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Editorial:

So ASSAP is twenty-five years old! The subject of paranormal research remains as polarised as ever between 'believers' and 'skeptics', making ASSAP's neutral, scientific approach even more important now than it was a quarter of a century ago. Following the scientific approach, everything comes down to evidence. And yet, if you look around the world wide web, you will find many competing 'natural' explanations for orbs. They can't all be true, and a few simple experiments would settle which were correct. If we have learned any lessons from 25 years it is that we should concentrate on gathering good scientific evidence. We can leave interpretations until the evidence is safely gathered in!

The TLE phenomenon

by Teresa Sheppard

Over the years it has been pointed out that there are many natural 'conditions' of human beings that can give rise to apparent paranormal phenomena. The condition that gives rise to, arguably, some of the most compelling bizarre 'experiences' is temporal lobe epilepsy (TLE). It is a condition that every paranormal researcher should know something about in order to understand just what it can do. Here we read about the experiences, and background research, from someone who has first hand experience of the condition.

"*It is thus with regard to the disease called Sacred: it appears to me to be nowise more divine nor more sacred than other diseases, but has a natural cause from the originates like other affections. Men regard its nature and cause as divine from ignorance and wonder, because it is not at all like to other diseases. And this notion of its divinity is kept up by their inability to comprehend it.*" *Hippocrates, The Sacred Disease. 400 BC*

A brief history of epilepsy

The word 'epilepsy' comes from the Greek word *epilepsia*, meaning to take hold or seize. It was indeed the Greeks who first documented the condition we now recognise as epilepsy. Possibly the earliest known published writing on epilepsy was that of Hippocrates in the fifth century BC, in his work *The Sacred Disease*. In ancient Greece it was known as the 'falling sickness', a description of generalised seizures. The discovery of ancient skulls which had been 'trepanned' is a possible indication of the acknowledgement of the disease since prehistory. (Trepanning was a method of medical or spiritual practice by ancient peoples whereby a small hole would be made in the skull). This would supposedly 'release the demon within', or at least relieve pressure caused by a tumour. It seems to be a fallacy that epileptics were often revered as shamans. There is more evidence to suggest that

they were treated callously by people who didn't understand the condition, their visions and prophecies often regarded with suspicion.

Temporal Lobe Epilepsy (TLE) was first recognized as a disorder in the 1860s by John Hughlings Jackson, who had described his wife's 'uncinate fits' (a form of complex partial seizure initiated by a dreamy state and by various hallucinations). Hughlings Jackson eventually discovered from his autopsies of patients with epilepsy that the disorder was almost always due to a lesion or scarring on the brain and therefore identified that the seizure was due to a focal point in the brain, the seizure 'focus'. He knew that the brain was composed of nerve cells which contributed to feelings, thoughts and actions by the production of electrical charges, or 'firing'. He theorised that because of damage to these nerve cells, there could be occasional uncontrolled bursts of electrical activity which could precipitate an epileptic seizure. In 1873 Jackson's colleague, Sir David Ferrier, through his cortical stimulation studies of monkeys, confirmed Jackson's clinical observation that cerebral functions were localized to specific brain regions.

With the advent of the EEG (electroencephalogram) machine in 1929, more and more became known about the condition. The EEG electrodes, placed on different areas of the scalp, would transmit electrical activity through wires from that area to the graph pens, producing eight to sixteen wavy lines in response to brain activity. A seizure focus, present all the time, would show a rhythmic spike, sometimes alternating with a smoother wave – an indication of a rapid, synchronous change in electrical potential. This would show as a spike and wave. The seizures themselves would be characterized by jagged lines, a little like an earthquake showing on a seismograph.

In the 1940s the condition was known as psychomotor epilepsy. The international classification of epileptic seizures (1981) replaced the term 'psychomotor seizures' with 'complex partial seizures'. The International League Against Epilepsy (ILAE) classification of the epilepsies was using the term 'temporal lobe epilepsy'. The aetiologies were divided as cryptogenic (unidentified cause), idiopathic (genetic cause) and symptomatic (where the cause is organic and evident, eg. a tumour or lesion).

Complex and simple partial seizure disorders

Temporal Lobe Epilepsy (TLE) was defined in 1985 by the ILAE as a condition characterized by recurrent unprovoked seizures originating from the temporal lobe, including the Hippocampus (see box *'Remember the seahorse - the Hippocampus'*). The seizures associated with TLE consist of simple partial seizures without loss of awareness (with or without aura) and complex partial seizures (ie. with loss of awareness), previously known as 'petit mal'. The individual loses awareness during a complex partial seizure because the abnormal electrical activity may spread to involve both temporal lobes, which causes impairment of memory. Complex partial seizures sometimes generalise, that is to say the whole of the brain becomes involved as the individual experiences involuntary limb movement and unconsciousness; this was known as 'grand mal' epilepsy, but these days is more generally known as a tonic-clonic seizure.

The brain is made up of three areas: the hindbrain, midbrain and forebrain. The most noticeable part of the brain is an area of the forebrain called the cerebral cortex or cerebrum. From the outside, the cerebrum looks as if it is folded, with peaks called gyri and valleys called sulci.

Remember the seahorse - the Hippocampus

Neurologically speaking, the general consensus is that the hippocampus has an essential role in the formation of new memories about experienced events (episodic or autobiographical memory). Some prefer to consider the hippocampus as part of a larger medial temporal lobe memory system responsible for general declarative memory (memories that can be explicitly verbalised – these would include, for example, memory for facts in addition to episodic memory).

Some evidence supports the idea that, although these forms of memory often last a lifetime, the hippocampus ceases to play a crucial role in the retention of the memory after a period of consolidation, or possible transference of the memory to other parts of the brain. Damage to the hippocampus usually results in profound difficulties in forming new memories (anterograde amnesia), and normally also affects access to memories before the damage occurred (retrograde amnesia). Damage to the hippocampus does not affect some aspects of memory, such as the ability to learn new skills (learning to drive, for example), suggesting that such abilities depend on a different type of memory (procedural memory) and different regions of the brain. Interestingly but open to conjecture, perhaps the hippocampus is involved in cases of 'past life' recognition, where the individual has completely forgotten certain events, yet the actual memory may still be awakened by stimulation of the hippocampus or disrupted firing patterns in the temporal lobe – abstract, out of nowhere and therefore seemingly attributable to 'another' life.

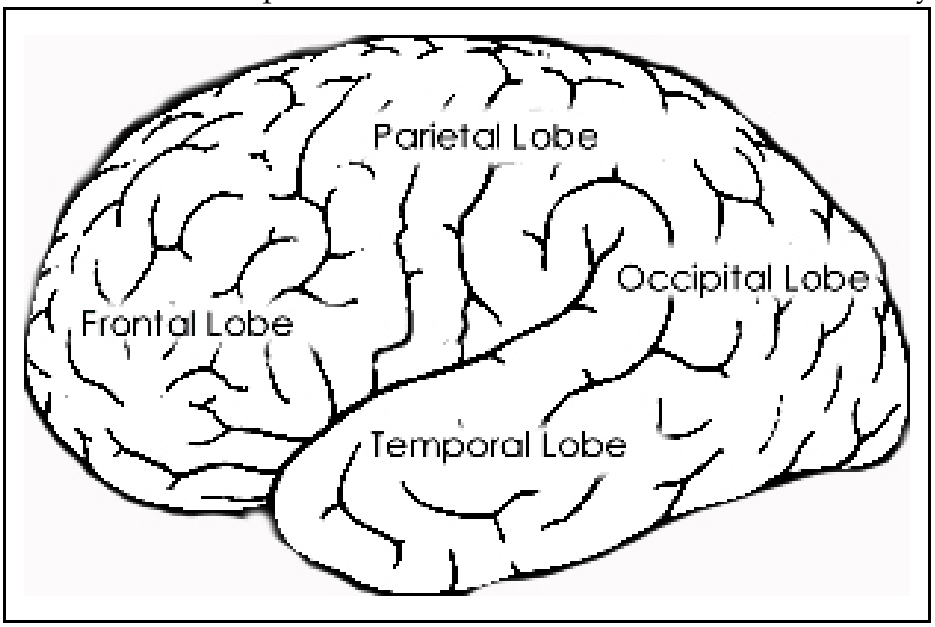
The cerebrum is made up of two halves, the right and left hemispheres, which are separated by a deep groove or crease and connected deeper in the brain by a structure called the corpus callosum. The two hemispheres have some functions that are the same, and some that are different, but it is generally thought that the left hemisphere of our brain controls the right side of our body, and the right hemisphere controls the left side of our body. Each

hemisphere is made up of four lobes. These lobes are the frontal, temporal, parietal and occipital lobes and each lobe has a different range of functions.

Frontal lobe: As the name suggests, these are the front parts of the brain behind the forehead. The frontal lobes are involved in 'voluntary movement' (like walking up stairs) and conscious thought (thinking about having a cup of tea). They are also involved in learning, speech and the personality.

Temporal lobe: The temporal lobes are the areas located above the ears and toward the back of the head. The functions of these lobes include making memories and remembering, and emotions. They are also involved in speech, hearing and perception (how we see the world around us).

Parietal lobe: The parietal lobes are behind the frontal lobes. They

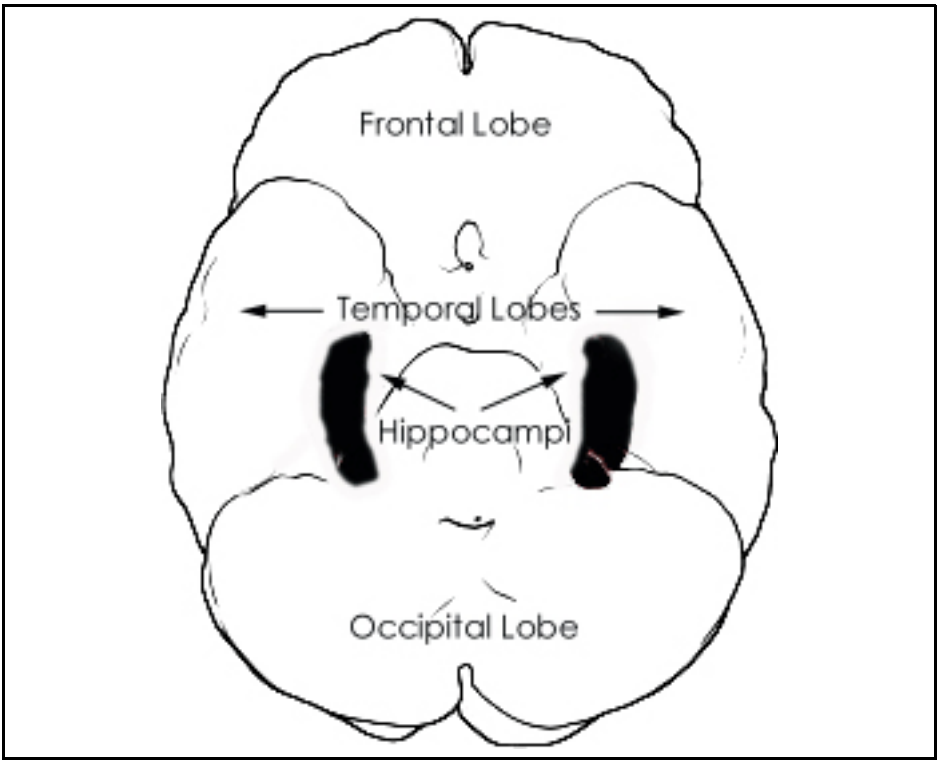


The four lobes of the brain – side view

control how we feel and understand sensations, how we judge spatial relationships (such as the distance between two objects) and our co-ordination. These lobes are also involved in reading, writing, and mathematic calculation. Some involuntary movements we make are also controlled here.

Occipital lobe: The occipital lobes are at the back of the brain, behind the parietal lobes. These lobes control our sense of sight as they receive information from our eyes and make sense of what we see around us.

Under the two hemispheres of the cerebrum is part of the brain called the cerebellum. The cerebellum helps to coordinate and



The hippocampal areas from the underside of the brain

organise all the other parts of the brain to make sure all areas are working together. It also has an important role in our movement, balance and posture (for example, helping us to stand upright when we walk). Under the cerebrum and cerebellum is the brain stem, which connects the brain to the spine. The brain stem has a vital role: it controls our breathing and heartbeat. Lying in the middle of the brain is part of the temporal lobe called the hippocampus, named for its resemblance in shape to a seahorse. This part of the brain is involved in learning, forming memories and spatial navigation, or, remembering how to get where it was you were going… (whether you remember why you were going there or not!)

The temporal lobe is the most epileptogenic region of the brain. Sufferers of TLE may go undiagnosed or misdiagnosed for years, for often there are no physiological symptoms, as with the generalised tonic-clonic seizure, and symptoms may resemble those of psychiatric illness such as schizophrenia. What may be interesting to students of the paranormal is that understanding TLE a little can help to illuminate the relationship between brain and mind which may be highlighted when an individual is experiencing what they presume to be external anomalous phenomena on a regular basis.

A difficult diagnosis

Epilepsy is still a very misunderstood condition generally; it is often assumed that the only sign of this disorder is the falling to the floor and thrashing of limbs, typically seen in the generalised tonic-clonic seizure. Since TLE doesn't necessarily involve an outward sign to the onlooker unless generalisation occurs, it has previously been understandably difficult to identify as an epileptic condition. Even where epilepsy was recognised as an illness, to suffer from it was, and still is in some cases, taboo, sufferers being shunned or treated to forms of torture which were meant to remedy their 'possession'

by demons or gods. It wasn't until the nineteenth century, when the current thinking was beginning to dispense with this somewhat mediaeval view, that the pioneers of neurology were to offer an alternative explanation for behaviour which was in some cases considered violent, bizarre or, in the case of TLE specifically, mystical or ecstatic. Even today the symptoms of TLE may result in a misdiagnosis of psychosis, schizophrenia or bi-polar disorder, all of which have varying degrees of similar symptoms. Unfortunately for those who have been misdiagnosed, the anti-psychotic drugs used without anti-convulsants can lower the epileptic threshold and cause the sufferer's symptoms to worsen.

Seizure threshold

Recurring seizures are known as epilepsy, but under certain conditions anyone can experience one-off seizures, for a variety of reasons. Recurrent epilepsy is often due to a physical impairment of the brain, a lesion or tumour. Lesions or scar tissue may be formed from a previous serious head injury, toxic poisoning, a difficult birth with anoxia (lack of oxygen to the brain) or even a high fever during an illness such as meningitis or encephalitis. A non-recurrent one-off seizure may also be due to certain environmental factors, such as a weak complex electro-magnetic field or drug use.

A person's seizure threshold is their individual level of resistance to seizures. Everyone has a seizure threshold (ST) inherited from their parents and anyone can have a seizure if the circumstances are right. If a person has an inherited low ST they are more likely to start having seizures suddenly for no obvious reason. However, an external factor could be, in a person with a low ST for example, drinking too much alcohol. Not normally affecting a person with a normal or high threshold other than as drunkenness and a bad hangover, this could cause a person with a low ST to start having

seizures. It would normally take something like a severe head injury for a person with a higher ST to suddenly start having seizures.

A beginning, a middle and an end

There are generally three distinct phases of a seizure which are not always present in all cases; these are the warning phase, popularly known as the 'aura', which is actually a simple partial seizure affecting only a small part of the brain. This is enough to cause symptoms but not enough to disrupt consciousness and occurs in approximately 80% of TLE seizures. The abnormal firing may just stop there at the seizure focus. If not, the 'ictus' or complex partial seizure itself may lead to a convulsion, involving the whole brain. This involves loss of awareness and memory because the electrical storm travels to involve both lobes and areas controlling memory and consciousness (bilateral hemispheric), even if it's only for a few seconds. When a convulsion follows a simple or complex partial seizure it is known as secondary generalisation. The postictal period is immediately afterward and may include aphasia (loss of speech or speech makes no sense), memory loss, confusion, headache and tiredness. The postictal symptoms and how long these last are important as an indicator of the extent of brain involvement.

There is also some evidence of interictal (between seizures) personality types in persons with the condition. Consider the personalities of famous TLE sufferers, for example, Vincent Van Gogh, Dostoevsky and Tennyson to name but a few. It is variously known as Dostoevsky's or Geschwind's Syndrome, and it was the neurologist Norman Geschwind who was one of the first to recognise the transformation of the personality brought about by TLE, in that for some it seemed to magnify or give rise to a preoccupation with religious or philosophical matters which in turn

would stimulate creative activity such as writing or painting, often as a compulsion, and known as hypergraphia.

The effects of partial seizures can be quite dependent on the area of the brain in which they are active. For example, a partial seizure in areas involved in perception may cause a particular sensory experience (for example, an hallucination of a scent, music or flashes of light) whereas, when centred in the motor cortex, a partial seizure might cause movement in particular groups of muscles resulting in automatisms such as plucking at the clothes or gnashing the teeth. The epileptic may be beset by sudden half memories and visions, hearing voices, feeling great anxiety or pure joy, sometimes of a divine nature. Occasionally there may be disturbing episodes of automatism – for instance in the case of Van Gogh, who cut off part of his ear while suffering a complex partial seizure, something he wasn't aware of at the time.

In my own case, it was mostly simple partial and I could, by looking at my own particular experiences, narrow it down to the left temporal lobe, an area concerned with emotions and the perception of music, among other things, with some hippocampal involvement in that I would experience forgotten random memories and nostalgic reminiscence. It's possible that part of my left temporal lobe may have been scarred by a bout of encephalitis (possibly meningitis – it wasn't known at the time) at age 7, the epilepsy not appearing until years later. Upon researching, it seems that my father also had brief panic attacks and migraine starting in adolescence, both conditions which are linked with the epileptic condition and may be an indicator of a genetic pre-disposition to the disorder – my 'threshold' having been lowered further by viral illness.

TLE and me - in my own words

As a TL epileptic myself, I feel it may be useful to share these experiences and subsequent research findings in layman's terms with the paranormal researcher and investigator, so that there may be better understanding of how disordered brain function could be a consideration in certain cases.

In my own case, TLE was not diagnosed for a long time and, until it was, I was not able to rationalise it intellectually, although I suspected a psychiatric condition. I was wrong in thinking that I needed a psychiatrist – but it was indeed a psychiatrist who diagnosed the condition for me. I haven't experienced the simple and complex partial seizures for a few years now, but I am still haunted by the condition, as it has left its deep mark on my whole life in many ways. I still have some vague symptoms which may or may not be epilepsy related, as the seizure pattern can change over the years. I never experienced tonic-clonic seizures.

TLE seizures are often very difficult to describe due to their visceral nature, but here are descriptions of my experiences of four different types in italics, with added comments:

1: "*As I walked back to the cottage after watching the sunset from the beach, I was deep in thought. The moon was rising over the mountain ahead of me and everything looked very beautiful. I was suddenly overcome with an intense feeling of excitement and pure joy and I was compelled to throw myself to the ground, which I did. I could feel the earth breathing, pulsating beneath me. At this moment it was as if time had stopped and I became aware that I knew everything there was to know and that I was an integral part of the universe and it would not exist without me ... the moment was pure harmony with the universe and everything in it. This event has affected my whole life ever since and I have wished for it to*

happen again. I have never since known happiness like it. It was my epiphany, my one and only conversation with God."

There are times in our lives when we, or someone close to us, have experienced something similar to the above, in different contexts. I was sixteen years old when this happened. I used to call it my 'initiation', but to what I wasn't sure. Let's just say that it was a feeling that I had been privy to something incredibly important, something like a secret which would only be available to a certain few people. I felt privileged and spiritual. I had never felt anything like it before. It was this rapturous first seizure which possibly initiated the Dostoevsky's syndrome.

As time went on, the seizures started to become troublesome in that the initial feeling of joy was replaced by fear and anxiety, the sense of connection replaced by disconnection, alienation and feelings of unreality. They were often precipitated by going up a flight of stairs, reason unknown but it seemed to be a major trigger or provocant for me. The warning or aura usually started with a strong sense of *Jamais vu* (familiar surroundings become unrecognisable) or *Déjà vu* (if I was somewhere unfamiliar it would be as if I'd been there before). There would be intense anxiety and always a strange rising feeling in my guts; random memory flashbacks which seemed to have nothing to do with my life but included childlike feelings, psychic feelings and reminiscences which were buried deep in my subconscious suddenly filled me with an intense nostalgia. I would often have auditory hallucinations, usually music or distorted, muffled sounds, like the sound of people talking underwater. Perception of passing time was also distorted. I gave some thought to the possibility that I might be becoming psychic in some way, not knowing that I was having seizures. These thoughts were preferable to thoughts that I might be dying of a brain tumour – I didn't dare tell anyone what I was going through.

2: *"I got on to the bus and went up the stairs to get a seat, but before I got to the top, the funny feeling in my stomach got me again. I sat in the first seat I could see and closed my eyes – I willed the feeling of wanting to cry out to go away and it did. It left me with the familiar pulsation in my head. This time I was aware of what I was doing but I was afraid that it had happened while I was on public transport, which gave rise to a feeling of panic."*

The above description was one of the many brief simple partial seizures which were for me, the most frequent type.

3: "*I walked up a flight of stairs to the Café, thinking I was early to meet my friends. As I reached the top step, I suddenly became aware of an intense* jamais-vu *… I had stepped up into a parallel universe, vaguely familiar but with something terribly wrong about it. Before I could even get to a chair to sit down in anticipation of what was going to happen, I stopped at the top and closed my eyes for a moment, my stomach started to churn and I let the intense fear wash over me. My 'internal hi-fi' kicked in and I listened to John Lennon singing a song I'd never heard, which made me open my eyes again … perhaps it lasted all of 3 seconds but it could have been 3 hours for all I knew … I had no sense of time. It seemed to fade out and everything went dim … I must have managed to get to a chair but I can't remember how … I became aware after a while and I was sitting looking at the pictures on the walls. My head was thumping and I forgot momentarily who I was, where I was and why I was there. This was not the same as the* jamais vu *– I had lost my memory this time. I left soon after I came to, without meeting my friends - I realised I was actually in the wrong place anyway. I must have looked as if I was very odd, but thankfully there were not many people around at the time – I don't think anyone actually noticed my possibly strange behaviour.*"

This was more likely to have been a complex partial seizure as I had seemed to lose awareness for the first time. The seizures became frequent; during the five years in which they had intruded into my

normal everyday life they would come in 'clusters' of two to six per day for around one week out of a month every two months or so. They would often come at night as I was falling asleep. It seems on the face of it that it may have been linked to my hormonal cycle: a surge of oestrogen in particular is known to lower the seizure threshold for some females.

4: "*When it happened at home later in the week, I don't remember anything apart from suddenly seeing my father's face when he popped his head round the door … I didn't know who he was but I knew I should, it was very frightening – your thoughts race around after you realise you've been 'gone'. It was as if I'd been in a coma all my life and suddenly woke up a fully grown adult.*"

This was an absence seizure, again brief and often involving a sudden waking up from staring at a page in a book or an object, with some 'loss of time' effect.

I eventually came to 'accept' all the seizures as part of who I was and eventually they became less frequent; the aura diminished until it was just reminiscence – often with a feeling of butterflies in the stomach. Nowadays they are possibly all nocturnal, although it's difficult to know whether the visual and sensory hallucinations and myoclonic jerks I experience during the wake/sleep cycle are in fact seizures or some other form of sleep disorder. I also often experience daytime episodes of derealisation and 'Alice in Wonderland' syndrome, a descriptive name for a spatial hallucination which makes the sufferer feel as if they are incredibly small (or big) and objects look huge yet strangely far away (macropsia) or tiny (micropsia). This is also seen in migraine sufferers or as a result of drug use, but can also occur suddenly in normal people with no obvious cause other than tiredness or a raised temperature.

It may often be a frightening condition, but with experience of TLE I have come to understand many important factors in differentiating between altered states of consciousness and possible external paranormal experience. Sometimes the hallucinations can be wonderful. I was recently given a bunch of bright pink flowers when I awoke in the middle of the night! Even though the room was dark, the flowers were very bright and nothing like I'd seen in reality. It would be lovely to think that this was a random gift from a loved one who had passed on, but the rational side of me knows that it was just a visual hallucination produced by an awakened half-memory – the flowers' colour reminded me of something I used to own when I was younger. I couldn't quite put my finger on it but it came to me two days later – it was a bright pink scarf! The reason why that particular memory should be associated with the vision could be because I had just bought a T-shirt of the same colour … but if I wanted to imagine that there was a more psychic explanation, I could. My mother died when I had that scarf … and she liked the colour on me and wanted to tell me she approved of my choice. Otherwise, true to form, the hallucinations are usually trivial and mean nothing. More often, they are composed of vague dark shapes, colourful mini UFOs or fairy lights. Sometimes I awaken to just a feeling of fear and doom, not so pleasant. There are also out-of-body experiences to contend with, but they tend to be rather pleasant and more dreamlike, as opposed to the feeling that one's body is not one's own, an altogether more unsettling experience.

Ultimately, I would say that it's more a case of haunted mind than haunted house. Perhaps Hippocrates was right – the disease is no more sacred than a stomach ulcer.

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First aid for epileptic seizures

1. Stay calm, most seizures only last a few minutes.
2. Prevent injury by moving nearby objects out of the way.
3. Pay attention to the length of the seizure.
4. Make the person as comfortable as possible.
5. Keep onlookers away.
6. Do NOT hold the person down.
7. Do NOT put anything in the person's mouth.
8. Do NOT give the person water, pills or food until they are fully alert.
9. If the seizure continues for more than five minutes, call 999.
10. Be sensitive and supportive and ask others to do the same.

Expectations of parapsychologists

By Dave Wood

What exactly IS a parapsychologist? To many readers, it is a professionally qualified academic working in parapsychology. However, many people claim to be parapsychologists who don't match this description. What does the public think parapsychologists are and what does it, and what should it, expect of them?

Abstract

This study examined the origins and practice of parapsychology, comparing the level of educational and ethical standing of professional parapsychologists and a new breed of parapsychologist educated by short courses taken via the internet. A WWW (world wide web) survey was completed by one hundred and six respondents, fifty-five of whom had no connection to paranormal research and fifty-one of whom did. The survey explored the views of the public about parapsychologists in relation to knowledge, sensitivity, ethical conduct, problem-solving ability and credibility. A large number of respondents did not have knowledge and/or views about parapsychologists. However, the group not connected with paranormal research was found to have a favourable view of these traits in parapsychologists, while the group connected with paranormal research had a less favourable view. The ethical implications of the operations of a 'new breed' of parapsychologist that does not have the guaranteed ethical and professional standards that potentially vulnerable clients expect of them was explored.

Introduction

The term 'parapsychologist' encourages numerous stereotypes: from dubious kook at the fringes of science, to sceptics demonised in pantomime style on paranormal television shows to university laboratory-bound serious researchers. However, a new breed of

researcher calling themselves parapsychologists has emerged in the internet age. Such parapsychologists proudly display their status and are largely field-based, spending their time interacting with the often vulnerable experiencers of ostensible 'psi' experiences.

Is this new breed of parapsychologist properly qualified to carry the status? How does their status match the expectations of the vulnerable clients with whom they work? Do the answers to these questions carry ethical implications that should be of concern to us all, or are they armed to undertake meaningful research that the lab-bound academic does not? To answer these questions, the origin and professional nature of 'parapsychology' must be considered, and the professional nature of the 'traditional' parapsychologists must be compared with this new breed of parapsychologist.

A WWW survey was employed to attempt to gauge the views of the paranormally interested public on parapsychologists. The results of the survey were considered in relation to the qualifications of the new breed of parapsychologists.

Parapsychology and the parapsychologist

The term parapsychology was first coined by J.B. Rhine and is defined by Henry (2005) as "Literally beyond psychology. The psychology of the paranormal …". The term implies the discipline is a sub-discipline of psychology in a similar way to, say, clinical or cognitive psychology. Although the acceptance of the discipline is controversial in mainstream psychology (Thalbourne, 2005), several mainstream UK universities do boast departments for the study of anomalous experience, or similar, and teach the subject to undergraduate and postgraduate psychology students.

While parapsychology can thus be seen as predominantly a specialism of psychology, it is recognised as an interdisciplinary subject. The Parapsychological Association (PA) claims to be the "international professional organization of scientists and scholars engaged in the study of 'psi' (or 'psychic') experiences" (PA, 2006a). There is little need to doubt this claim, as the PA claims among its membership a good proportion of the world's foremost university-based parapsychologists (PA, 2006b). The PA defines the subject as an "interdisciplinary field, with specialists from the biological, physical, behavioural and social sciences" (PA, 2006c).

Every profession claims a 'professional' association whose membership affirms the qualifications of members and requires them to abide by professional ethical standards. In the UK legal practitioners subscribe to the Law Society, medical doctors to the British Medical Association and psychologists to the British Psychological Society. The PA, similarly, has a stated code of ethics and requires a full member to hold a doctorate in a related discipline and to be actively engaged in such research (PA, 2006d). This is further affirmed by the description by Henry (2005) of parapsychologists as a "select profession with perhaps fifty professionals worldwide" and clearly implies a parapsychologist is a professional who is paid for his or her research into the field.

Thus, parapsychologists are subject to similar professional standards as the other professions and in most cases their qualifications and conduct can be assured. A vulnerable client can thus be reasonably assured of ethically sound, professional encounters with such individuals.

Lay psychical research and paranormal investigators

It is not difficult to conceive that when seeking 'professional' assistance, most individuals are more likely to work with some form of 'paranormal investigator' rather than a parapsychologist. As an entirely unregulated field, the onus is on the individual client to assess the suitability of paranormal investigators. Anecdotally, it is accepted that this, sadly, rarely happens in practice. However, while clients may be suspicious of the non-professional paranormal investigator, they can be more re-assured of an investigator carrying the formal title of parapsychologist. Similarly, a group of paranormal investigators accompanied by a parapsychologist might accordingly be viewed with less suspicion, perhaps comparable to an alternative healer recommended by a surgeon.

Parapsychologists: the new breed

No known formal research exists that deals with the existence of this hereto undefined new breed. A brief scan of the internet does reveal a number of 'parapsychologists' – often attached to investigation groups – who claim qualification but cannot be linked with any professional research, articles or institutions.

On further questioning, such parapsychologists do not appear to be 'self-pronounced', but qualified through various non-accredited internet-based institutions.

Such courses tend to be taken online and can be completed in a student's spare time in a matter of weeks or months. Those who complete such courses are entitled to term themselves 'parapsychologists', typically accompanied by a non-accredited qualification. In some cases graduates are offered membership of a 'professional organisation'. Cursory research suggests that these

organisations exist in name only, and only on the websites of those offering the courses. They have no published statement of ethics or conduct.

To the vulnerable client, this new breed of parapsychologist is qualified and endorsed by a professional organisation. The typical client, who would likely not have great knowledge of the subject, would have little reason to doubt the individual's credentials.

A brief outline of the syllabus of such courses is available on various sites on the internet. Subjects such as crystals, auras, UFOs, ghosts and meditation are a common theme on these courses. However, ethics, conduct and the scientific method are conspicuously absent from syllabuses found in the course of this research.

Where traditional parapsychologists tend to have a minimum of six years full-time university education, a firm grounding in science and ethics to complement the ethical policies they must adopt from recognised professional associations, the experience of the new breed of parapsychologist is somewhat different. There is no apparent grounding in ethics or science – or disciplines such as psychology or neurology. A course lasting weeks, taken in the student's spare time, and an examination where two sides of A4 are apparently enough to pass.

If vulnerable clients do view the title ‘parapsychologist’ as a guarantee of professionalism, a potential clear vacuum of knowledge and ethical accountability is clearly demonstrable. A firm grounding in ethics suggests a treatment of confidentiality and sensitivity that may, or may not, seem common sense to parapsychologists of any ilk. However, subjects such as the treatment of data and providing explanations that are not grounded in science may be a more grey area.

The following results section reports a WWW survey which contrasted the participant's perceptions of a parapsychologist (traditionally qualified) and a paranormal investigator (traditionally unqualified). It sought to establish the perceptions of those not involved with paranormal research in areas such as professional and ethical conduct, knowledge and credibility. It was hypothesised that participants not involved with paranormal research would view parapsychologists more favourably than paranormal investigators. The null hypothesis was that there would no significant difference. It was further hypothesised that those engaged in the field of research would form some significant difference in perception. The null hypothesis was that there would no significant difference

In the discussion these findings will be compared with the status of the new breed of parapsychologist, and the ethical implications will be examined.

Method

The author constructed a survey and placed it on his organisation's website. The survey asked ten questions, which are listed below. The survey was not subjected to any assessment.

The survey asked:

1. Are you – or are you closely connected to – an investigator or researcher of the paranormal?
2. How strongly would you say that you believe in the paranormal on a scale of 1 to 10 (1 being 'do not believe' and 10 being 'do believe')?
3. How interested in the subject of the paranormal would you say you are on a scale of 1 to 10 (1 being 'do not believe' and 10 being 'do believe')?
4. Do you feel there are any differences between paranormal investigators and parapsychologists? If yes, please briefly outline below:

Consider the following statements and check the box that most closely reflects your views.

Imagine you, or someone in your home, has experienced phenomena, which leads you to suspect that you may be experiencing a haunting. You are considering inviting someone with experience in such matters to examine the situation.

When comparing a parapsychologist to a paranormal investigator or ghost hunter:

5. I would feel more comfortable inviting a parapsychologist to work in my home.
6. I feel I would trust a parapsychologist more to respect our confidentiality.
7. I feel a parapsychologist would have more knowledge about matters relating to my situation.
8. I feel a parapsychologist would be better able to resolve my situation.
9. I would expect a parapsychologist to be more professional in conduct.
10. I would respect a paranormal investigation or research organisation more if it had a parapsychologist in the team.

Procedure

The survey was placed on the author's website and advertised on similar websites for a period of two weeks. The number of responses at the end of two weeks was accepted, so long as they numbered greater than one hundred. After two weeks one hundred and six responses were collated.

Participants

Participants were in no way sampled or sought, the survey was on the internet and open to all. The first question sought to separate the responses of those engaged and not engaged in paranormal investigation and research. The survey sought to sample those not engaged with the field in an attempt to establish the views of potential clients – ie. those with sufficient interest in the paranormal to identify a series of events as paranormal, but not those who are engaged in research themselves with a possible conflict of interest. The survey compared paranormal investigators to parapsychologists, therefore it was hypothesised that the response among those falling into either category would differ from that of the general population.

A paranormal website was found suitable as the base of the WWW survey as the expected respondent group was those interested in the paranormal, and thus those more likely to visit a research website.

Respondents' IP addresses (individual internet network addresses) were stored to identify surveys being submitted on multiple occasions from the same PC. Participants were debriefed as to the nature of the research and were invited to apply to hear the results of the research. Identifying data, such as IP addresses, were stored in a password-protected document and were not used for any other purpose.

Results

One hundred and six surveys were received through the website. The results of the first question were used to sort the surveys into respondents involved in the field of the paranormal (fifty-one) and those who are not (fifty-five). The next three questions were added

for interest. Questions two and three questioned interest and belief in the paranormal and will contribute to separate research relating to paranormal belief. The fourth question was open-ended was designed to indicate how accurate the data might be, that is how well respondents understand the differences between the two groups.

Questions five to ten sought to find out, using a Likert-type scale, the views of respondents about whether paranormal investigators or parapsychologists were better qualified to deal with an alleged haunting in a family home. Table 1 displays the mean results across participants across all six questions.

Table 1 – mean responses to questions 5 - 10

Mean: All participants	**Mean: Participants not engaged in research**	**Mean: Participants engaged in research**
2.9	2.7	3.0

The scale used was one of strongly agree (1) to strongly disagree (5) with statements supporting the idea that parapsychologists are better able to deal with 'cases'. An option (3) was offered for participants who neither agreed nor disagreed. Table 1 appeared to display a small difference of opinion between the two groups, and an overall mean result close to 'neither agree or disagree'. Table 2, which showed differences between questions, followed this blunt overview.

Table 2 appears to display few significant differences between questions. Further descriptions could be provided, but it was considered that a more powerful method would be more appropriate.

Table 2 – mean responses to individual questions 5 - 10

Q	Mean: All participants	Mean: Participants not engaged in research	Mean: Participants engaged in research
5	2.9	2.7	3.0
6	2.9	2.8	3.0
7	3.0	2.8	3.2
8	3.1	3.0	3.3
9	2.9	2.8	2.9
10	2.5	2.3	2.7

It was noted that 44% of all responses were 'neither agrees or disagrees'. The tendency to this result (3) would likely skew the data presented in the first two tables. Neither agreeing nor disagreeing could represent a lack of knowledge of the subject area, or could highlight others factors that will be discussed later.

Table 3 presents the results of the survey, taking into account only those who agreed or disagreed to greater degrees.

Table 3 shows a favourable view of parapsychologists compared with paranormal investigators in five of the six areas, by those not engaged in research. The area in which responses were less favourable to parapsychologists, though not to a big margin, was the question of ability to provide a resolution. Respondents favoured parapsychologists in terms of knowledge held and respect for confidentiality, although not by a big margin. More than seven in ten respondents reported they would feel more comfortable inviting a parapsychologist into their house. Some 64%, compared to 36%, felt they would expect a parapsychologist to be more professional in

conduct. Over 80% of respondents said they would better respect an investigation team that had a parapsychologist in the team.

Table 3 – proportion of respondents agreeing or disagreeing with questions 5 - 10

Q	Mean %: Participants not engaged in research		Mean %: Participants engaged in research	
	Agrees	Disagrees	Agrees	Disagrees
5	71%	29%	50%	50%
6	57%	43%	52%	48%
7	57%	43%	36%	64%
8	40%	60%	22%	78%
9	64%	36%	50%	50%
10	81%	19%	59%	41%

Table 3 shows those engaged in research are evenly split on questions five, six and nine. Two to one disagreed that parapsychologists would have greater knowledge relating to a haunting. Four to one disagreed a parapsychologist would be better able to provide a resolution. A greater number thought a parapsychologist made a group of paranormal investigators more respectable, but not by a big margin.

Table 4 shows a numerical summary of responses to question four, seeking to find out views about the differences between investigators and parapsychologists.

Table 4 – summary of answers to question 4

Response type	Instances	Proportion
None or no meaningful response	45	42%
Feels a parapsychologist is in some way better qualified than an investigator	25	24%
No discernable difference reported	6	6%
Inappropriate view represented	6	6%
Feels the parapsychologist is overly sceptical	24	23%
Total	106	

Table 4 is an indicative representation of the volume of qualitative data collected. Categories were not pre-assigned but were established by the author being guided by the responses.

Those respondents who made no meaningful reply in some cases did not make any response and in other cases stated that they did not know the answer to the question or similar. Non-responses may indicate a lack of knowledge – a high proportion of answers were 'neither agree or disagree' – or may indicate the participant would prefer not to answer for whatever reason.

Nearly a quarter of respondents felt a typical parapsychologist was, in one way or another, simply better qualified than an investigator. Nearly another quarter felt parapsychologists were too sceptical, that they would, in fact, seek to rule out the paranormal without evidence of a rational explanation. A small proportion saw no difference or gave an 'inappropriate view'. The latter included reports of parapsychologists' preoccupation with using dowsing rods, crystals and similar.

Discussion

This section will seek to discuss the results presented in the previous section and draw inferences about the possible reasons for perceptions towards parapsychologists by the public and the lay research community.

The implications of the research will then be discussed in relation to the original question – how does the perceived status of parapsychologists compare with the qualified capabilities of the new breed of parapsychologist? The various limitations of the research will then be highlighted.

Perceptions of parapsychologists by the public

Members of the public not connected with paranormal research viewed parapsychologists more favourably than paranormal investigators in five of the six questions asked. Figures below are based on those respondents who gave a directed opinion.

Some 71% said they would feel more comfortable inviting a parapsychologist into a home affected by alleged haunting events. This may imply they feel the parapsychologist would deal with such a situation more sensitively and with greater professionalism. It is a significant step for a member of the public to invite an individual into their home to discuss such sensitive subjects.

Some 57% felt a parapsychologist would better protect their confidentiality. While the result does not represent a big margin, it seems that parapsychologists are viewed as having a greater ethical standing.

A similar percentage felt parapsychologists would have a greater understanding of their situation. This is possibly an implication of a perceived greater level of education.

The one area where parapsychologists were viewed less favourably was their ability to resolve the situation. Where participants made additional comments, many viewed the parapsychologist as sceptical and more interested in human behaviour, rather than being interested in spiritual solutions. It would seem to follow that, while parapsychologists are perceived as better able, if people perceive a 'paranormal solution' is needed for a 'paranormal problem' then a parapsychologist would be, by their mind set, less able to provide a resolution.

Nearly two thirds of respondents felt that a parapsychologist would act with greater professionalism. This, too, may be a perceived reflection of training and qualifications.

Finally, 81% of respondents felt that a paranormal investigation team would be more credible if it counted a parapsychologist among its team members. This is, perhaps, the most crucial statistic of the study. Not only does the public respond to this question in the most significant way, but it also represents the situation closest to the real world. As noted previously, the new breed of parapsychologist tends to operate within an investigation team. It perhaps follows that an investigation team is afforded greater credibility by the participation of a parapsychologist. Indeed under the ethical codes of most psychological institutions – for example the BPS (2006) and the PA (2006e) – any professional researcher is seen as holding responsibility for the ethical conduct of any research with which they assist. A common trend among those with negative views of parapsychologists is that the latter tend to be too sceptical and

dismissive of evidence. Perhaps, then, the parapsychologist is seen as providing essential sceptical balance to a team.

It is worthy of note that, while the overall trend suggested a more favourable view of parapsychologists, a fair proportion of respondents did espouse a negative view. This was also represented, as previously noted, by comments about parapsychologists being too sceptical. One must question how views of parapsychologists are formed. To many watching paranormal television, the parapsychologist is often presented as the pantomime-style 'bad guy', presenting the sceptical view. The reason presented for their presence is one of balance to overly paranormal views of other presenters. It is conceivable that parapsychologists, in providing this balance, are seen as purely sceptical researchers.

Perceptions of parapsychologists by the lay community

Respondents who reported being involved with paranormal research held less favourable views of parapsychologists compared with paranormal investigators. It seems likely that the background of such respondents would, itself, be of paranormal investigation. Considering the number of investigation groups numbers into the hundreds and the membership of the PA numbers dozens, it is clear that investigators in general greatly outnumber parapsychologists.

Respondent views were evenly split on questions such as inviting a parapsychologist into a home, a respect for confidentiality and professionalism of conduct. The more negative view held in these areas could be accounted for by the respondents being investigators – the compared group – themselves. If respondents view their own levels of sensitivity, confidentiality and professionalism to be equal to that of a parapsychologist they may be more inclined to disagree with such questions. However the equally positive responses may

suggest knowledge of professional researchers' strengths in such areas.

Much lower numbers of respondents reported (a) a greater confidence in the knowledge of parapsychologists and (b) their ability to resolve the situation (36% and 22%, respectively). This may reflect the idea that investigators feel parapsychologists are more detached from fieldwork, and perhaps that they have a greater knowledge of rationalism and science rather than knowledge of 'haunting theory'.

Finally, the only question where a significantly positive response was reported was the credibility of paranormal investigation teams that count parapsychologists among their membership (59%). While most investigators would recognise the invaluable resource of a parapsychologist, many would likely feel they are proceeding well without one.

Limitations of the research

The limitations of the present research should be considered when interpreting results. Any WWW survey is limited in that its audience may not be representative of the public in general and no scientific sampling was possible. Conversely, the members of the public at greatest risk are those with an interest in the paranormal and those who visit paranormal websites in search of answers.

As a relatively – but not prohibitively – small sample size was used there should be due questions about the applicability of the results to the wider world. Repeat studies may help to clarify this position.

A large contingent of the WWW survey was the relative views regarding parapsychologists and paranormal investigators. No

guarantee is made for the perceptions of investigators made by members of the public. The survey is one of comparison, so while the comparison is sound, as evidenced elsewhere, the actual perceptions of the comparison group are not rigorously evidenced. However, in the comments section of the survey a picture was built of paranormal investigators, and the comments were reasonably reflective of reality.

Another limitation of the study is the volume of respondents who did not express a preference in any way. In many cases this simply related to fact that respondents did not know, in any detail, what parapsychologists were. This group may not represent an ethical concern, as they are likely to treat apparent parapsychologists in the same way as any other researcher. However, the ethical concerns about the new breed of parapsychologist should not be overstated. While a majority of those who had a view held favourable views, the fact that a large proportion held no view at all reduces the potential of a widespread problem. However, even if these perceptions are only held by those who have heard of parapsychologists, this still represents a serious ethical concern.

One final limitation is the definition of the term 'parapsychologist' in the first instance. A definition is not provided on the survey, which relies on the knowledge held by respondents. However, it was raised that only a small number (6%) actually held an incorrect view of parapsychologists. Further, numerous respondents did comment on the expectation that a parapsychologist should be formally qualified through accredited institutions.

Implications of the research

The survey responses among members of the public not involved with research clearly show a greater respect for a parapsychologist's sensitivity, ethical conduct, professionalism and knowledge. Perhaps owing to their perceived scepticism, parapsychologists are seen as less able to resolve allegedly haunted cases. A large proportion of respondents felt a paranormal investigation group would be more credible if a parapsychologist were involved. It should be noted, however, that a large proportion of respondents did not express any view on the differences between the two groups.

As stated previously, the new breed of parapsychologist is not educated in the scientific method or ethics. Some transfer of knowledge is involved in their education but perhaps not to the extent a client would expect – or indeed greater than a paranormal investigator with some years' experience.

A reasonable conclusion would be that this new breed of parapsychologist does not meet the needs and expectations of their potential client group – vulnerable members of the public. It should be noted that such individuals are not necessarily devoid of knowledge and ethical conduct, but that their status and qualifications do not guarantee this.

The ethical implications of the proliferation of the new breed of parapsychologist are of concern. They may be perceived as knowledgeable, professional and ethical where there is no guarantee that they possess these traits any more or less than an average paranormal investigator. A vulnerable client may therefore feel they can place great trust in such researchers. There is the potential for such trust to be betrayed or for disaster to occur. In such cases the

implications for the standing of the whole field of research are at stake.

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