

CLINICAL APPROACHES TO
REPORTED PSI EXPERIENCES:
THE RESEARCH IMPLICATIONS

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When my wife, Darlene Moore, and I first arrived in London, we checked into the hotel and immediately rushed to the Poets' Corner in Westminster Abbey, where some of the most revered figures in literature are memorialized and enshrined. We are both writers, and to be standing in the company of names like Charles Dickens, Geoffrey Chaucer, and Charlotte, Anne and Emily Bronte was, for us, a profoundly moving experience. It struck us both, as we shared remembered lines from the works of these intensely creative people, walking carefully to avoid stepping directly on the graves beneath our feet, how very different they were from one another, and yet, they shared the creative process, the ability to take their deepest feelings and perceptions and express them in a manner that allowed others to experience powerfully their innermost vision.

That creative process is, I suggest, not unlike the process that we call psi. In psi, as in other forms of artistic self-expression, the key to the process is the ability to translate an intangible inner experience into a tangible form. Whatever the nature of the original perception, be it a purely internal phenomenon or one that entails a quasi-sensory interaction with the physical world, it only can consciously be recognized by the perceiver, and clearly reported to others, through a subtle and complex process of creative intrapersonal and interpersonal communication. The perceiver, who simultaneously is like a writer crafting a novel and an artist painting a portrait, must develop the proper verbal and visual language to express himself or herself effectively without distortion. This does not necessarily mean that the successful fulfillment of the process requires the resulting image or description to be photographic. It rather implies that the perceiver's *unique* perspective must clearly and accurately be expressed.

Imagine what life would be like for writers if widespread segments of the literary community and society-at-large mistakenly believed that such creative people all were necessarily psychologically disturbed. We know from numerous research studies, and from our everyday experiences, that such attitudes easily can pervert the perceptions of those who hold them. What if there were such a stigma attached to original forms of self-expression that the ability to write poetry, paint portraits or compose music was looked upon as a mixed blessing in which the gifted also were considered the cursed? How would you react to those reputed to have strong literary, artistic or musical talents, and even to your own creative urges, in such an unhealthy cultural environment? Chances are that you would feel ambivalent, simultaneously drawn to the creative experience as a primal and essential element underlying human nature, yet also reluctant to submit yourself completely to those urges and thereby risk suffering the social consequences of that surrender. Your response to those who openly espoused the creative experience might similarly be ambivalent, bound up in at least equal measures of attraction and avoidance. If you were adventurous by nature, or so impassioned by the creative process that you could not renounce it, or simply rebellious, however, you might feel less ambivalent and more willing to violate the boundaries of social expectation in order to fulfill your need for self-expression. Even if you were not a particularly capable writer, artist or musician, you might affect the role of artisan in an effort to achieve some level of recognition as an avant-garde individual worthy of special attention. Many insecure people, in fact, would eagerly embrace the role of eccentric artist in order to feel more important, adding to the prevailing myth that truly creative people really are psychologically imbalanced.

In the real world, of course, we do not generally approach creative people in such a dysfunctional fashion, although there always have been individuals and subcultures on the cutting edge whose deliberate rejection of the status quo is a fundamental element of the creative process, and who therefore are treated as undesirables by those who embrace it. Our response to psi is, however, dramatically different from our response to any other creative, perceptual and communicative process.

In the field of psi research, we typically respond to those who report psi experiences in just such an ambivalent fashion, often treating them simultaneously as though they are both mad and enlightened, or as if they are worthwhile objects for study who actively are trying to deceive

us. This ambivalence is particularly pronounced in our response to those who appear to have demonstrated that their experiences are more than purely subjective, and those who report having spontaneous psi experiences on too frequent a basis.

Rather than reflecting any personal antagonism toward those who appear to demonstrate psi ability or who report frequent psi experiences, however, this reaction most likely reflects a broader discomfort on the part of many of those within the field, including some discomfort with the concept of psi itself. This discomfort may arise from many different sources. It may, for example, reflect the fear on the part of some researchers that those who personally are intimate with psi might better understand its nature than those who are attempting to investigate it from a purely "objective" perspective, and the neurotic need of these researchers to maintain a nominally superior posture relative to such individuals.

It may also reflect the understandable fear on the part of some researchers that they will lose their scientific objectivity and credibility, and potentially be duped, if they approach those who claim to have unusually developed psi ability, or who report psi experiences, in a manner that is too open-minded or egalitarian. Among those researchers who believe that psi is an intrinsically capricious and anomalous process, this ambivalent response may also reflect the belief that those who reportedly experience psi in a consistent fashion must, by definition, either be gifted or deluded if not consciously inventing their reports.

This ambivalence may even reflect the fear of losing control of psi by allowing it to be expressed outside of the controlled environment of the laboratory. In particular, it may represent the fear of allowing psi to express itself freely in a manner that is inconsistent with a favored theory of how it operates, thereby invalidating the researcher's own beliefs (Harary, 1985). But since psi did not originate within the laboratory, and never has restricted its real-life expression merely to fulfilling the theoretical, philosophical or religious expectations of any given group of investigators, such an approach can only limit the scope of the investigation rather than limiting psi itself.

Beyond the idiosyncratic psychodynamics of the psi laboratory, in any event, lies the broader cultural environment and its impact not only on psi researchers but also on the greater population. Just as it does within the field of psi research, this population includes those who are responding to their own experiences, as well as those who are re-

acting to the reported psi experiences¹ of other people. It is likely that the ambivalent response of psi researchers to such reported experiences has its origins in the similarly ambivalent response of Western culture, which also approaches psi in a highly charged and contradictory fashion that is overly-burdened with negative stereotypes and mass mythology (Harary, 1992b).

In short, we do not approach reported psi experiences, either as researchers or as agents of Western culture, in a manner that is at all objective. The same may be said of the manner in which reported psi experiences are approached in the clinical setting, and the way in which those who have such experiences typically respond to their own situation.

When an individual reports a spontaneous psi experience to a researcher, a clinician, or a friend, he or she usually is seeking some explanation. The response rarely is that the individual in question plainly underwent a still poorly understood, but nevertheless common, creative experience. Instead, we tend to focus on the apparent strangeness of psi, on the specific ways in which the reported experience seems to violate our present understanding of the nature of reality, and on the awesome questions that are raised in our minds in encountering that violation.

Exploring these questions can potentially lead to our expanding our understanding of psi, as well as our knowledge of the universe, or at least may inspire us to expand our vision of our own potential. These are compelling and laudable objectives. But focusing too heavily on the apparent strangeness of psi and its far-reaching conceptual implications without first focusing on more basic issues can also lead us to draw premature conclusions and to turn our attention in the wrong direction. We also may be expected, given this focus, to carry out research that reflects a similar bias.

As psi researchers, this focus can cause us to ask misleading questions about those who appear to show consistent psi ability, or who report frequent psi experiences, which arise from our imbuing these individuals with the same degree of strangeness that we attribute to psi. Sim-

¹ In using the term, "reported psi experience," I am intentionally leaving open the question of whether or not any given experience actually may be psi-related. Any human experience is, by definition, subjective. For this reason, terms such as "apparent psi experience" (Harary, 1986a) or "subjective paranormal experience" (Neppe, 1992) may be seen as internally redundant. I therefore have abandoned such terms in favor of the journalistic convention of describing such experiences as "reported" by those who describe them to researchers, clinicians and others.

ilarly, as clinicians, this focus can lead us to treat those who report psi experiences as though they are fundamentally abnormal, and to emphasize attempts to validate or invalidate their experiences, rather than to develop more appropriate ways to respond to their specific needs.

The result, in the laboratory, often is an approach in which psi is treated as an abnormal process, and in which the spotlight is on proving that this abnormal process actually exists. Such approaches typically have a primarily statistical basis, and often downplay psi's creative nature, thereby potentially distorting our vision of the very process that is under investigation by restricting its available range of expression. We see this approach reflected, for example, in Rhine's forced-choice card guessing research, in which the perceiver is told to guess redundantly from among the same five, simple, black and white line drawings (Rhine, 1937).

This experimental method is designed more to meet the needs of the experimenter than to accommodate psi, which expresses itself in everyday life in a far richer and more spontaneous fashion. The focus of this research is linear, with ambiguous distinctions made between telepathy, clairvoyance, precognition and psychokinesis and other conjectural varieties of psi phenomena. It is not process-oriented, because the effort converges more on attempting to distinguish among these blurred theoretical categories, and getting psi to express itself repeatedly in a specific fashion, than it does upon illuminating psi's relationship to the physical universe and its role and meaning in the life of the perceiver.

Moreover, by restricting psi's available range of expression, and overwhelming the perceiver with mental noise² such experiments almost invariably lead to a decline in perceiver performance. Rather than establishing that psi performance is innately erratic and unreliable, however, this "decline effect" more likely indicates that the experimental approach itself is flawed because it extinguishes the perceiver's effective ability to process psi impressions. This unimaginative approach

² I originated the term "mental noise" more than a decade ago to serve as a broad category under which the various cognitive and perceptual processes that tend to interfere with the perceiver's accurate interpretation of psi impressions, and which have been discussed by many researchers over the years, are listed. These include the process of "secondary elaboration" (or free association) discussed by René Warcollier (Warcollier, 1963), "analytic overlay" as discussed in the SRI remote viewing program founded and directed by physicist Harold Puthoff (e.g., Puthoff & Targ, 1976), the interference emerging from short and long-term memories triggered by psi impressions, the interference emerging from perceptual imagery of the perceiver's local environment, and various other cognitive and perceptual processes.

to psi also is so far removed from the more evocative manner in which psi manifests and expresses itself in the real world that it offers little insight to individuals grappling to understand their spontaneous psi experiences, or to clinicians attempting to assist these individuals. In fact, if we take the tacit message of this research to heart, we will likely conclude that anyone experiencing more than a fleeting acquaintance with psi must be abnormal.

If we accept the notion that psi is expressed only under abnormal circumstances, or by abnormal people, then we must logically conclude that something abnormal has occurred when anyone has a spontaneous psi experience. If we carry this perspective into the laboratory, we may also conclude that the appropriate way to encourage psi to manifest in a controlled environment is by making the laboratory experience itself as surreal as possible.

We see this approach most clearly reflected in the ganzfeld experiments currently in vogue among psi researchers. These free-response experiments typically make use of a more imaginative target pool than the Rhine card-guessing experiments, and therefore allow psi a somewhat more expansive range of creative expression than is available in forced-choice studies involving a limited number of symbols. The perceiver in a ganzfeld experiment, however, is placed in a highly structured environment, which involves a combination of sensory deprivation and controlled sensory input, intended to induce a psi-conducive altered state of consciousness by controlling his or her exposure to environmental noise (Honorton & Harper, 1974).

Briefly, ganzfeld perceivers are isolated in a sound-attenuated room with halved ping-pong balls placed over their eyes, and are told to listen to white noise over headphones while a red light shines in their face. They are told to keep their eyes open and to observe *passively* the spontaneous, hypnagogic imagery that is expected to manifest under these conditions while verbally describing this imagery, in a stream-of-consciousness fashion. The target material generally consists of collages, brief film clips or other pictorial information, the contents of which are expected to influence the hypnagogic imagery described by the perceiver.

Many ganzfeld experiments have led to striking correspondences between the perceiver's verbal mentation and the target material, or at least to correspondences that are sufficient to permit a statistically significant number of matches between this mentation and the correct target from among a pool of possibilities for a given trial (Honorton, Berger, Varvoglis, Quant, Derr, Schechter, & Ferrari, 1990). This has

led quite a number of researchers to conclude that the ganzfeld does, indeed, induce a special, psi-conducive altered state of consciousness.

This interpretation, however, is not necessarily correct. We cannot assume, for example, that all ganzfeld perceivers are in an identical state of consciousness, or that they are even necessarily in an altered state. Nor should we assume that the perceiver's state of mind is specific to the ganzfeld, or in any way dependant on its paraphernalia. Many ganzfeld perceivers, for example, have reported keeping their eyes closed during this procedure, although the exact number who have done so is not known.³ Furthermore, even if all ganzfeld perceivers were known to be in a similar state of mind, it still is possible that this mental state might not be the key factor influencing their psi performance. Instead, the social dynamics of the researcher/ perceiver interaction, the psychological atmosphere of the laboratory, the use of the ganzfeld as ritual and, perhaps most importantly, *the nature of the target materials used in these experiments and the creative outlet these materials may make available for psi*, all may play a more powerful role in influencing the success of ganzfeld experiments than any given perceiver's exact state of consciousness.

The weakness of the ganzfeld approach, therefore, is not any failure to elicit some level of psi performance in the laboratory. It may, rather, be that the procedure itself is unnecessary and may lead us to misinterpret the meaning of a successful experimental outcome. Like Rhine's card-guessing experiments, it may also lead us mistakenly to attribute to psi the artificially-imposed limitations of the experimental procedure. This procedure encourages the perceiver to become deeply introspective and demands that he or she describe a free-associated stream of imagery, with all the internal mental noise that may be inherent in such a strategy. By forcefully shielding the perceiver from the immediate environment, and encouraging free association, the ganzfeld therefore may result in exchanging one kind of mental noise for another. It would be illogical to assume that psi is incapable of extending itself into a more expressive range, in a greater variety of conditions, just because it previously has limited its expression in the laboratory to the boundaries we set for it.

From a clinical perspective, the tacit message of the ganzfeld is that

³ One ganzfeld experimenter actually attempted to overcome this problem by taping the perceivers' eyelids to their eyebrows! The perceivers reportedly experienced excruciating discomfort during this series of experiments, and were not especially successful in describing the targets. They may, however, all have been in an altered state of consciousness.

psi is not a process that can easily and consciously be managed by the perceiver under ordinary circumstances. The immediate effect of this message in the laboratory is that the perceiver relinquishes control of the process to the experimenter and to the procedure itself, and may be made to feel less powerful as a result. It is almost as though the ganzfeld perceiver becomes personally less relevant than the experimental method. If we carry the implicit message of the ganzfeld approach into the clinical setting, therefore, we may conclude that anyone claiming to have conscious control over his or her psi impressions in an ordinary waking state would either have to be extraordinarily powerful or extraordinarily deluded, if not unabashedly attempting to deceive us. A more appropriate message might be, however, that the ganzfeld (like many other approaches) shows that psi can manifest even in the most peculiar situations, not because these circumstances are essential, or even particularly helpful, for psi's manifestation, but because psi is an adaptive and creative process that permeates our entire life experience (Harary, 1982b).

If we approach psi as a neutral and normal process that follows the pattern of other creative processes, this more balanced viewpoint also will be reflected in our laboratory methods. It also will have important implications for our treatment of psi experiences in the clinical setting. Perhaps the best historical example of this approach may be found in the dream research conducted at Maimonides Medical Center under the direction of psychiatrist Montague Ullman (Ullman, Krippner, & Vaughan, 1973).

Instead of inhibiting psi by restricting its expression to repetitive symbols, or attempting to regulate psi by overly confining and controlling the perceiver, Ullman and his associates, including psychologist Stanley Krippner and others, developed an original method for observing psi's expression in the naturally creative context of the dream. Most significantly, the inspiration for this research emerged directly from the psychotherapeutic context in which Ullman and a number of professional colleagues noticed that their clients were describing what appeared to be psi-related imagery occurring in their nightly dream experiences. Related reports of psi experiences manifesting in the course of psychoanalysis may be traced all the way back to Sigmund Freud (1953/1934).

By deliberately stimulating psi-related dream imagery in the controlled laboratory environment, Ullman and associates were able to establish that psi can, indeed, play a powerful role in influencing our dream content. This research still leaves open a number of intriguing questions for future study, such as the question of whether the dream

state *itself* is especially psi conducive, or whether the natural *meaningfulness* of the dream experience provides an especially fertile medium for psi's creative expression. Nevertheless, if we carry the message of this research back into the clinical context, then we must consider carefully the potential relevance of psi-related content in assisting our clients in interpreting their dreams. We must also consider the possibility that, since dreams are a ubiquitous human experience, psi experiences also may be ubiquitous.

If psi is a normal creative process that is a common facet of the human experience, and if its manifestation does not require a special state of consciousness, then ordinary people should also be able to express their psi ability under relatively prosaic conditions. Perhaps the best available research evidence in support of this conclusion is beginning to emerge from extended perception⁴ studies involving unselected perceivers.

A defining characteristic of this approach is that the perceivers are not in any apparent altered state of consciousness. Nor are they shielded from the immediate environment, or subjected to controlled sensory input as they are in the ganzfeld. They are, instead, wide awake and consciously managing the interpretation of their own psi impressions while *actively* distinguishing these impressions from various forms of mental noise. They also are making sketches to accompany the description they provide of these impressions, providing another important outlet for psi's creative expression. These studies also have successfully been carried out under an extensive variety of environmental conditions, from the noisy confines of the office to the silent depths of the ocean, with no apparent degradation in the results. The perceivers in these experiments have been asked to describe a large assortment of possible targets, from pictorial materials, to objects, to locations, to human beings, making accessible a potentially more expansive range of creative expression than is generally available even in ganzfeld trials. Many extended perception experiments have led to striking correspondences between perceiver descriptions and drawings and the tar-

⁴ In our ongoing research at the Institute for Advanced Psychology, we have supplanted the older term, "remote viewing," with the more accurate and, we believe, more appropriate term, "extended perception" because: (1) The psi process does not appear to limit its scope to accessing and describing only visual information, and (2) This neutral term is intended to communicate our view that psi functioning exists along a natural continuum that includes all other forms of perception and communication. For this reason, we also find the additional term, "extended communication," and the broader term, "extended abilities," to be useful.

gets themselves, sufficient to permit a statistically significant number of matches with the correct targets (Targ & Harary, 1984).

The emerging evidence from extended perception research suggests that psi ability may be improved with practice, but that it also may involve certain instinctive skills and related capabilities that are widely, but variably, distributed in the general population. In this sense, psi appears to be much like every other creative ability. If we carry the message of this research into the clinical setting, we will treat those who report psi experiences as individuals, rather than as cultural stereotypes. We also will focus on the healthy or unhealthy ways in which these individuals *respond* to their experiences, rather than on the apparent strangeness of the experiences themselves, in determining the nature of this treatment.

It is, unfortunately, a defining characteristic of our response to those who report such experiences that we frequently allow our perspective to be clouded by stereotypical attitudes and misconceptions. We often are so preoccupied with our own response to reported psi experiences, in fact, that we fail to recognize the significant ways in which the impact and meaning of these experiences can vary for each individual. In the laboratory, the clinical setting, and everyday life, we commonly select our reactions from a Pandora's Box of preconceptions, inviting those who share the intimate details of their psi experiences to resolve any lingering questions by losing their perspective along with the rest of us.

Perhaps the most familiar example of this destructive tendency is our eagerness to label selected individuals as "psychic," and the ardent manner in which many people covet, embrace, and even actively compete for the dubious honor of becoming identified with this questionable label. Our use of the psychic label encompasses, succinctly and persistently, the overall lack of vision that characterizes our entire approach to reported psi experiences. It expresses the prevailing attitude that psi involves less of what a given individual *does* than who he or she *is*. This crucial distinction makes the psychic label quite unlike other less loaded terms used to describe a person's pursuit of a creative calling. We may think of artists, writers and musicians as sensitive, passionate, or even eccentric, but we rarely think of them as fundamentally different from the rest of the human race. We do, on the other hand, tend to categorize those we label as psychic in precisely this fashion.

In psi research, this tendency manifests in many different ways, but may be most recognizable in our eternal search for the secret psychological ingredients that comprise the mythical psychic personality

(Schmeidler, 1974). Our search for this formula is the psi research equivalent to the quest for the Holy Grail. It reflects the conviction that our scientific salvation lies not in looking within ourselves to solve the mystery of psi, but in seeking out those who somehow have been chosen to embody this mystery. Just as those who would glimpse the Holy Grail can only achieve their objective by being free of sin, the mythical psychic also is popularly considered to be a creature more spiritually evolved than ordinary mortals.

The narcissistic appeal of this metaphysical attribution no doubt accounts, at least in part, for the eagerness with which many people embrace the psychic label. It also may lie at the root of our ambivalent response to those who are described, or who describe themselves, as psychic. We are simultaneously as attracted to those who are spiritually empowered to provide us with the answers to our deepest and most private questions, as we are viscerally repelled by anyone who would be so conceited as to make any claim to being so enlightened. This response is prevalent not only within the community of psi research, but also at every level of Western culture. It no doubt contributes to such disparate phenomena as the allure of religious cult leaders who claim to have unusually developed psychic abilities (Harary, 1980), and the belligerent renunciation of psi research by many religious atheists (Hansen, 1992).

Our longterm failure to identify a distinct, psychic personality type should provide us with some indication that our effort to do so may be misguided and futile. The problem we may finally be confronting may not simply be a matter of overcoming our prejudicial treatment of those alleged to be psychic. Even if we were to codify a policy of civil rights for psychics, or magnanimously were to concede that those we identify as psychics are essentially as human as the rest of us, the flaw in this approach would be our insistence upon identifying any human being as a psychic in the first place. The category itself is so endowed with conceptual drawbacks and so fraught with historical complications that it cannot help but be destructive both to those who are included within it and to those who are not so included.

A more mature and psychologically sound approach would not be predicated on drawing such absolute and spurious distinctions between those who do and do not have psi ability. It might, instead, be predicated on recognizing that the psi process, like every other creative ability, may comprise a synthesis of associated skills and talents that are common to the human experience and that have little or nothing to do with spiritual enlightenment. A successful writer, for example, must be competent in the rules of language and grammar, must have an ade-

quate vocabulary, and must have a native talent and desire for original self-expression. A successful fine art painter must be proficient in the application of paint to canvas, must have a grasp of art history, and must have a personal aesthetic. Both the artist and the writer must be skilled observers, and must also be fortunate enough to develop their native talents through encouragement and perseverance. All of these specific qualities and capabilities may be recognized and assessed using a variety of approaches, none of which would be so irrelevant and undiscerning as to be oriented toward simply defining a specific artistic personality type.

Similarly, the successful expression of psi ability may require a combination of specific observational and expressive capabilities, all of which may be assessed using a variety of appropriate measures. Once again, it is doubtful that any measure that is so ham-handed as to be oriented toward merely defining a single, psychic personality type could ever be considered appropriate. Perhaps a more appropriate approach would be one that takes account of the specific skills and talents that are directly relevant to the psi process, and that is sensitive to the individualistic manner in which these may manifest and interact with other personality factors on a case by case basis.

The implications of approaching psi functioning as a normal and neutral creative process, both for the psi laboratory and for clinical practice, are significant. In the laboratory, any debate over whether psi ability may be developed through practice or only is inherited would have to be considered pointless. Instead of orienting our research toward the apparent strangeness of psi, we would focus on elucidating the ways in which the psi process integrates itself into the greater spectrum of perception and communication. Instead of developing data dossiers on suspected psychics, we would focus on recognizing the latent potential within each of us for incorporating an awareness of psi into our own creative repertoire. Instead of poisoning the atmosphere with obsolete concepts and battling with one another over meaningless labels, we would focus on redefining and expanding our concept of human potential. Instead of disavowing the personal power of the perceiver, we would focus on developing more effective ways of empowering the perceiver while still fulfilling the highest standards of scientific method.

In the clinical setting, when we encounter a person who reports a psi experience, this suggested approach would orient us toward responding to the specific needs of that individual. Instead of assuming that something unusual has happened to anyone who has had a psi experience, and preoccupying ourselves with attempts to develop normal vs. abnormal explanations for the experience in question, we would

honor the integrity of the creative process. Our primary focus would not be on determining whether a given experience involves “real” psi. It would be on assisting the individual who reports the experience in dealing with it effectively and interpreting its personal meaning within the appropriate context of his or her own life.

Despite our research interest in ascertaining the scientific basis for reported psi experiences, as clinicians we must also recognize that the ultimate psychological relevance of any given episode does not depend entirely on whether or not it involves a genuine psi-related interaction. It also depends on the way the individual interprets and relates to his or her encounter with a more expansive sense of self. In fact, any powerful psychological experience can profoundly affect the life course of the individual who has it, without necessarily involving veridical psi, or even having any tangible basis.

Few people would argue, for example, that our nightly dreams represent an actual descent into a separate, Alice In Wonderland reality on the other side of the looking glass of sleep. Yet, countless people have gained transformative insights from exploring the meaning of their dreams precisely because dreams represent the spontaneous, creative expressions of the innermost self. Viewed from this perspective, our dreams can provide us with the ground-level truth of our inner response to our real-world experiences. In this sense, they may provide access to a level of reality that may be “more real than real” because they represent daily life as it subjectively is perceived and symbolically interpreted by the dreamer.

Reported psi experiences may provide us with a similar path to the creative self, but only if we recognize that these experiences are not arbitrarily induced by external forces that overpower the individual. Instead, they emerge from within the individual, with his or her conscious and unconscious consent and active participation. They cannot, therefore, properly be understood without considering the specific life context within which they emerge in each specific case.

If a person reports an experience in which he or she appears to be in extended communication with an alleged unfaithful spouse, for example, it would be irresponsible for any clinician to focus on the question of whether or not such a psi-related communication literally has taken place without addressing the more immediate marital issues that clearly are at stake. Even if it could incontrovertibly be proven that psi is at work in such an experience, we would have to acknowledge—as did Freud (1953/1941)—that its specific focus has hardly been selected at random. We stand to gain greater insights, therefore, by considering the creative manner in which the individual who has such an experience

chooses to express his or her specific problems and concerns than we do by limiting ourselves to determining if psi specifically is implicated in that process. Is the alleged unfaithful spouse envisioned in a casual liaison with a total stranger, for example, or is he or she perceived as entering the welcoming embrace of a serious, new romantic interest?

In assisting those who approach us as clinicians and researchers in the hope of receiving an explanation, if not our scientific validation, for their reported psi experiences, we also must openly acknowledge our limitations. More often than not, we do not have the answers such individuals are seeking. We would be doing them a disservice to pretend that we do have those answers. Nor are we frequently in a position scientifically to validate or invalidate any reported psi experience, not only because it is unwise to make lofty pronouncements about an encounter that we have not personally witnessed, but also because our understanding of psi is severely limited. Even in the case of research methodologies that lead to statistically significant results, the effects we observe in the laboratory may not directly be comparable to the spontaneous psi effects that are experienced by ordinary people in everyday life.

The primary law of any clinical interaction is to *do no harm*. The potential for doing harm by pretending to have answers that do not yet exist is enormous. Consider the clinical ramifications, for example, of off-handedly informing a troubled and confused individual who is seeking an explanation of a reported psi experience, or a cluster of such experiences, that he or she must be a psychic. If the individual in question takes this suggestion seriously—which is likely given our posture as “experts” on the subject—the longterm impact of that strange revelation is bound to be destructive. Compounding matters further is the fact that the psychic label literally explains nothing, since the research basis for defining any human being as a psychic is nonexistent.

By the same token, if we nonchalantly inform such a person that a reported psi experience should be classified as telepathy, clairvoyance, precognition, or psychokinesis, or that it represents an encounter with the “paranormal,” or falls under some other fuzzy and disputable categorization, we only are proclaiming our inability to provide a more legitimate explanation of what is happening. In every case, the label represents a specific way in which the reported experience appears to be inexplicable, but does not refer to an established psychological and/or physical process. It is, therefore, irrational to pretend that by using such a label we have made any progress in solving the mystery that the label itself represents. We would be much better off admitting at the beginning of our interaction with anyone concerned about a reported

psi experience that, despite more than a century of research, we still know relatively little about the specific psychological and physical mechanisms that eventually may account for psi ability. Even in approaching psi as a creative process, we have not solved the mystery of its perceptual and physical origin. We may, that is, know something about how we process psi information once we have it, but we do not yet know how we get this information. While this limitation does not prevent us from exploring psi's capabilities, and assessing its apparent impact on human behavior, it does restrict our ability to rule out certain experiences as beyond the scope of psi's potential.

We are not currently in a scientific position, for example, to reach any rational conclusion about questions concerning the possibility of survival after death, communication with the dead, or reincarnation. The conservative explanation, that "ordinary" psi functioning may account for information that appears to be channelled from beyond the grave, will always be more scientifically acceptable than raising the specter of an afterlife, unless we establish that psi has definable limits. And even this conservative, psi-oriented explanation of apparent survival-related experiences should be held in abeyance pending more conventional psychological, social and cultural explanations of the observed phenomena reported in such cases.

This does not mean, however, that we should approach those who believe they are in contact with the dead, or who report other similarly outrageous experiences, as potential candidates for psychiatric incarceration. It only means that we should be honest with such people about the inability of our present science to answer many of their questions. For all we know, they may be in touch with a level of reality that is beyond the scope of our present science. As long as we bear in mind that we should be treating the individual and not the reported experience, however, admitting the limitations of our present knowledge will not necessarily limit our ability to intervene clinically when people have problems in coping with such episodes.

In a practical sense, any effort at clinical intervention should be focused on helping those who are dealing with reported psi experiences to maintain a balanced sense of self. It should not be focused on encouraging them to share our philosophical vision. Unless the individual in question is undergoing a psychotic episode, or otherwise is dangerously out of touch with the everyday world, the ultimate arbiter of the meaning of any particular reported psi experience must always be the individual who has it. He or she is, after all, the one who ultimately must live with that experience. As researchers, we can only work toward expanding the scientific knowledge base available to these individuals.

As clinicians, we can only encourage them to maintain a balanced and rational perspective as they move toward integrating their experiences into their lives.

Even if we suspect that a given individual may be so unbalanced, and so out of touch with the everyday world, as to require hospitalization, we must base that assessment primarily on the individual's broad symptoms and behavior. The way in which he or she responds to any reported psi experience often is more relevant than the specific details of the experience itself. It is possible for a person to be mentally ill, and yet to be correct in interpreting a particular experience or cluster of experiences as psi related. It also is possible for him or her to be psychologically fit, and yet to be mistaken in reaching this same conclusion.

In attempting to develop appropriate clinical strategies for assisting individuals to deal effectively with their reported psi experiences, we may find the following six categories to be useful:

1. *Those who report a lifelong, or otherwise longterm, history of psi experiences that appear primarily to have a veridical basis:* Such individuals may find themselves struggling with resolving personal identity issues raised by the unhealthy messages they receive about their experiences from other people, and more generally from Western Culture. They often attempt to deny their experiences in an effort to avoid being judged as abnormal by others or, conversely, may overemphasize their experiences in an effort to acknowledge and encourage others to recognize an aspect of their existence that they perceive as valuable. This overemphasis, which is common among those who identify themselves as "psychic," may lead to social and other problems, or may complicate existing longterm problems (such as child abuse) that may have precipitated the reported psi experiences. The common desire of these individuals to find a community that is more sympathetic to their experiences than the prevailing culture may make them vulnerable to cults that appear to promise, but may not actually provide, such a refuge. All of these issues may be mitigated by their absorption in an ethnic, religious or other established subculture that is openly sympathetic toward reported psi experiences.

2. *Those who report a short-term history of psi experiences, or only a single such experience, whose experiences appear primarily to have a veridical basis:* Such individuals typically find themselves coping with resolving the questions that these experiences can raise about their worldview, but also may find themselves struggling with personal identity issues raised by their experiences. They may attempt to resolve their questions by denying their experiences or by altering their view of reality and sense

of self, including by identifying themselves as “psychic”. Their shifting worldview and changing sense of self may lead to social and other problems, or may complicate existing longterm problems, and may make them vulnerable to cults. Once again, however, these issues may be mitigated by their absorption in an established subculture that provides a positive and supportive context for reported psi experiences.

An example from my own clinical experience occurred in the case of a client who reported having correctly identified all 25 cards in a shuffled Zener deck, in a single, controlled experimental run modeled after the studies conducted by J.B. Rhine. The client reportedly was so stunned by her own performance, and found her self-image and view of reality so shaken by that experience, that she abandoned her life as she had known it and spent more than seven years in a religious cult. Although she believed that the cult would provide a supportive context within which she could explore her own potential, she found herself being personally and financially exploited by the cult’s leaders while her actual needs never were addressed. The client was able to leave the cult, and returned to a happier and more productive life, when she realized that psi experiences are widespread in the human population and that her own reported experience did not imply that she was fundamentally different from other people. Rather than returning to her original worldview, however, she allowed her experience (in combination with other expansive experiences) to instill her with a greater sense of wonder and curiosity in her everyday life.

3. *Those who report either a long or short-term history of psi experiences, or only a single such experience, and whose experiences appear to represent a mixture of veridical and imaginative elements:* Such individuals may be like many of us in their uncertainty about where the boundaries of actual psi begin and end. In some instances, however, they may have found the veridical aspects of their reported experiences to be so unsettling that their sense of reality has become unstable. They also may be turning to psi-related beliefs to compensate for problems and disappointments that remain to be resolved in other aspects of their life, or may be trying to distract others from these difficulties by claiming to be psychic and/or reporting embellished versions of their actual experiences. They often confront many of the same sorts of problems that are encountered by those who have long or short-term reported psi experiences that primarily are of a veridical nature.

4. *Those whose reported psi experiences primarily are of a fanciful or hallucinatory nature, but who do not appear to be suffering from any disabling psychological disturbance:* The experiences such individuals report may be drug-induced or otherwise psychophysiologicaly driven, may have

a social or environmental basis, or may simply be the result of an over-active imagination. These experiences also may be indicative of an underlying effort to communicate directly with the inner self by casting the unconscious mind in the role of "objective" observer. Conversely, they may represent an effort to avoid directly confronting certain thoughts and feelings by projecting them onto an "independent" source of wisdom, or blaming them on an "outside" hostile or otherwise disruptive agent.

An example from my own clinical experience occurred in the case of a group of night shift workers in the medical records department of a major California medical center, a number of whom independently reported witnessing the recurrent appearance of an apparition. The reports provided strikingly similar descriptions of this alleged apparition, which greatly distressed many staff members and interfered with the normal routines of the department. Instead of attempting to determine if the alleged apparition had any veridical basis, I approached it in a group counseling session as a vehicle for discussing the complex interpersonal dynamics and stressful working conditions within the department. The session centered on assisting the staff members in understanding and expressing both their responses to the reported apparition and their responses to their colleagues and work environment, and on communicating to them that their efforts were appreciated by department management. The session helped to alleviate much of the stress of the overall situation, and created an atmosphere in which complex psychodynamics were less likely to contribute to what could have become increasingly bizarre reports of alleged apparitional phenomena. No subsequent apparitional sightings were reported in the department (Harary, 1982a).

In another example, I recently was contacted by a woman who reported hearing voices in her mind that she believed were spirits providing her with psi-related information. Although the voices did not appear to interfere with her ability to function in her daily life, they were becoming a source of concern. They did not, however, appear to be providing her with any objectively verifiable information. In fact, the information they appeared to provide very often turned out to be wrong. Although it was tempting to bluntly invalidate the woman's experience, I focused instead on what her reported experiences meant to her. I also pointed out that an experience did not have to have an objectively verifiable psi component in order to be personally meaningful, but that it was important not to let the voices in her mind interfere with her life. She concluded, with that encouragement, that the voices reflected her own innermost thoughts and concerns and

vowed to deal more directly with these in the future. I then advised her to seek additional counseling that might help her to deal more directly with these underlying concerns.

I also have observed related examples during various field investigations of alleged poltergeist and haunting phenomena. Sometimes the reported phenomena appear to be the result of alcoholic delirium, or the effect of other drugs on human perception and cognition. They also may be the result of other psychophysiological and social phenomena. In one case, for example, a woman who suffered from epileptic blackouts reported finding furniture inexplicably tossed about her home on numerous occasions. Other household observers were able to confirm, however, that the woman was personally throwing the furniture around in the course of her seizures, although she apparently did not remember having done so when the seizures ended. In another case, an adolescent girl who apparently felt unable to express her repressed feelings of rage and frustration directly to her parents, deliberately manufactured a "poltergeist" by physically moving large pieces of furniture and throwing smaller objects around when her parents were not watching.

A final example from this fascinating category occurred in the case of a man who reported hearing indistinguishable voices coming out of his air conditioner, and yet who appeared to be psychologically fit in every other respect. It turned out that his air conditioner was malfunctioning, and that he was perceptually interpreting the low, voice-like sounds it was making as unrecognizable speech. Such environmental curiosities often can complicate reported psi experiences, particularly those involving alleged haunting or poltergeist phenomena, because they often are interpreted as an integral aspect of these experiences. The epileptic woman described earlier, for example, interpreted the sounds of a leaky waterpipe echoing in her closet from two stories below as additional "proof" that a poltergeist was loose in her home.

5. *Those who are suffering from a disabling psychological disorder, and whose reported psi experiences primarily are of a pathological nature:* The experiences such individuals report emerge directly out of an intense psychological disturbance, and often contain pronounced elements of paranoia and delusions of grandeur. They severely interfere with the individual's ability to cope with the everyday world, but emerge from within a broad constellation of clinical difficulties rather than acting as the source of these problems. They frequently respond to a variety of medications, including mega-vitamins, anti-depressants and other drug therapies. They may be of short or long-term duration, and occasionally appear to contain some veridical elements that may be the result of

selective reporting or the inclusion of actual psi episodes in an otherwise delusional worldview.

In one such case from my own clinical experience, a woman reported hearing voices in her mind that she claimed were providing her with verifiable psi information about every aspect of her daily existence. She found that these voices grew silent whenever she took the megavitamins prescribed by her psychiatrist. She was reluctant to take her medication, however, because she believed that doing so was the equivalent of murdering the "spirits" in her head, whom she claimed had established the reality of their existence by providing her with veridical information. The voices, however, were making it impossible for the woman to function because they entirely preoccupied her waking thoughts. Rather than focusing on the alleged veridical nature of these voices, and attempting to prove them wrong or to offer a logical explanation for the information they provided, I focused instead on the woman's desire to lead a more productive and enjoyable existence. As a result of this discussion, the woman decided to continue seeing her psychiatrist and to continue taking her prescribed medication on a regular basis. She wrote to me one year later, reporting that the voices in her head had finally fallen completely silent and that she was happy to be leading a normal life.

In a related example, a former member of a well-known religious cult reported feeling the constant presence of the group's leader in his waking thoughts, and interpreted this experience as his being under "psychic attack" for having abandoned the group. This terrifying experience continued through the course of intensive "exit" counseling with other former group members, but later all but evaporated under the anti-depressant Anafranil which is used to treat obsessive compulsive disorder. These same symptoms reportedly were experienced by other former members of this particular group, and reportedly also responded to similar medication in those instances. Because a number of cult groups have been known to drug their members surreptitiously, this situation is suspicious. There are, however, also a number of other possible social, psychological and/or neurophysiological explanations for this reported clinical phenomenon.

6. *Those who are responding to the reported psi experiences of others:* These may be researchers involved professionally in studying psi ability, clinicians whose clients report such experiences in the course of treatment, or lay persons who hear about such experiences from an acquaintance, friend or loved one. In every relationship, a certain level of intimacy and trust is intrinsic in the sharing of a reported psi experience, as is the possibility of helping or harming the individual who takes that risk.

For this reason, especially as clinicians and researchers, we owe it to these individuals to come to terms with our own deep feelings and ambivalence toward reported psi experiences before taking it upon ourselves to advise other people on this subject.

It also is frequently the case that those who are exposed to the reported psi experiences of others are deeply affected in the process. This is particularly the case among those who are exposed to apparent firsthand demonstrations of psi ability, who may experience the same sorts of problems encountered by those who have their own, firsthand, short-term psi experiences. This particular vulnerability often is exploited by the leaders of religious cults, who may arrange fraudulent demonstrations of their professed psi abilities in an effort to attract followers to their group.

In counseling former members of the Peoples Temple following the Guyana tragedy, for example, I learned that its leader, the Reverend Jim Jones, frequently conducted fraudulent demonstrations of his professed ability to heal the sick, to perform extraordinary feats of extended perception, and even to raise the dead. These bogus demonstrations were so convincing to his followers that a great many became convinced that he literally was God incarnate (Harary, 1992a).

The best defense against this kind of exploitation is public education. If we approach psi as a normal and neutral creative ability that is widely distributed in the general population, rather than as an exceptional gift that is bestowed on only a handful of spiritually advanced psychics, we make it much more difficult for demigods like Jim Jones to attract followers and harm the public. In addition, if we educate the public about the subtle nature of psi experiences, about all that we have gleaned from spontaneous case reports regarding the ways in which these experiences do and do not tend to manifest in everyday life, and about the need for scientific rigor and consumer savvy in evaluating special claims pertaining to psi abilities, we will go a long way toward preventing another Jonestown holocaust.

While the above categories should not be considered absolute or all-inclusive, they do provide a useful framework for developing effective and responsible clinical approaches to reported psi experiences. In developing these clinical strategies, however, it also is imperative to keep in mind that reported psi experiences often have a positive impact on the lives of those who have them.

In spite of the obstacles that people often face in coping with these experiences, therefore, it would be a mistake to conclude that they are better off left unexplored. Often, such experiences are an indication of a continuing process of personal growth, an active reaching out

from within toward a greater sense of connectedness with the world, with other people, and with one's higher potential. Reported psi experiences also may represent a healthy response to a hostile and alienating external environment, in which an intense inward focus provides an emotional Underground Railroad to a unique domain of freedom.

Viewed in the context of this self-actualization process (Maslow, 1964), reported psi experiences may be recognized as one facet of a much larger creative process involving the continuing redefinition and expansion of our concept of self and our place in the universe. It would be wholly inappropriate for any clinician to suggest to someone whose reported psi experiences are indicative of such a positive process that he or she is abnormal, delusional, or otherwise psychologically disturbed.

Even if the individual in question is having difficulties in integrating a reported psi experience, or a cluster of such experiences, into his or her existing self-image and worldview, this does not mean that the individual should be counseled to abandon the process. Rather, the individual should be supported and encouraged to proceed with the process at a comfortable pace, in a psychologically sound and socially appropriate fashion.

Achieving this clinical objective requires the development of an advanced psychological approach that considers the meaning of human behavior not only according to traditional standards and guidelines, but which also takes into account our expanding understanding of the broader range of human potential and experience. It not only requires insights into human behavior, but also an awareness of human capability, including our need to extend beyond the limits of our individual boundaries, and our search for meaning (Harary, 1986b).

By addressing the individual's response to his or her reported psi experiences, and not over emphasizing the apparent experiences themselves (strangeness of the experiences themselves), we may encourage and facilitate this process. We will also, no doubt, find this strategy having a positive impact on our own approach to psi, and we may find ourselves transformed by that creative experience.

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DISCUSSION

PARKER: I would like to add more comments than actually ask a question. I would like to make a conclusion from your indication that we may be getting nowhere looking at the personality, searching for a personality trait that relates to psi. I think I entirely agree. Psychic experiences may be something that is not related to personality in itself;

but perhaps, as Arthur Ellison was saying, it is something to do with the defensiveness of personality, an openness to unusual experiences. It is perhaps unfortunate that the term is defense mechanism. This implies sort of a somewhat mechanistic view of the functioning of personality. But maybe that is an area that we have to look at more intensively. I am actually one of the psychologists interested in this field. We also have to look at how people react to these experiences. I think psi and personality come to interact very closely. Some people are very threatened by psi and give it all sorts of weird interpretations in terms of UFOs or it becomes some sort of psychotic experience. Other people can integrate psi into their personal way of functioning and it can, in some cases, become a growth aspect.

HARARY: Obviously I agree with you. If psi becomes normalized in Western culture we may see a lot of the personality variables that researchers and clinicians tend to associate with psi ability evaporating, or at least becoming less important. A lot of the Ways in which people respond to their reported psi experiences are quite bound up in the messages conveyed by the culture, including the media. The researchers, the clinicians, and those dealing with their own experiences are all responding to those messages as well as feeding into them on various levels. When we get beyond that cultural malaise we may find that psi in its natural state has quite a different impact on the individual, one that is ultimately connected to positive change and personal growth.

KRAMER: I like your attitude on the measuring very much—let's stop seeing psychic phenomena as special and accept that they are just normal human experiences like any other experience. That is true. I think as a clinical psychologist you have to accept that; otherwise, you cannot help your clients. I think it is the same in psychology where the clinical psychologist and the experimental psychologist are always dealing with two different kinds of people, actually different ways human beings function. One is looking at them as people functioning in everyday life and the other one is looking at human beings functioning under special conditions. The problem is, and you made it clear at the beginning of your speech about writers, that the same way you can call a psychic weird you can call a writer weird. So, don't let us talk about crazy things but let us talk about being special. The problem, of course, with writers is the same as with psychics. You have normal writers and, of course, you also have writers who, and excuse the clinical term, are nuts. My personal problem is, how can you discriminate between them? I mean by simply reviewing the experience and saying the psychic phenomena are normal human phenomena, is, in a clinical sense, acceptable but it also can be a problem because some things which really are nuts

are going to be labelled special. That can create a lot of problems in everyday life, as I have encountered. How do you deal with that?

HARARY: When you ask which psychics are really psychics and which psychics are nuts, you are still dealing with the difficulties inherent in labeling anyone as a psychic in the first place. We desperately need to move beyond the question of who is or is not psychic because then we get caught up in asking the even more loaded and peculiar question of who is more psychic than whom. I have witnessed a lot of competition for that dubious achievement deliberately being encouraged in the field of psi research, and the human impact, not to mention the impact on our view of psi, is really terrible. People climb all over each other to try to say, "No, I am more psychic than you are." "No, I am. I got this one right." You would think they were fighting over the last soda cracker on a lifeboat. The desire to be proven psychic, which is really a desire for special recognition, is often used to manipulate people. As the researcher you can say, "I'll give you a cookie and tell you that you are psychic if you do what I say and even go along with some of this questionable data and the unwarranted claims that are being made about it." It seems incredible that anyone would be willing to go along with that suggestion, but being thought to be a psychic is so important to some people that it does seem to happen. But, if we eliminate the idea that there are psychics and then there is everyone else, we also eliminate the question of who is an authentic psychic and who is lying or deluded, not to mention the question of who is more psychic than whom. If we approach the psi process as a normal, creative experience we can say, "Well, there are some people who are genuinely experiencing psi functioning at a particular moment and maybe even are practiced or talented at it and then there are some people who are on the other end of the continuum completely imagining things." But you do not put any special charge on the process itself by placing those who experience it, or who are familiar with it, in a separate category of human being. By the way, people who are completely imagining things often experience real psi as well at other points in their life. It is just that the particular thing they are telling you about at the moment is not necessarily psi. So we should begin by eliminating the idea that if you have psi experiences then you are this thing, this type, this person, this entity, and whatever that means to you. Often it means all kinds of terrible things within Western culture. You look at the movies and television and people who are described as being psychic are described as everything from extraterrestrials to witches to crazy people. Let us finally take that burden away from people who have psi experiences. Then we will not even have to ask who is psychic. Then, if you want

to focus on it clinically, you may find yourself asking, "Is the experience real?" Well, how can you not have a real experience? The experience is subjectively real. At that point, what you are really left with is the question of how people deal with their experience. Now as an experimental researcher you can ask, "Well, is this really psi or is it something else or am I being fooled here?" There are a lot of questions you can ask. In fact, you will find that people are, in a way, more willing to freely express themselves in the laboratory, as far as psi goes, if they do not feel that they are suddenly going to be viewed as a certain personality type as a result. So if you just eliminate that whole category, those dead-end shortcuts are gone. Now you have to focus upon individual human beings, with how they are relating to their experiences, and with the scientific question of what is really happening and what it means. Then, even in the laboratory, you take the charge off the process and make it neutral. You say, "Getting a positive result in a psi experiment does not mean that you are a great guy or spiritual or a swami or anything like that. There aren't any cookies here. If you want to work together, great. We appreciate it. We will study psi together but that is as far as it goes." Then things become easier and healthier for everyone involved in that adventure.

KRAMER: That means you bring it back to a more general problem, that some people claim they are psychic like some people claim they are writers. The problem is how to distinguish between the real writers and the false ones.

HARARY: Well, I suppose that in the case of people claiming to be writers you can always read their work.

KRAMER: Well, that is a problem too because sometimes I read a book and I do not like it but everyone else says he is a fantastic writer.

HARARY: One of the really horrific things that has taken place in Western culture is that being psychic has become a popular aspiration. The title is not only handed out often for political and other manipulative reasons within the field of psi research but it is also handed out and taken on as a stereotype in the culture, in ways that are just appalling. I mean it is the last thing that I would ever want to be associated with. Often what people mean when they want to be called psychic is, "I have a certain worldview." Now there are people who use that term and really are trying to say to you, "Look, I have a lot of experiences that I cannot quite explain but, you know, the best way I can say it is to use this shorthand term and then hope that you will know what I mean, which is a really deep, personal, meaningful, powerful, and beautiful thing." But that is not how it is going to be taken by the person who is listening and thinking about a fortune teller sitting in a

tent with a crystal ball or some other offensive image. You are better off eliminating the shortcuts so you can just talk about the experience. The people who say to you, "I am a psychic," let us face it you do cringe a little, don't you? Don't you worry? Aren't you skeptical? The next thing you say is, "Prove it," or "What do you mean?" or "Who do you think you are?" So it is not good for them either.

KRAMER: From a counseling point of view, the problem is that when someone says, "I am a writer" and he cannot write at all, no one is bothered by it. When someone says, "I am psychic," and he claims that in society, then suddenly people start to react differently to him or her. So that means that the claim to be a psychic has a much broader impact than the claim to be a writer.

HARARY: It has a powerful impact both on the people you say that to and on you, yourself saying it. Particularly the people listening to you are going to think of everybody else who ever said that and everything they have ever seen associated with the psychic concept in the media. What I would say as a clinician to a person who approached me in that way would be, "Look, you are not fooling me. I know that certain things exist that we do not have an explanation for yet. I think they do; they seem to. Either that or I will be really fascinated to know how I have been fooling myself all these years and that will be clinically fascinating. But why do you want to call yourself a psychic? What are you getting out of this? Why are you taking on that identity? What are you trying to explain? What are you trying to say about who you are? What are you trying to say about who you are in relation to other people? And what do you mean by that term because other people who use it mean a lot of different things?" I would really work seriously and in major ways clinically with a person who wanted to take on that persona as a way to deal with other people in their life. It is not healthy.

WEST: I have been more of a researcher than a clinician and I have the feeling that clinicians sometimes go a little overboard in not wanting to find out whether the information that they are given is fantasy or reality. I know that it was at one time a psychoanalytic approach to take entirely what the patient says because that is what they are worried about, whether it is true or not, does not matter; and one goes on to deal with patient's problems arising from what experiences they think they have had. Now, in quite a different context this approach has been severely criticized. People will know that Freud assumed that a lot of the stories he had from his women patients about childhood sexual abuse were fantasies and he went on elaborating on that assumption.

He has since been criticized by J.M. Masson⁵ and by others for making that assumption against evidence to the contrary known to him. It now appears that there is a very big difference whether the abuse was real or fantasy. I think, that the same probably applies to psychic experiences. As a researcher I am really more interested in what was the actual nature of the experience and was it real, than its effect on the person concerned and what they believe about it. I think one gets the same kind of conflict among anthropologists who visit different cultures and observe all sorts of magical beliefs and routines for communication with spirits and communication at a distance. Whilst reporting all these things and discussing how these beliefs fit into the social, political, and religious systems of the communities and how these particular beliefs make for stability, they never ask whether the beliefs are founded in reality, whether these phenomena actually occur. That is the question which I am interested in as a researcher rather than a clinician.

HARARY: I think that that is a very good point. But unlike Freud, I am not assuming that the psi experiences people report are always imagined or always involve real psi. The trouble is that when you are dealing either as a clinician working with people who are reporting experiences or as a researcher working with people who say they have had certain experiences, you have stepped into, a convoluted psychodynamic malaise of utter confusion about what we mean and what we are talking about when we are discussing reported psi experiences. Clinically you have so much to deal with before you can ask if a particular experience involves real psi. At some point you will want to ask if this person is hallucinating or if they are reporting something that really is going on. The worst thing that can happen is when something real is going on and the psychiatrist or the social worker or the therapist tells a person, "You are a nut. Such things do not happen. Why do you have to imagine these things?" I have actually had that experience, too. And it is awful. So at some point, yes, particularly experimentally, we want to know what is real and what is imagined. The trouble is that given the current state of psi research, we know very little about what is going on except that there is this process that we call psi or extended abilities and it seems to manifest on a widespread basis in people's lives. A lot of the problems that come up for people have to do with how we, as a culture and as scientists, respond to that situation. Even in talking about it, it is hard to know where to begin. Sure, we all want

⁵ Masson, J.M. (1984). *Freud: The assault on truth*. London: Faber.

to know what is real and what is not. If somebody comes into your lab and says, "Look, I am experiencing all these wonderful things." The first thing that occurs to an experimental researcher is, "Holy cow, this is an opportunity for research. I better do some experiments on this person before they get away." That is not always the healthiest approach for the person who is confused and looking for answers. You want to find out how the individual is going to deal with that experiment, even the very concept of being in the experiment, how they are going to deal with that whole encounter when they go out in the world, and especially with what they think that encounter means about them. It would be nice to do experiments in a vacuum where we say, "We just want to know what is real and if it is real, then we will see it." I know you are not saying that, but we also have to deal with what being in the experiment means in the lives of the people who participate, how they are going to deal with that involvement vis à vis what we tell them it means, and what they are being told that it means in the culture at large. On a clinical level, however, asking whether or not an experience involves "real" psi is not the most important question. The most important question is how the individual will deal with this real or imagined encounter—which means this real experience—in the context of his or her own life. It most certainly is extremely helpful, in making that determination, to know if genuine psi is involved. But we do not always know the answer to that question.

WICKRAM: I found that refreshingly disarming. It is an interesting hypothesis that regarding psi as a normal human function increases the probability of the event or is the more heuristic way to investigate the phenomena. But, is there any empirical evidence that regarding psi as a natural or normal human function rather than as some laboratory constrained phenomena leads to any increase in the probability of the event?

HARARY: First of all there is evidence to show in a laboratory, for example SRI, that people who have done particularly well in experiments are not particularly unusual. The most experienced remote viewers at SRI were given all kinds of psychological tests and there was nothing particularly startling about the results except that the remote viewers looked like normal people, perhaps a little more intelligent than the population at large. But what would you expect to find at a major scientific laboratory? With the help of the Parapsychology Foundation, Darlene Moore and I have been doing research with people who are blind. Instead of looking for people who said they had a lot of psi experiences and abilities, we went out and knocked on people's doors. We found a lot of blind people who were isolated or who needed

some money or who wanted to do something interesting. We just knocked on their doors and said, "Look, you may think this is crazy. I am Keith, this is Darlene, and we want to do something interesting with you and it will be fun. You will learn about yourself and it does not mean anything about who you are except that you might experience an additional way of relating with the world." This is a little subjective on our part as researchers, but making the process very normal for people appeared to make them very comfortable with it. We have some wonderful video tapes of people doing as well as anything I have ever seen in the laboratory, and not people who would call themselves particularly psychic. It is just that we said to them, "What we are talking about here is extended perception." We deliberately did not even use the word psychic. And they said, "Extended abilities? What do you mean." "Well," we said, "it might be perception, it might be communication, we are not sure, but look, you can learn to tap into this ability and we will show you how. We are developing specific techniques for training people to do this." Making the process very normal seemed to make the perceivers comfortable with it. So, we did not encounter a lot of the trauma that you might see when someone says, "Well, holy cow, what does this mean about who I am? Look at how well I did! My God, you know, I cannot even see and I was describing this place where I am going to be taken." I realize, however, that it is not quite fair that I am telling you something that is not yet published. In the remote viewing research at SRI, and after SRI, a lot was done with ordinary, everyday people. By not telling them that they had to be particularly special to do something, they did very well. In fact, taking that approach makes your life a lot easier as a researcher because all you have to do is say, "Look, we are studying this creative process and you do not have to deal with all the burdensome questions regarding what participating in this research means about who you are." If you start out right at the beginning taking that approach, being clear about the fact that how people perform in your experiment does not mean anything about who they are except that maybe they can express this normal ability, the whole experience can be much more pleasant and productive for everybody. So subjectively in the research, it does seem to be helpful to just approach psi as a very normal, down-to-earth kind of function. I have not seen any bad reactions to that approach and people seem to do pretty well. I think that assessment is more than just a subjective one because you can see the data obtained in the research and it is pretty solid.

TIERNEY: It is just an observation on something that you said earlier. Few of us, certainly I do not, act autonomously with a patient or a

client; usually one is part of a team and the person has either seen a psychiatrist or a psychologist beforehand or, and will afterwards. Given that, it seems to me that we should be directing our attention to our colleagues as opposed to the patient or client. Particularly if they are using very rigid categorization such as DSM-III, the patient is likely to be labeled and he is likely to get the impression there is something wrong, yet we are saying that this is a normal experience. The message that they will be getting from others is that it is not. Do you have any comments on how one can get around the problem of dealing with colleagues?

HARARY: Yes, it is very important. With colleagues, your attitude is crucial and this is where we need to effect some change by communicating what we do in the field of psi research. If your colleagues think that you are talking about parapsychology, they tend to build up a lot of resistance. Your attitude, the way you approach the experience or the ability, is really crucial. What you have to do is broad scale education in the culture at large. Present papers at places like the American Psychological Association that do not charge psi with all kinds of pregnant meaning or imply that someone who is having this experience is automatically crazy. Talk with your colleague about someone you know who is perfectly normal, and it may be even yourself, provide a model for responding in a balanced and positive way. Introduce your colleagues to people who have psi experiences and who are leading fulfilling lives. If the only people you see are people who are very upset by what is happening to them, then you will automatically assume that people get upset or are already upset when they have psi experiences. It depends on the language you use and on what your colleagues are exposed to in the clinical setting and everyday life. Do not forget that your colleagues, like most of the human race, have probably had their own experiences. If you can in a non-charged setting get your colleagues to open up about some of the things that had occurred in their own lives, then maybe they will feel more comfortable with it. There are all kinds of little things that you can do rather than to approach this as a problem of "them" versus "us" in which we have to convince them of a certain viewpoint. Psi researchers sometimes come at people who are either resistant in the society at large or in the scientific community, or at other clinicians and say, "Look, this is true. I know it is true. I have got it figured out. I am onto something here. You better buy it. Let me tell you what it is. Let me tell you why your worldview is screwy and mine is right." If you do that, forget it. If you start out, instead, by saying, "I do not know what the universe is all about but . . ." this might be a more comfortable approach.

NEPPE: It seems to me that we are dealing with an extremely difficult area; an area that has both semantic implications, in terms of terminology, as well as clinical implications. Just briefly, from the semantic point of view, one of the things that I perceive as relevant is the differentiation between prejudicial and non-prejudicial terms and this has a chronologic framework to it. Presumably the terms *psychic* and *psychical* were in no way prejudicial at the turn of the century. For many of our fellow scientists, the terms have clearly become prejudicial and we utilize other terms like *extrasensory perception*, *extended experience*, or *anomalous* instead. Using this framework we must realize that there is a major difference between subjective and objective experiences that have anomalous attributions put to them. Ideally, at an experimental level, we may seek a population of people who were having genuine anomalous experiences of so-called *psi* kind. At a subjective level we want a completely different subgroup who have certain experiences which one can verify subjectively according to outside criteria. This would imply a new subpopulation of subjective paranormal experiencers whom we could investigate. These two populations obviously merge and come together, but at this point, it is simplistic to deal with additional interfacing terms. We may have several overlapping populations with possibly special state or trait phenomena.

HARARY: I agree with you. The problem with the terminology is that we have to find terms that are not loaded and sometimes we wind up tripping over our own feet in doing it. But we have to find terms that do not automatically trigger a reaction in other clinicians or other scientists or just regular everyday folks. I think it would be fascinating to find the kind of population you are talking about, but any population is going to, in some way, have been seriously affected by the attitudes of the culture, of the scientific community, even the *psi* research scientific community, and of clinicians toward those experiences. So, we almost cannot find a pure, unadulterated group. Some people have looked at primitive cultures for that, but even they are affected by the beliefs of their own culture. You cannot find a pure experience, untouched by everything that people believe and have ever said about experiences like it. At some point maybe you can peel off all of the layers that have been laid on the experience and try to get to the core of it, realizing of course, that the person doing the peeling also is experiencing his or her own biased attitudes toward that which is being examined.