrants from Surinam; (2) people seeking advice on personal matters from professional psychics; (3) people with an unsatisfactory history of involvement with psychiatry looking for alternative sources of help; and (4) people with feelings and experiences they can't explain, who either merely want solid information or else want confirmation of their special abilities. Kramer finds that SPEs tend to be linked with emotional events, that many people become persuaded that they have special talents shortly after a major life event, and that as emotional instability increases, SPE incidence goes up as well. Two techniques for counselling are described. The first involves recording major life events and SPEs associated with them, then working with the client to integrate these events with their other emotions. This technique was abandoned by their group in favor of another which is less demanding psychologically, places more emphasis on the SPEs themselves, and is more free-ranging. It works best for those primarily seeking better information. To be effective with these techniques, counsellors in general need more training in clinical areas and less in parapsychological research, but also need considerable familiarity with the range of occult beliefs and practices of the culture involved, so that these can be taken into account during therapy. Kramer finishes by outlining the main principles evolved by their group over the years of exploring how best to meet the needs of the diverse Dutch public.

Vernon Neppe discusses how anomalous experiences relate to existing and potential psychodiagnostic categories, from a psychiatric perspective. Traditional approaches either incorporate SPEs as part of a well-known diagnostic classification, or else add them in to more general catchall categories of psychopathology. Given that this is not the complete picture, one can either decide there is no true psychosis and that all such symptoms stem from problematic interactions with society, or one can re-diagnose. For the latter, Neppe suggests two general diagnostic categories: biological (psychopharmacologic), characterized by tolerance of psychotropic or antipsychotic drugs; or functional (biopsychofamiliosociocultural dysfunction), characterized by experience-induced lack of coping at one or more of the levels from biological

through to cultural. He elaborates by describing the origin and characteristics of six sets of psychiatric conditions most associated with SPEs: schizophrenia; hallucinogenic mobilized psychosis; SPE psychosis; trancelike dissociated phenomena; psychotic psychics; and nonepileptic temporal lobe epilepsy and dysfunction. Neppe concludes by emphasizing that explanation of the above categories should be a blend of the psychodynamic and biological, the latter emphasizing temporal lobe involvement.

Adrian Parker considers SPEs from both a clinical and cognitive psychology perspective. He focusses on prepsychotic stages and cognitive models of individual differences in those who deal well with SPEs versus those who do not, including magical thinking and reasoning in the area of attribution of cause and probabilities of occurrence. Of special interest are the ability to become absorbed in one's activities and defensiveness. Parker suggests that high absorption may favor psi, and defensiveness affects how one copes with both genuine psi and non-psi experiences. He adds that it is especially important to understand and explain parapsychological experiences, as psychiatry is now devoting considerable attention and resources to the study of cults and other occult groups.

Ian Wickramasekera focusses on fantasy proneness and hypnotizability as representing important individual differences in the occurrence of subjective paranormal experiences (SPE). Unassimilated SPEs can lead to both psychological and somatic symptoms. High hypnotizability is correlated with SPE incidence, but such SPEs tend not to be related to psychopathology. Some fantasy prone people, most of whom report SPEs, do show signs of psychopathology. In considering future lines of research, Wickramasekera defines two components of hypnosis: the capacity to self-generate vivid fantasies; and the capacity to make the mind blank, involving cognitive and sensory inhibition. He suggests the former is correlated with SPEs, the latter with genuine psychic functioning, and that we should focus more on the latter in our research.

Peter Fenwick, also writing from a psychiatric perspective, notes at the start that physics has always had a problem in dealing with consciousness, and that a science of subjective experience is badly needed. He points specifically to the association among emotional deprivation, brain trauma and SPEs, noting that temporal lobe dysfunction seems to be conducive to states of consciousness related to true psychic experiences, that mediums seem to have had more physical and emotional damage to the brain than others, that NDEs are associated with illness and difficult childhood, and that in general long-standing brain damage seems associated with SPEs.

Overall, these papers come at the core problems from a diversity of perspectives, although each author in his own way emphasizes the importance of understanding the meaning or salience of SPEs for those who have them. This is a message that must be heeded by the active parapsychological community, both the formal researcher struggling to find adequate yet ecologically valid methodologies, as well as the counsellor helping clients to integrate SPEs into their worldviews in positive ways. Parapsychologists can no longer afford to ignore the challenge posed by the clinical problems discussed in this volume, if they wish to fulfill their social responsibilities to (a) the individuals with whom they come in contact and (b) the social institutions that must accommodate all advances in knowledge and that ultimately regulate the value (or lack of same) placed upon parapsychology itself. The Parapsychology Foundation has done us all an invaluable service by convening these ten presenters and giving them the opportunity to reflect their own perspectives and experiences. There are major ethical issues confronting a successful parapsychology and much work to be done if we are to deal with them progressively and productively.

I'd like to thank Eileen and Lisette Coly, as I have done in my heart and sometimes verbally, far too little, for once again providing the context for what I hope and think has been a really exciting intellectual and emotional interaction. They do it year after year. My hat would go off to them, were I wearing one. I think we owe a great round of applause to them and to all of the Parapsychology Foundation people who worked so hard for this conference.

LISETTE COLY: I would like to thank you all who came together to make this such a stimulating conference. Our panelists certainly deserve our gratitude for their excellent papers and comments. Those who observed the proceedings also added greatly to the overall success of these meetings with their cogent queries and comments, and we appreciate the time and effort you have given to joining us this weekend. The entire proceedings will be published in book form—papers and complete discussions—which will make a valuable addition to our conference series.

I am sure we all here recognize the excellent job that Dr. Morris did in keeping us all in line and in time also. Thank you so much, Bob, for your moderating duties and also for your valued cooperation in the early days of conceptualizing this conference.

Ladies and Gentlemen, we wish you a safe return home. The 38th Annual International Conference of the Parapsychology Foundation is adjourned.