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Anomalous experience

Since the formation of the Koestler Parapsychology Unit (KPU) in the Department of Psychology, University of Edinburgh in 1985, with the late Professor Robert Morris as the first holder of the Koestler Chair of Parapsychology, the unit has been contacted by many individuals wishing to describe their anomalous experience (experients) which they believed might be evidence for parapsychology (psi) – e.g. precognition, clairvoyance, telepathy or psychokinesis. Prior to the internet these contacts occurred frequently, but since about 2000 they are far less frequent due to the proliferation of websites that take an interest in such experience.

Voluntary

Since 1985 it has been the policy of the KPU that if a distressed experient wishes to talk to someone, he or she is offered contact with a suitably qualified individual, a clinical psychologist or psychiatrist, who gives time voluntarily to the unit. The limited evidence that exists suggests that roughly half the experients who contact anomalous experience units (such as the KPU) in Europe report behaviour or history, other than their anomalous experience, which suggests some form of psychological or mental disorder as defined by current classifications of mental disorder.¹

In the latter study some experients were delusional (often paranoid) and were experiencing hallucinations or other diagnostic behaviour, with many acknowledging they had received psychiatric care. Such individuals were at some risk of becoming non-compliant with their treatment if they believed that a psi-related explanation accounted for all of their experience. Occasionally, particularly in the last 15 years of the last century, contact would also be made with the KPU by distressed individuals, often quite young, who would be investigating this alternative explanation for their experience before, or instead of seeking advice from health professionals.

Recent schizophrenia research relevant to these latter individuals has evaluated: (a) the effects of duration of untreated psychosis, particularly in first episode; (b) the viability and benefits of early identification and intervention with first episode or those experiencing putative precursor (or at-risk) stages of psychosis; and (c) strategies for improving this early detection. McGorry, Nordentoft and Simonsen (2005) highlight the importance and benefits of early and phase-specific intervention in the development of psychosis, in terms of both the overall duration and the severity of psychotic episodes.² There is therefore an onus on academic units with research interests in anomalous experience to have a strategy for interacting with this unfortunate group in particular.

Other than those individuals suspected of experiencing some kind of mental illness, most of the remaining experients could be described as

the 'worried well'. They may have been frightened by an anomalous experience such as hypnagogic phenomena, such as hearing unexplained sounds or voices (in the absence of any other clinically relevant experience), feeling unexplained distressing sensations, or seeking an explanation for unhappy coincidences. Watt & Tierney (in press) have reviewed the commonest explanations for experiences described by the experients as 'psi-related experience' (PRE) in terms of misattribution and psychopathology as well as the possibility of veridical psi.³ This chapter was written, in part, with clinicians in mind.

Evidence-based

There has been increasing interest within some academic units which have an interest in anomalous experience in the subject of 'clinical parapsychology'. In discussing this subject Watt & Tierney (ibid) note that: "Most distressing experiences of the 'private', internal kind, whether having an origin in psychopathology, psi, or other explanations are effectively counselled using a range of standard evidenced-based therapeutic approaches where the therapist takes a non-directive, client-led, approach to helping the affected individual accommodate the experience as best they can. Tierney (2012) has suggested that the term 'clinical parapsychology', if used at all, should be reserved for a rare type of PRE (i.e., the external type⁴) that is recorded in some form or witnessed.⁵ When the circumstances and/or effects of the PRE accrues ontological support by being witnessed, the therapist is likely to first rule out the possibility of a folie à deux, a shared psychotic disorder, or collaboration for some secondary or tertiary gain. Once therapy has started, it is common at some point in the discussion of the PRE for the experient to ask a question along the lines of "Do you believe such things can happen?" This inquiry is not typically about whether the therapist believes such experiences can



happen but whether, whatever the cause or process, genuine psi events do occur in the real world. This poses a dilemma for the therapist that occurs in a milder form in counselling any PRE, but it is particularly acute when there are witnesses to the event. If the therapist prevaricates or is non-committal about the possibility that such events can take place in the real, consensual world, the therapeutic relationship can suffer, often severely. The experient and therapist then find themselves in different universes of discourse. If the therapist does have the background that permits acknowledgment that in principle, such odd events could occasionally occur (in the common sense, consensual, use of that phrase) then, despite risking the criticism of colluding with a delusion, discussion of the evidence for and against a PRE interpretation can take place. Failure to acknowledge this possibility implies that the therapist must believe the experient(s) is either deluded, has been fooled, or is lying, which usually has a seriously deleterious effect on the therapeutic relationship".

Watt & Tierney (ibid) have discussed some of the therapeutic approaches used by clinicians counselling anomalous experience of the PRE type. Among the more intriguing of these is the approach used at the Wissenschaftliche Gesellschaft zur Förderung der Parapsychologie (WGFP) in Freiburg, Germany. This approach, which derives from the Model of Pragmatic

Information and General Quantum Theory⁶ is claimed to reduce the frequency of the PREs, while concurrently increasing both understanding, and emotional integration of the PRE into the experient's psychosocial circumstances. This is achieved by having persons other than the experient judge the PREs. In clinical practice terms, the approach is similar to the cognitive therapy employed by the KPU, where the experient is encouraged to document and reflect upon his or her experience, weighing alternative explanations. Where the WGFP approach differs from other therapies, however, is in the central theoretical role given to observation and involvement of people other than the experient. This results from the assumptions of the MPI that PREs and any subsequent change/resolution of PREs reflect patterns of entanglement correlations. This in turn reflects the increasing belief by some that quantum effects can be observed in macroscopic systems.⁷ It is helpful that the theoretical element of this approach, as formulated in the MPI, allows predictions of outcome that can be tested.

Frustratingly elusive

In general terms, the evidence for or against 'psi' in experimental psychology laboratories continues to be frustratingly elusive. Increasingly the evidence centres on difficulties in replicating experimental results and possible effects of experimenter belief and expectations (see Caroline Watt's comments p237), are exemplified most starkly by difficulties in replicating the results reported by Bem.⁸ Bem, who is a social psychologist and Emeritus Professor at Cornell University, reported a series of nine experiments in which participants could reliably predict future events but without being consciously aware that they were doing so. The mean effect size across all nine experiments was 0.22, with one experiment yielding an effect size of 0.43, and all but one of the experiments yielding statistically significant results. Subsequent replication attempts by respected, albeit in the main sceptical, researchers have failed to replicate the result of one of the paradigms. Discussion of the implications of these difficulties for parapsychology,



psychology and science in general has sparked lively debate.⁹ It has also highlighted the value of a study register in parapsychology, where studies are registered before they are undertaken, in an attempt to avoid the 'file drawer' bias in reporting.

These difficulties in laboratory centred research, combined with a wish to test von Lucadou's MPI, led Tierney and Watt to design and run the Europsi study in 2008-2011, funded by the Bial Foundation. This three-year study conducted the first systematic test of von Lucadou's Model of Pragmatic Information using spontaneous reports of PREs (of the 'recurrent spontaneous psychokinesis': RSPK type) to academic units with an interest in PREs worldwide. In total, 54 academics were involved from Europe, North America and Australia. Examples of RSPK include 'poltergeist' phenomena, anomalous interference with the functioning of electrical or mechanical devices, and movement of furniture and other objects without apparent cause. Experiencers were asked if they were willing to give information over a two-week period. Experiencers who reported certain other non-anomalous experiences and beliefs which are associated with mental illness were not enrolled. The reason for this was solely due to known difficulties in response reliability from individuals with delusional, particularly paranoid, experience. Other enrolment criteria were that the PRE was occurring at least weekly and the experiencer should be older than 16 years of age. The study aimed to enrol 60 cases which fulfilled these criteria over a two-year period. This expectation was not unreasonable given the size of the 'net' and earlier studies of PRE frequency. Enrolment, group randomisation and subsequent data collection were run automatically by a web programme from which everyone was locked out once the study started. The experiencers all completed the same amount of documentation. The study programme varied the amount of documentation of the cases seen by a designated observer, and monitored the effect on the subsequent occurrence of the PRE. It was predicted that those randomly-selected cases whose data were viewed and evaluated in detail would show a reduction or change in PRE, compared to those whose data, apart from a final outcome measure, were never viewed.

Challenge

Unfortunately in the data collection phase there were only 43 referrals to the study website, of which 17 cases passed the initial screening process, and 14 completed the full study, six of which were in the 'highly documented' group, eight in the 'very little documented' group. Comparisons of these very small groups did not provide support for the predictions of the MPI and as a test of the MPI the study was of limited

success due to low statistical power. The study website operated successfully, as the referral rejection rate was consistent with that predicted from previous research. On debriefing, several collaborators reported a drop in the frequency of public contacts which they attributed to the proliferation of amateur 'ghost' investigation groups which can be easily found on the internet. Some, understandably, felt reluctant to delay assisting the experiencers by referring them to the study when they were in great distress. Whatever the contributory reasons, the inconclusive study results were a disappointing outcome after a lot of effort!

People will continue to have these anomalous experiences, and some people will be distressed by them. It is a challenge to clinical practice, experimental design and ingenuity to devise investigations which will yield reliable, unequivocal, information on the processes which produce these experiences.

- ¹ Belz, M. (2009). Clinical parapsychology: Today's implications, tomorrow's applications. In C. A. Roe, L. Coly & W. H. Kramer (Eds). *Utrecht II: Charting the future of parapsychology*. (pp. 326-362). New York, NY: Parapsychology Foundation & Het Johan Borgmanfonds Foundation.
- ² McGorry P., Nordentoft, M., & Simonsen E. (Eds) (2005) Early psychosis: a bridge to the future. *British Journal of Psychiatry* 187(Suppl 48).
- ³ Watt, C. & Tierney, I. (in press). Psi-related experiences. In E. Cardeña, S. J. Lynn, & S. Krippner (Eds) *Varieties of anomalous experience: The state of the science*. (2nd Edition) Washington, DC: American Psychological Association.
- ⁴ Belz, 2009; Tierney, Coelho & Lamont, 2007.
- ⁵ Tierney, I. (2012). 'Clinical parapsychology' in the UK. In C. Simmonds-Moore (Ed.) *Exceptional Experience and Health: Essays on Mind, Body and Human Potential* Jefferson NC: McFarland Publishers Inc.
- ⁶ Model of Pragmatic Information (MPI) and General Quantum Theory (Lucadou, Römer & Wallach, 2007; Zahradnik & von Lucadou, 2012).
- ⁷ Vedral, V. (2011) *Living in a Quantum World*. Scientific American May 18th 2011
- ⁸ Bem, D. J. (2011) Feeling the future: Experimental evidence for anomalous retroactive influences on cognition and affect. *Journal of Personality and Social Psychology*, 100, 426-432.
- ⁹ Ritchie, S. J., Wiseman, R & French, C. C. (2012) Replication, replication. *The Psychologist*, 25 (5), 346-348

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