The Phenomenological Approach to Consciousness Research: Ensuring Homogeneous Data Collection for Present and Future Research on Possible Psi Phenomena by Detailing Subjective Descriptions, Using the Multi-Axial A to Z SEATTLE Classification.

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ABSTRACT

Spontaneous apparently anomalous experiences are often inappropriately bundled together based on brief common descriptions. Yet, they may be phenomenologically and etiologically distinct. Consequently, heterogeneous results lead to mistaken pooling of dissimilar events, incorrect implying single etiologies, though actually reflecting different phenomenological types. (E.g., “out-of-body experiences” induced by brain stimulation in epileptic patients compared with spontaneous events in “subjective paranormal experients”). This paper motivates applying detailed multi-axial evaluations of spontaneous, experimental and induced anomalous experiences. It presents a new “Subjective Experience of Anomalous Trait Typology Evaluation (SEATTLE)” classification. Modeled on the successful multi-axial DSM psychopathology classification, the SEATTLE applies 26 detailed phenomenological descriptive levels (A-Z) (Specific, General and Interpretative subclassifications).The same approach can valuably be successfully applied to consciousness studies, parapsychological research and to all subjective or objective spontaneous, induced or experimental biopsychophysical phenomena. This implies a conceptual shift away from the attempted, and at times, impossible objectification of psi, to the detailed analysis of specific characteristics and events based on detailed multisystems ethicobiopsychofamiliosociocultural, anatomicophysiological, and biopsychophysical models that allow for applying detailed criteria and descriptions. This non-prejudicial approach of examining spontaneous and experimental "subjective paranormal / psi experiences" (SPEs) makes ostensible but unproven psi phenomena and relative non-local consciousness easier to tame and far less threatening. The shift in emphasis is from objectification and proof of truly paranormal phenomena to commonalities of, e.g., specific cerebral function. Locating a correlative brain area or mechanism or chemical for processing of such subjective experiences becomes a legitimate alternative correlative approach to conceptualise psi. By such means, SPEs, like, hallucinations, delusions, déjà vu and temporal lobs symptomatology can be measured and scientifically phenomenologically subtyped. This detailing of anomalistic psychology research, has allowed the author to extend the discipline of parapsychology from the objective approach into a second major school, phenomenological parapsychology.

Key-words: SEATTLE, A to Z, Subjective Experience of Anomalous Trait Typology Evaluation, déjà vu, multidimensional scaling, Anomaly, Base *ACE*, Correspondence *DRUM,* Description, *DSMF,* Ego-consciousness,, *split, RBMN,* Functional focus, Gestalt, *FEMA,* Heuristic, *TICKLES/, PICKLES,* Intention, Judgement, Knowledge, Labels, Modifiers, Neurophysiological, Outside, Psychiatric / Psychological, Questionnaires, Reference, Statistic, Typicality, Underlying, Working hypotheses, X-factor familiarity, Yes interpretation factor, Zero,

WHY PHENOMENOLOGICAL ANALYSES ARE IMPORTANT IN CONSCIOUSNESS RESEARCH AND PARAPSYCHOLOGY.

Spontaneous, apparently anomalous experiences are often classed together on the basis of brief common descriptions. This may lead to errors because they may be phenomenologically and etiologically divergent. Similarly, induced phenomena may produce heterogeneous results because dissimilar events with hypothesized single etiologies, may be mistakenly pooled together even though, in actuality, they do not reflect the same type. An example is what has been labeled by some as inducing of “out of body experiences” by electrical stimulation of certain brain areas in epileptic patients compared with spontaneous events in “subjective paranormal experients”. Finally, a finding may not be experimentally replicated when the research methodology looks identical, but factors such as experimenter effects, motivations, attitudes and even sidereal time are not taken into account.

This paper motivates for detailed multi-axial evaluations of spontaneous, experimental and induced anomalous experiences. It has an excellent model. The American Psychiatric Association has spent several decades developing the ideas of a successfully multi-axial psychopathology classification. A consequence has been the Diagnostic and Statistical Manual (DSM), currently DSM IV-TR. This “bible” for psychiatrists and medical practitioners has allowed a gradual empirical development of criteria, very often phenomenologically based, to achieve more exact diagnoses. This, in turn, has allowed more precise research to occur.

The same approach can valuably be successfully applied to parapsychological research and, indeed, to all subjective or objective spontaneous, induced or experimental biopsychophysical phenomena. This implies a conceptual shift away from the attempted, and at times, impossible objectification of psi, to the detailed analysis of specific characteristics and events based on several multi-systems approaches such as looking in turn at each of the biological, psychological, family, social and cultural parameters in the biopsychofamiliosociocultural model. Similarly, anatomy and physiology are strongly intertwined in the anatomicophysiological model and detailed physical models will all allow parapsychologists to apply more detailed criteria and descriptions in their research.

This non-prejudicial approach of examining spontaneous and experimental "subjective paranormal / psi experiences" (SPEs) makes ostensible but unproven psi phenomena easier to tame and far less threatening (Neppe, 1980b). The shift in emphasis is from objectification and proof of truly paranormal phenomena to commonalities of e.g., specific cerebral function. Locating a correlative brain area or mechanism or chemical for processing of such subjective experiences becomes a legitimate alternative correlative approach to conceptualise psi. By such means, SPEs, like, hallucinations, delusions or déjà vu can be measured and scientifically phenomenologically sub-typed.

This detailing of anomalistic psychology research, has allowed the author to extend the discipline of parapsychology from the objective approach into a second major school, phenomenological parapsychology.

The phenomenological approach

The shift to phenomenological psychiatric research and what I'm now calling "dimensional biopsychophysics" (a broader and less prejudicial term than parapsychology (Neppe, 2009)) implies a non-prejudicial focus not of whether or not such events are truly paranormal, but analysis of certain specific characteristics and events based on physiology.

My term "subjective paranormal experience" (SPE) implies any happening either apprehension or manipulation of objects or events perceived by the percipient or experient to be paranormal (Neppe, 1980a; Neppe, 1977; Neppe, 1980b). SPE has a wide variety of different sub-categories, e.g., "subjective telepathic

experience", or "subjective clairvoyant experience", or "subjective out-of-body experiences," "subjective mediumistic experiences," "subjective psychic healing experiences," "subjective psychokinesis," or "subjective spontaneous psi," (Neppe, 1980,b). One may extend this framework to any kinds of anomalistic experience so that people may not necessarily perceive the experience as paranormal. It may be perceived purely as anomalous This non-prejudicial approach of looking at SPE (Neppe, 1977) makes ostensible but unproven psi phenomena easier to tame. There is a shift in emphasis from whether or not the events being analysed are truly paranormal as opposed to a glitch in brain function. More relevant becomes locating a correlative brain area or mechanism or chemical involved for processing of such subjective experiences. By such means, SPEs or for that matter, hallucinations, delusions or déjà vu can be measured and subtyped. (Blumer, Neppe, and Benson, 1990; Neppe, 1983a, 1983b; Neppe, 1985)

The advent of such detailing of parapsychological research and of non-prejudicially examining anomalistic psychology, allowed me to extend the discipline of parapsychology from the objective into the detail required in phenomenological psychiatry or what I have for many years called “para*psi*chiatry” (Neppe, 1988a, b), By these means, I have:

- described and analysed the entity of Subjective Paranormal Experience Psychosis (Neppe, 1984; Neppe and Tucker, 1989)
- shown how the physiological features of temporal lobe functioning link to SPE
- demonstrated the plurality of the déjà vu phenomenon separating it into separate nosological subtypes (Neppe, 1983a; Neppe, 2006a; Neppe, 2006; Neppe & Bradu, 2006).
- discussed pharmacological responsiveness and toleration differences with SPE-ents (experients) versus psychotics. (Neppe, 1982, 1983d; Neppe, 1983a)

These methods have allowed a more empirical approach to what was previously purely a philosophical problem by creating a valid subjective approach without having to prove objectively the specific existence during that research project of concepts like "extrasensory perception" and "psychokinesis". These building blocks of psi have profound implications for brain functioning but are still not easily tamed.

A framework for anomalistic experiences ranges from those involved at a subliminal level to those

requiring psi-related explanations (Devereux, 1974; Neppe, 1984; Neppe, 1985). Because of this, I introduced the term "delta" for these anomalous phenomena -- those that relate to sensory perceptual or afferent kinds of experiences are "afferent delta " (Neppe, 1984); those relating to efferent motor experiences are "efferent delta" (Neppe, 1984). Links of anomalous experiences with brain functioning require detailed description because one fruitful hypothesis is that not all subjective paranormal experiences may derive from or be associated with the same anatomical locus or be predisposed to by the same kinds of psychophysiological conditions or states (Neppe, 1988a; Neppe, 1989; Neppe, 2002; Neppe 2008a).

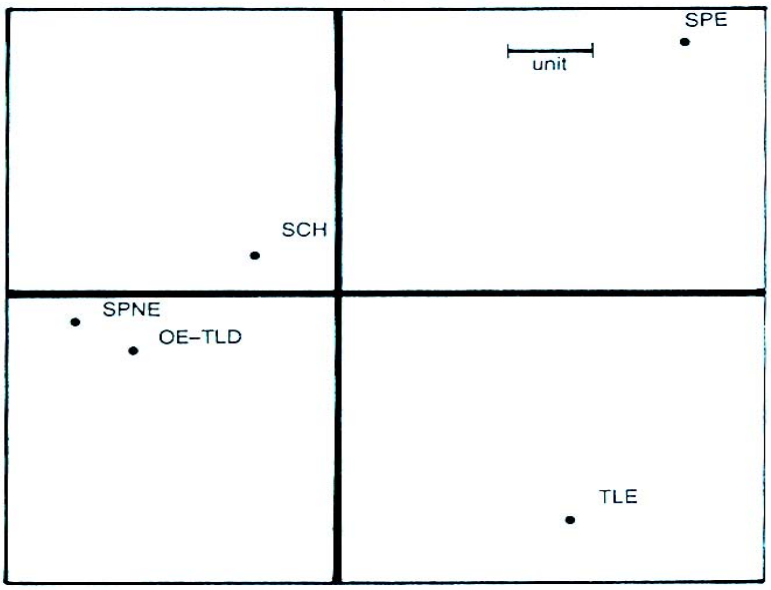
Empirically demonstrated phenomenological brain and SPE research

With my déjà vu researched I demonstrated how prospective and retrospective analysis of the detailed components of these experiences indicate a certain pattern of uniform responses localizing to a particular area of the brain or to a particular psychophysiological general brain state in one subpopulation but not in others. (Neppe, 1983a; Neppe, 2006a; Neppe and Funkhouser, 2006) In the instance of déjà vu, I have demonstrated four distinct nosological subtypes, namely temporal lobe epileptic déjà vu which occurs specifically in temporal lobe epileptics, psychotic déjà vu occurring specifically in schizophrenics, associative déjà vu which correlates strongly with so-called “normal” subjects who do not have SPEs (and which also occurs in a “control” non-epileptic temporal lobe dysfunction group and in an non-temporal lobe epileptic group, and finally subjective paranormal experience déjà vu which appears specific to subjective paranormal experients. This research therefore demonstrated how distinct subtypes can be missed unless specific hypotheses are tested and detailed phenomenological analyses of symptoms can be done. The resulting graph, Figure 1, reflecting 22 dimensions superimposed onto a 2 dimensional representation shows how these four subpopulations can be represented applying median scale geometry by multidimensional scaling. (Neppe, 1983a; Neppe, 2006a). A similar, but less detailed study was performed on olfactory hallucinations (Neppe, 1983a) and indeed the basis of the Neppe studies demonstrating bidirectionality of the link of temporal lobe symptoms and SPE, implying a medically causal link (Neppe, 2009) has been such detailed phenomenological analyses. This could also unify

similar SPEs by a psychodiagnostic framework, as is done in the American Psychiatric Association's Diagnostic and Statistical Manual Four Revision (Editors, 2000) and indeed the author has also phenomenologically described an entity of Subjective Paranormal Experience Psychosis as well as demonstrating the qualitative differences between so-called “functional psychoses” (as in schizophrenia) and subjective paranormal experients. (Neppe, 1984;Neppe and Tucker, 1989)

Figure 1: Multidimensional scaling and déjà vu. Medians, Column Geometry

Differences between the 5 Groups based on the five-point qualitative parameters of déjà vu (Distance between two column points approximates the Euclidean distance between the two columns as vectors in R^{22}



These studies are the empirical justifications for the necessity to use some kind of multiaxial classification system in order to ensure that interpretations of like with like do not occur. (Neppe, 1985). It can be perceived positively as in phenomenological differentiation above, and negatively too, because if these do not occur, misinterpretations of near-death experience with REM intrusion, of incomplete stimulations of the angular gyrus or other anatomical loci with out-of-body experience, of no correlations of extrasensory perception with FMRI can occur.

I have previously delineated out the following principles to ensure such misinterpretations should not occur.

Principles of detailing SPE and the brain.

Recent research has postulated specific brain areas responsible for producing subjective paranormal experiences (SPEs). This provoked sensational publicity and inappropriate overgeneralizations. This paper provides principles correlating SPEs, like transitory out-of-body experiences, with specific brain areas. Scientists must apply appropriate, justifiable methodological critical analyses to appropriately advance knowledge and balance media hype. (Neppe, 2002). Table 1 provides a roadmap analysing the SPE/ brain link (Neppe, 2002).

Table 1 Roadmap for preliminarily asking about SPEs and brain links

1. Analyse the phenomenology of the SPEs in as much detail as possible.
2. Establish the typicality of the SPE: Compare the phenomenological experiences with the typical features of SPEs as described by Experients without any brain dysfunction history.
3. Establish the correct pathophysiological context. E.g., exact clinical symptoms, specific seizure focus and the medical history.
4. Collect case series: Do not generalize from single cases.
5. Apply past knowledge: Compare the literature for sources of localization of specific brain and also subjective anomalous phenomena.
6. Recognize the existence of nosological subtypes, e.g., the already demonstrated four phenomenologically distinct variants of déjà vu complicate comparisons across these subtypes.
7. Don't overgeneralise key associations: Even when SPE findings, e.g., OBEs, are referable to specific anomalous brain functioning, they neither confirm nor deny the veridicality of the SPEs or psi experience.
8. Brain events may be explained dichotomously: The particular brain function pattern may have entirely endogenous origins within the brain e.g., pathological hallucinations; or they could conceivably allow subjective experience of an outside, usually covert, unshared, idiosyncratic, reality.
9. Methodologically, associative links do not imply causality. To

> consolidate the causality hypothesis, one should compare analyses of brain function and SPEs in controlled "ostensibly normal" groups, with SPEs in the brain pathology, e.g., temporal lobe epileptics, using a well tested medical diagnosis model. (Neppe, 2002)

Empirical Validations Justify New Techniques

A consequence of these empirical demonstrations of the need for detailed description of phenomena producing real results, yet neglect producing misinterpretations of like being like, and of these principles, has been the development of a critical, guiding but flexible detailed multiaxial classification system. I have proposed a 26-point "multiaxial schema for anomalous events" in order to analyze these experiences easily This is reflected in Table 2. This is a derivation of several previous schemata beginning with the ten point Neppe Multiaxial Schema in the early 1980s (Neppe, 1985) and having a commonality with my invited address to the Parapsychological Association in 2003 which extended to 13 points. The classification below is the first alphabetical 26 point delineation, with moreover, an attempt at being logical, with the order being appropriate beginning at specifics for the state of subjective paranormal experiences (A to J) and extending towards the more general at trait levels with background features (K to X), and finally having conclusions (Y and Z). This allows easy recall.

The problem of replication without phenomenology.

A major- difficulty in parapsychological research has been the replication problem—highly significant results are initially found in one experiment but when the research is repeated by a different group or even in the same laboratory, non-significant results are found. Alternatively, loosely controlled experiments have yielded promising results but when greater controls are added, the experiments have yielded chance results. So prevalent is this kind of results that skeptics have argued, quite legitimately that these results do not reflect

paranormality (i.e. psi) at all, but can be explained within the framework of "normal physical and psychological experience". The converse explanation is that the original results obtained were non- artifactual, but that the tightening of experimental controls has removed certain very special environmental, interpersonal and psychological aspects that have been conducive for psi phenomena. Paranormality is perceived as an elusive property not easily elicited within the framework of the laboratory. This has led to the rather facetious comment that Catch 21 is that 'psi is in the first place difficult to elicit', and Catch 22 is 'when attempts at replication are made the phenomena will disappear' because of the differences in psychological and physical circumstances. This leads to the ultimate paradox: psi phenomena might be inherently non-replicable and if this is so, parapsychology cannot adopt the present-day empirical, naturalistic scientific framework for research (Neppe, 1990)

The problem of description

In addition to experimental research, the second major domain of parapsychology is investigation of spontaneous phenomena. These often involve retrospective evaluations, and consequently post hoc attempts at conclusion. When the researcher encounters a spontaneous psi phenomenon that is occurring under some kind of condition that can involve immediate corroboration or evaluation within days (e.g., precognitive veridical dreams), a major difficulty is "typing" similar kinds of experiences into homogeneous entities. This leads to developing sub-typologies, such as the TICKLES system (under Axis H). The parapsychologist may talk as a group about "precognitive dreams". Like any other subjective experiences, these dreams may be heterogeneous in origin, in development or in causality. The problems of replication in research and description of spontaneous phenomena may partly reflect homogeneous conceptualization of the heterogeneous.

PERSPECTIVE

There is an urgent need to subdivide all apparently anomalous experiences into greater detail from the outset using a phenomenological approach. This may allow analyses—creative human or mathematical

computerized—that ultimately will provide the parapsychological researcher, phenomenological psychiatrist, anomalistic psychologist, parapsichiatrist, and dimensional biopsychophysicist (Neppe, 2009), greater insight into the presence of homogeneous entities. This has been empirically demonstrated in my previous research on the déjà vu phenomenon, temporal lobe symptomatology and psi and olfactory hallucinations. Whereas some researchers may not believe their work is relevant to such analyses now, a future researcher doing meta-analyses decades from now may thank them.

Psychiatrists have for many years attempted to detail their diagnosis with other factors that may be relevant. Diagnosis is commonly linked, for example, with predisposing, precipitating, and perpetuating factors in relation to the illness. The American Psychiatric Association has, in fact, formalized diagnosis into five axes, namely I psychopathology, II personality, III organicity, IV social precipitants, and V recent functionality. Specific diagnostic or operational criteria have been adopted within each axis producing the internationally recognized *Diagnostic and Statistical Manual* in its various forms, e.g., 3, 3R, 4, 4R, 4TR, and DSM 5 (in development).

I believe that a multi-axial schema can be applied in the phenomenological description of anomalous events, i.e., happenings that apparently do not fit within our conventional psychophysical framework. The schema that follows is tentative and has 26 components. To facilitate recall the axes run from A to Z, each letter serving as a mnemonic for that specific axis. The 26 are listed in Table 1. Clearly one could debate such order, because some of the choice of order is optional, but this SEATTLE classification does make a useful coherent whole. Moreover, there is a natural progression from the SPECIFIC (A to J) to the GENERAL (K to Q) to the INTERPRETATIVE (R to Z).

In order to introduce this complex classification which is, and has numerous mnemonics in a concrete and comprehensible fashion, I emphasize two of the important subgroups in the classification table:

1. First is the phenomenological detail under Axis H—Heuristic building blocks: We use this regularly and repetitively in our precognitions research namely TICKLES (PICKLES)

referring to timing/ place/ person; intentionality; certainty; kind of SPE impression; Logic; Emotion and Somatic basis.

2. Secondly under Axis M—Modifiers is the acronym FOLDINGS standing for descriptions of the actual SPE impression: How much can be: known fact, ordinary knowledge, logic, definite (D) impression, interpretation metaphoric (M), nonspecific, guesstimate and speculation (S). The roles of (D), (F), (M), and (S) are very relevant.

We have accumulated large amounts of data over the past 5 years in individual subjective precognitive impressions, though frequently there are information gaps. An example is given of complex "precognitive dreams" with profound dynamic elements with the application of the classification to this.

I now give an example of a precognitive dream I had in 2005This gives a perspective. The reader will note how this classification moves relatively seamlessly from the top A through to the bottom Z. It is not very contrived, although certainly not perfect.

I have chosen a complex dream because its actualization was in 2 parts over a period of about 16 hours likely beginning about 14 hours after the dream.

Table 1: Subjective Experience of Anomalous Trait Typology Levels Evaluation (SEATTLE) example

*	**LEVEL**	^	**DETAIL OF ACTUAL SPE**	**Vernon's soccer and speaking theme dream**
A	**Anomaly**	S	**spontaneous precognitive dream**	PRECOGNITIVE DREAM

B	**Base *ACE***	S	**afferent information, known time and place of event; spontaneous**	Spontaneous. Dream date: Likely Saturday 1/22/05 approximatel 07 (pre-waking) (5% uncertain: Was it the AM on the Friday 1/21/2005 and only recognized that Saturday. Dream at home in Seattle in my bed before waking. Wife present but sleeping.
C	**Correspondence *DRUM***	S	**Subjectively validated objectively validated before Sunday events after Saturday events, nonpsychotic**	Initially subjectively validated: I didn't recognize as a precognitive dream actualizing itself from 14 to 27 hours after the dream. Objectively validated witness: After the events of the Saturday evening late I had told my wife; Objectively validated recording by dictaphone on the Sunday AM 9am before second events.
D	**Description *DSMF***	S	**Content with perspective and concomitant features; definite, speculative, metaphor, fact (DSMF),**	There was going to be a **soccer** game. I was one of the soccer tean Somehow, there were only **8 people** on the team and we were going in a microbus (the term in **South Africa** for a 10 or 12 **seater** SUV type car and somehow there was a South African flavoring almost like the soccer game was connected with South Africa.). As we're about to enter the microbus, suddenly somebod said "**she's a good soccer player**, lets include her" and a lady came with us on the bus to play soccer. We went to the soccer field and started out our soccer game. I was perplexed because there was only 9 of us, but suddenly there were **11 players playing and me**: I was told that I'm **the reser —the substitute if anyone cannot play**; so it's not likely that I

				will play. The team started out terribly. They appeared completely **disorganized** and **one goal** was scored by the opposition witho anyone even confronting the other team—an open goal. I felt **frustrated**, because I knew I was the **best soccer player there** on my team, and could potentially contribute greatly for m team. Only one goal was seen in my dream, the one early on. It seemed that the **other team could then not score.**
E	**Ego-consciousnes s** ***W, split, RBMN***	S	**Spontaneous precognitive dream of ordinary kind.**	Ordinary. Only feature: I don't remember many dreams and certainly not in this detail. I know I had a second dream too but h no recall of it by that morning.
F	**Functional focus**	S	**Focus = dreamer (Vernon)**	Individual experient dreamer; occurring to self
G	**Gestalt** ***FEMA***	S	***Focus,* e.g., percipient. human, d . *Expectancy:* anticipated outcome strong once started; did not anticipate the**	Prior to occurrence of the dream: no predisposing feature. No anticipation of this dream actualizing until it began with the dinner. No anticipation of the soccer in the dream actualizing until invite Knew about the dinner but did not link the dream with it.

			soccer addition subjectively: *motivation,* e.g., High *attitude,* e.g., sheep,	
H	**Heuristic *TICKLES/ PICKLES***	S	**Phenomenological detail <u>T(P)ICKLES</u> Time <24hours onset default; Person: Self I ordinary dream; not experienced as veridical dream. C ordinary impression K Precognition L Soccer component 1 in 40 years so < 1 in 10,000 E frustration; S No bodily symptoms**	Information based on dream and based on the individual having t dream scoring it as soon after the dream as possible. However, this relates to dictated information and scoring of the events which initially I perceived as 12 Ds but reviewing now it is 1 Ds and 1 S.

I	**Intention**	S	**spontaneous, unexpected.**	Spontaneous
J	**Judgement**	S	**Profoundly unlikely event (once before in 40 years) (p<0.0001); correspondence exact for 11/12 and anticipated the 12th; Extremely strong correspondence, unexplained; highly veridical interpretation**	**16/17evemts happened; 17th then modified itself as in the dream due to my intervention. Second part on soccer objectified and validated.**
			PRE-EXISTING FEATURES	
K	**Knowledge**	G	**Profound knowledge of area**	ordinary individual in terms of SPEs; significant interest in parapsychology; loaded FH; Age 54; M; married; USA ex South African. MD, PhD subject has profound knowledge of literature on precognitions
L	**Labels**	G	**psychiatric, subjective**	no psychiatric history; no psychotropic medications; no abuse;

			paranormal experient evaluation	
M	**Modifiers**	G	***(M)FOLDINGS:*** ***1 metaphor (1M)*** ***no known facts at the time of the dream,*** ***extraordinary information,*** ***illogical because content so unexpected,*** ***definite impressions (17 D),*** ***interpretation of party and talking is metaphoric but unknown at the time,*** ***No guesstimate,***	There was going to be a **soccer** game (D). I was one of the soccer team. (D) Somehow, there were only **8 people** (D) on the team ar we were going in a microbus (D)—the term in **South Africa** for a 10 or 12 **seater** SUV type car (my estimate) and somehow there w a South African flavouring almost like the soccer game was connected with South Africa. (M). As we're about to enter the microbus, suddenly somebody said "**she's a good soccer player** lets include her" and a lady came with us on the bus to play soccer (D) We went to the soccer field and started out our soccer game. (D) I was perplexed because there was only 9 of us (D) but suddenly there were **11 players** (D) **playing and me** (D): I was told that I **the reserve** (D) —**the substitute if anyone cannot play**; so it not likely that I will play. (D) The team started out terribly. They appeared completely **disorganized** ((D) and **one goal** a was scored by the opposition (M) without anyone even confronting the other team—an open goa as the goalie was out of the goals (D). I felt **frustrated** (D), because I knew I was the **best soccer player there** on my team ((D), and could potentially contribute greatly for my team (D) but somehow I was playing in the game as well despite being on the bench r*egarded as the best* in the field (S

			1 Speculative impression (vague, uncertain in dream)	Only one goal was seen in my dream, the one early on. It seemed that the **other team could then not score.** (D) **Perplexity:** I was perplexed by one component of the dream. Why was I dreaming about soccer? Was this a metaphor? The fact was that was a good soccer player as a kid of eleven—I had childlike aspirations to play professionally in fact—and I lecture and public speak professionally now and therefore was almost certainly the best speaker available. Was this the parallel? Also why did South Africa come up? Was it my soccer link there? And why did the transportation of all the players come up? I didn't recognize this as a precognitive dream actualizing itself from 14 to 27 hours after the dream. I first recognized the precognitive component at the dinner below.
N	**Neurophysiological**	G	**Neurophysiological, neuropsychiatric, neurological and medical; INSET, NTLQ; diagnosis; pharmacological; genetic; Neurophysiological correlate;**	no testing performed. However, neuropsychologically normal, special skills, INSET: Negative, SOBIN: several exceptional, mild prosopagnosia; intelligence has been tested: Confidential (but available)

			neurological testing	
O	**Outside**	G S	**No sidereal time measures. No special information available about that time.**	Spontaneous. Dream date: Likely Saturday 1/22/05 approximatel 07 (pre-waking) (5% uncertain: Was it the AM on the Friday 1/21/2005 and only recognized that Saturday. Dream at home in r bed before waking. Wife present but sleeping. Seattle, WA
P	**Psychiatric / Psychologica l**	G	**No psychiatric diagnosis (DSM-4-TR); Mental status examination WNLs. Unconscious dynamics; some stressors that weekend. MBTI: E 67 N75 F50 J56 No MMPI. No MRI head. No induction.**	No psychiatric history. MBII done. **Some stressors that weekend.**
Q	**Questionnair**	G	**Screening**	Several previous rare subjectively validated Subjective Paranorma

	es		**Questions:** **Questionnaires:** **Screening** **Occasional lifetime validated SPEs.**	Experiences. Objectively scored slightly positively in formal Ganzfeld testing. Scored once very highly on ESP-ertise usually chance Scored consistently initial hits informally on Internet dice game.
			INTERPRETATIONS	
R	**REALITY**	I	**information as described** **2 distinct parts:** **The dinner and the soccer game.** **Hits M = metaphoric because was in soccer game. 5.**	**Reality: Part 1 Dinner.** For several weeks I had been due to go with my wife Lis to a community dinner, honouring a stalwart (President) in the community who is a very close personal friend. I had very much wanted to talk and say a few words about him. On the evening before the dream, the 21st January evening, somebody who was peripherally involved but influential, spontaneously said, "maybe you can speak but I don't know if you'll be asked because I'm not organizing it." He said, "you know if you were asked to speak spontaneously would you be able to speak" and I said that I would. Later on when I came to the dinner, this was confirmed, like "have you prepared something" and in fact, the friend who was

			F= fact. **first time ever I had dictated a dream.** **aft the soccer game:** **every D definite dream information expressed in either the dinner (scored as metaphoric) or the soccer game (literal; but at times duplication like the 8 players, the goal metaphor, the opposition, the disorganization).**	being honoured, it turns out, had specifically requested that I spea The evening program was never pre-announced and the typed program was only received once one we arrived at the community dinner so I didn't know who was speaking. There was a master of ceremonies (MC) and he made the decision as to who would speak Based on my previous knowledge (Fact F) I was consciously certai I would be speaking because it seemed like a certainty. The evening began with some appetizers upstairs. Though we were due to go downstairs and begin at 8.30pm, no-one did, no-one kn where to sit, no-one welcomed us, no-one took the initiative until minutes into getting the food. This to me was significant *disorganization (F) (hit M).* There were two theme speakers. Then it was opened up to the audience who were called up individually each time by the MC. Effectively, the first speaker who spoke the longest and was asked first was one of the ladies who was effectively speaking in my place*(hit M).*. I never got to speak and the person who originally approached me said afterwards, "Oh, you know *we kept you on reserve (hit M)* in case anything went wrong;" … in case someone *didn't want to speak*. Virtually the same phrase used in the soccer game dream. *(hit M)* How many spoke? *Eight* people as in the dream *(hit M)*—except then one invited speaker was from the catering staff spoke (makin

				9) *(hit M*) and insisted the three other crew members also spoke making up *eleven (hit M)*. The whole proceedings had *one goal (hit M)* To honour the couple (particularly the male who was the President; and one of the speakers was his wife speaking about her husband). This Presiden spoke briefly—the one on the other side receiving *(hit M)*. I felt exceedingly *frustrated* at not having the opportunity to speal to the extent that I verbalized this *(hit M)* as I felt I was the best available and most appropriate speaker. (note at the dinner there were possibly 100). **SUNDAY after recording this information:** Bizarrely after dictating this on the Sunday morning, I met up witl somebody who I had barely uttered four words to me in my life before this. He recognized me and said, "You're Australian or *South African*, aren't you." (F-D) "We're having a *soccer* game (F-D) at the park and you've got to come and play." "How many will play" I asked. "Oh. We've got enough for *eight* a side" (F-D)

				And he arranged for the kids and some adults all to come. They *piled into a car* (some walked the quarter mile) and were transported to the field. So, for the first time in 40 years, I was invited to play soccer and basically, from 10am to noon, I played a full scale, full-length socc game, with kids and adults. There were probably 30 of us eventually, with tiny makeshift goals (maybe 4 feet wide, 4 feet hig and angled) (I had played some years before a couple of times with my son [no invited} and on the odd occasion at a little picnic {not specifically invited}, but never a full length game and never also for a full peri of one and a half or two hours. And I had never been even solicited in a group to play before othe than at the two picnics. The score was 0 to 0. However, according to those who were playing, the person who was r*egarded as the best* in the field was myself, as in my dream. Eventually, five of the opponents would b marking me! And afterwards, I had two adults coming up to me ar admiring my soccer skills. There were *0 goals scored*, although with the tiny makeshift goals hit the goal post and came the closest to scoring on several occasions, compared with anyone else. In the dream, I knew the goalkeeper had abandoned the goals and

				the opponents had scored: Consequently, I made sure this did not happen, as per my dream, as the goalie at an early stage came out his goals to play up the field and I sent right back so the initial abandonment of our goals (maybe reflecting what I call the Neppe law of cause and effect, where cause can be altered, altering the effect. (S)) I kept wondering if the score was going to be 1 to nothing. Strange enough with 1 1/2 minutes left to go, that was when I hit the goal post. But it didn't go in.
S	**Statistic**	I	**Very evidential, No official P values but probability of soccer that weekend ? P <0.0001, and of all these facts coming true or metaphorically expressed extraordinarily low. correlates; correspondence:**	a great deal was metaphoric in that dinner paralleling the soccer dream profoundly. Direct. My dream had twelve key pieces of information. All of them came about in the speaking and the soccer. The differences of modification above were only in the soccer game, nc the speaking. Time period: From the Saturday evening event so very close indee

			and qualitative parameters all profound.	
T	**Typicality**	I	**Comparison with typical nosological subtypes**	Typical precognitive dream
U	**Underlying**		**12 key pieces. All 1 2 came about.**	corresponding elements
V	**Validation**			This one I didn't recognize as a precognitive dream actualizing itse from 14 to 27 hours after the dream. I never initially told this drea to anyone, although I kept having the thought on Saturday of mentioning it to my wife, Lis. But at least the second part was pre-recorded.) I recorded it Sunday 1/22/2005 (on computer digital dating) at 9am. I told my wife at that point. Detail of what happened: This second part was recorded at 12.30 pm Sunday 1/22/2005 aft the game **Differences:** No women played soccer. (But the lady was the main speaker doin the honoring) The score was 0-0. (But one goal to honor the speaker) There were eventually more than 11 per side. (But initially 8 per si

				and the transportation there.) And I played soccer. (but the reserve speaker) Even the open goal was the way the function was arranged: All open, uncertain what will happen, open goal to honor the Presider But somehow, I intuitively understood this later all as part of the speaking not the soccer. Factors correlating are numerous. The 8 being transported yet far more playing, the woman who plays the major role, the 11 on the soccer dream and eleven speaking though eight were asked, yet somehow 9, the one goal to honor the particular person, the fact that I was not asked to speak, despite being the only professional speaker there and in my dream being most hurt not playing and ir reality being most hurt not speaking, the invitation to play soccer, my first full-length soccer game. The South Africa reference.
W	**Working hypotheses**	I	**Strong evidence for externally validated SPE statistically**	no physiological elements
X	**X-factor familiarity**	I	***Ante— dynamic, Para— psi minimal, Meta— psi radical***	Metafamiliar nexus with extremely unlikely psi events Likelihood of ante-familiarity with psychodynamics

			familiarity	
Y	**Yes**	I	**Protagonist balance; Strength: Very strong evidence for psi**	subjectively and objectively strong supportive data for spontaneou psi.
Z	**Zero**	I	**Fraud or initial paramnesia not proven; even was uncertain which night it was dreamt.**	Skeptical negations; did not record until the Sunday morning. Did not externally validate outside family Was not date and time stamped

*= Axis; ^ = Classification; S= specific, G=general, I=Interpretations

This example allows a perspective of the workings of this classification. I now give the detail of the A to Z axes in Table 2 so as to allow a gestalt, and thereafter I discuss each axis in detail. The reader may want to examine Table 1 and 2 and then Axes A to Z and return back to these tables a second time.

Table 2: Subjective Experience of Anomalous Trait Typology Levels Evaluation (SEATTLE)

*	**LEVEL**	^	**DETAIL OF ACTUAL SPE**	**Jim—mythical subject (below) Example**
A	**Anomaly**	S	kind of SPE	Regular precognitive dream
B	**Base *ACE***	S	direction, timing, place, lab vs.	afferent, unknown time

			spontaneous(afferent, e.g., ESP; efferent, e.g., PK, central, combinations)	and place; spontaneous
C	**Correspondence *DRUM***	S	Unvalidated U, subjectively validated V, objective O, psychotic P.	Jim; V—dr
D	**Description *DSMF***	S	**Content** with perspective and concomitant features; definite, speculative, metaphor, fact (DSMF),	Jim's detailed description
E	**Ego-consciousness *W, split, RBMN***	S	WA, ASCs: S-ASC, P-ASC, L-ASC, I-ASC, T-ASC, R-ASC, B-ASC, M-ASC, N-ASC *spontaneous s, induced i, experimental e;. self-referential S, other-referential O*	Jim: S-ASCsS
F	**Functional focus**	S	Experimental elements, extra: brain: X-Rays, FMRI, PET, EEG, data comparisons, e.g., computer simulations or comparisons, pharmacology	Focus = Jim.
G	**Gestalt *FEMA***	S	*Focus,* e.g., percipient. agent, experimenter. human, dog, plants etc. *Expectancy:* anticipated outcome subjectively: *motivation,* e.g., High expectancy of negative outcome; *attitude,* e.g., sheep, goats, supersheep, supergoats	Percipient, HE +. Strong chochma. Sheep. HM,
H	**Heuristic *TICKLES/ PICKLES***	S	Phenomenological detail **T(P)ICKLES** Specific with event: Emotional, Somatic elements; Timing, Territory; Detail of waking	T<24h; R-T; self I OD C ordinary K Pni

			ESP Separative Experience complete Veridical Dream TICKLES; T=t, t, p; I =Axis i; C=p; K=a;,e; L=s; E=p, S=u;	L Illogical E No emotion S No bodily symptoms
I	**Intention**	S	Prior aims e.g., Spontaneous, Experimental (CE, UE), Induced; II, UI.	Spontaneous
J	**Judgement**	S	Logic or statistic, probability correspondence, interpretation VE, E, S, NE	non-evidential **Suggestive**
			PRE-EXISTING FEATURES	
K	**Knowledge**	G	Ethicospirituobiopsychofamiliosociocultural factors; Demographics; Prior Knowledge	known paragnost; self component.
L	**Labels**	G	psychiatric, subjective paranormal experient evaluation	not psychiatric
M	**Modifiers**	G	**FOLDINGS:** fact, ordinary, logic, definite, interpretation, no category, guesstimate, speculation	Detailed each section
N	**Neurophysiological**	G	Neurophysiological, neuropsychiatric, neurological and medical; INSET, NTLQ; diagnosis; pharmacological; genetic; Neurophysiological correlate; neurological testing	no testing performed
O	**Outside**	G S	Outside: atmosphere, setting; time and space, specific individuals= experimenter, subjects,	specific information re date and time and

			geomagnetic field, sidereal time	participants
P	**Psychiatric / Psychological**	G	Psychiatric diagnosis (DSM-4-TR); Mental status examination. Unconscious dynamics; MMPI; Meyer Briggs, Personality tests, Projective techniques; observed attitudes	MBTI: intuitive, normal mental status.
Q	**Questionnaires**	G	Screening Questions: Questionnaires: Screen, e.g., SPEQ, NEASTS; DVQ;	no testing done
			INTERPRETATIONS	
R	**Reference REALITY**	I	Research data and expectation comparisons literature	literature examined
S	**Statistic**	I	**p values; correlates; correspondence: qualitative**	Evidential, suggestive
T	**Typicality**	I	Comparison with typical nosological subtypes	Typical precognitive dream
U	**Underlying**		Underlying whole with corresponding elements	corresponding elements
W	**Working hypotheses**	I	Subjective or objective correlates	bidirectionality; temporal lobe; MMPI)
X	**X-factor familiarity**	I	*Non-familiarity*— Unmeaningful coincidence: chance *Explained familiarity*— Ordinary explanations, e.g., fraud, misperceptions *Quasi-familiarity* (7subtypes*: Latent— subliminal, Pseudo— organic, Ante— dynamic, Para— psi minimal, Meta— psi radical,* Prefamiliarity —acausal synchronicity *Query*— uncertain*)*	Parafamiliar alleged may have ante /quasi familiar and real familiarity aspects

Y	**Yes**	I	Protagonist balance; Strength	Interpret the positives
Z	**Zero**	I	Skeptical negations; Balance; Summary; Hit	Interpret the negatives

*= Axis; ^ = Classification; S= specific, G=general, I=Interpretations

SPECIFIC FEATURES

This classification is not cast in stone. The key is a detailed phenomenological analysis that can be used as data even in later research, if necessary. The more specificity the better, but descriptions can indicate where uncertainty or speculation exists. Specificity refers to STATE phenomena occurring at the time of the SPE as opposed to TRAIT descriptions of what the subjects experience at other times.

AXIS A—ANOMALY LEVEL

Axis A is used to describe the kind of presumptive psi experience being studied, such as a subjective precognitive veridical dream in a Subject, “Jim”. We will use this example throughout to illustrate the different levels. Axis A describes the level of the basic description of the allegedly anomalous event in a non-prejudicial manner. This is the most commonly used Axis and the starting point of phenomenological differentiation. (This and sections B, C, I and J rely particularly heavily on my initial classification (Neppe, 1985).

AXIS B—BASE LEVEL

"Base" Level refers to the locus— the position or direction of the phenomenon. This could be on the level of incoming/communication/perceptions, i.e., "afferent" as in so-called "extrasensory perception" (ESP) where information is apprehended or perceived. Alternatively, the base could be "efferent" control, influence or manipulation of objects or events in so-called psychokinesis (PK), or in a controlled telepathy experiment where the efferent aspect is an "agent." It could even represent unconscious elements where one monitors (e.g., using fMRI equipment) Percipient B after Agent A has been stimulated in some way. This is an afferent-efferent loop (A-E) (possibly monitored in the brain by FMRI). Alternatively Efferent-Afferent (E-A) could imply focus on the agent, e.g., in so-called "paranormal healing" where the healer is influencing the patient (E-A, healing). In this cybernetic model, the base can be neither afferent nor efferent but central integrating/modulating/executive level. An example would be an out-of-body (separative) experience.

Thus, Axis B - the Base - can be subdivided into Afferent, Efferent, or Central with combinations such as A-E, E-A, or C-A-E. The first letter may reflect the area being examined, but the others may still be of equal importance.

AXIS C—CORRESPONDENCE

Axis C—Correspondence Level examines the level at which the SPE corresponds with the experients' actual reports either to others or by some other external method (e.g., written report) of his or her event. Those that were unreported are *subjectively "unvalidated"* (U), i.e., subject admits only afterwards to a particular kind of SPE—Neppe (1997) called this a "high score SPE"; those that are recorded or reported at the time are subjectively *"validated"* (V), i.e., told someone or recorded at the time. U or V can be further described using all of DRUM: *detailed d*, relationship components *r* — the SPE is not easily contingent or very peculiar but it is symbolic or non-equivalent in its descriptions*, uninterpretable/ unclear aspects U and metaphoric elements M,* as in dreaming. All can be so listed. Quantity can be stated, e.g., V (4 people) or V-TV audience. Is the impression based on direct objective known facts? Is it psychotically delusional?

Some of these may later be *objectively validated* as happening (Axis V, Verifiability), but the Axis C level purely relates to the actual subjective experience, not to the actual validation of the event, e.g., Jim's precognitive dream reported, at the time, detailed specific areas and multiple ostensible residua from the day. Such experiences, when recorded V (e.g., by speech communication or in writing) increase the level of *subjective validation*. This does not mean to say the experience is externally validated and happens in the real world. This is a function of Axis V, Verifiability, which uses an external event, happening, or experience to objectify the subjective. Neppe called these a "low score SPE" requiring both V (subjective validation plus actual equivalence, a direct cognitive or behavioral component, and some kind of external validation.

AXIS D – DESCRIPTIVE LEVEL

Axis D - Descriptive level is the level at which content occurs. This is the nitty-gritty content. Let us suppose that Jim is reporting a dream (subjective) that to him is possibly precognitive (Axis A), thus is on the afferent loop as an hypothesized ESP-type experience (Axis B). It has mixed content and is subjectively validated in that he has reported it to his wife and written it down. This represents Axis C—V – wife, written

with date and time of dream. At this point, he reports the detail: I was walking in the street, and someone I had never spoken to before asked me to play soccer. *"I did and there were initially only 9 players on our side, then 11, then our goalie came out of the goal, leaving it open. And the other side kicked the ball into the empty net, and I found myself scoring a goal on the other side, though I was tired, never having played before. The dream was so intense that I awoke and told my wife about it. I seldom recall dreams, but it was strange because: Why should I dream of this?"* (Axis D-Description)

AXIS E—EGO CONSCIOUSNESS LEVEL

After examining the fundamental kind of experience (the Anomaly) and its locus (the Base), level of verification (Correspondence) and description, it is logical to examine the state of the main focus: The ego, i.e., the person (or non-human animal) implicated in the experience.

Consciousness is an extremely difficult concept to define, and when defined it uses other terms that themselves are also difficult. Consciousness refers to a process of awareness and responsiveness. The ordinary day to-day state often is referred to as "clear consciousness", and impaired consciousness (i.e., due to disease) often is described as "clouded." Such clouded consciousness may involve progressively decreasing levels of awareness of and responsivity to the environment, ranging from drowsy torpor to stupor to semi-coma to coma. From the parapsychological perspective, certain people having so-called "near- death-experiences" may have had them in clouded consciousness and even in coma. I call these Unconscious-ASCs or U-ASCs, where an U-ASC is one of the various altered states of consciousness (ASCs).

There are several classical ASCs. Several such states might (disputably) be conducive to psi, e.g., hypnotic, Ganzfeld, meditative, mystical, or religious. These can be subclassified into different ASCs, occasionally in combination, and sometimes between states, in which case both can be mentioned (Table 3). If it has a self-referential component an extra s can be included as, e.g., R-ASCs.

Table 2: Neppe proposed ASC terminology classification

ASC type	**Abbrev**	**Variations** (W, Split, RBMN)

Wakefulness	*WA*	*"Normal" Wakeful Consciousness Awareness*
Sleep	S-ASC	Hypnagogic (Gs-ASC), hyponopompic (Ps-ASC), stage (1-4s-ASC), dream (Ds-ASC), Lucid (Ls-ASC)
Psychiatric	P-ASC	Psychotic, psychiatric, transitional (describe)
Lucid	L-ASC	Lucid hyperawareness
Induced	I-ASC	Ganzfeld (Gi-ASC), meditative (Mi-ASC), mystical religious (Ri-ASC), experimental (Ei-ASC or Ei-WA)
Trance	T-ASC	Dissociative (Dt-ASC), focused (Ft-ASC), or clear (Ct-ASC).
Recreational	R-ASC	Recreational drugs (drug should be stated)
Between	B-ASC	Transitional or between states, e.g., Dt-Ct--ASC
Mixed	M-ASC	Combinations
Nondescript	N-ASC	Not otherwise specified

AXIS F—FUNCTIONAL FOCUS LEVEL

Axis F: Functional Focus. Analyses of specific psi experiences include the experimental manipulations applying at that moment in time. This implies the *functional state as opposed to trait changes*. These may be reflected by complex functional methodologies such as functional magnetic resonance imaging (fMRI) and positron emission tomography (PET). Electroencephalography EEG, computer simulations, conduction studies, electromyography, measures of reflex arcs and measures of autonomic responses marked, e.g., in complex electrocardiography. Such techniques add a modern component to subjective anomalous experience. The discussion of Axis E—Ego-Consciousness shifted from the actual anomalous experience to the ego-consciousness involved. This implies a focus. Axis-F deals with this Focus, which may be electronic. Alternatively, it may be the person allegedly having the paranormal experience—the "percipient" in clairvoyance or the possible "agent" in recurrent spontaneous psychokinesis. Or the focus involved may be unclear. If so, this should be indicated; Occasionally, an experiment may focus around the "experimenter."

Commonly, there may be several foci directly involved, e.g., certain telepathy experiments. The focus may at times be non-human, e.g., a dog, cat, rat, or pigeon. A conceivable focus could be inanimate. For example, the electronic voice phenomenon may be argued to be an effect on magnetic tape not due to the experimenter involved. Focus therefore involves one or more Percipient, Agent, Experimenter, Animal, Inanimate, Relationship, Dyad, or Other. The first mentioned "focus" should be the one whose Ego-consciousness has been reported on in Axis E. More than one person on Axis E may lead to multiple foci. "Focus" can be a controversial area— either Speculative or possibly Certain.

AXIS G— GESTALT FACTORS: FEMA

Axis G —Gestalt Factors—allows a holistic perspective. Axis G lists the contextual factors, often best in tabulated form. As this kind of information may be somewhat peripheral to the actual SPE, the data may be "unknown." Whereas Axis F reflected state aspects, Axis G may reflect more trait elements, but still specific for the research being attitudinal *at that time* (as opposed to *general* attitudes). Gestalt Factors reflect the *focus*, e.g., the percipient, or a mouse for that matter.

The *expectancy* of psi occurring under the specific circumstances of the experiment or SPE should be listed for each participant, namely high expectancy (HE), uncertain (UC), or low expectancy (LE) of positive (+) or negative (-) outcome. Thus five designations (i.e., HE +, LE +, UC, LE-, HE-) could be used. Such expectancy is a rather complex area. These general factors generate valuable data for large sample numbers or later meta-analyses, but are less necessary for routine listing in describing single SPEs.

"Motivation" is rated, in the context of the SPE, using a graded system of: Not at all motivated (NM), Slightly motivated (SM) and Highly motivated (HM).

What are each participant's *attitudes*? It interacts with such general factors as *attitude* to psi (i.e., what parapsychologists refer to as "sheep," "goats," "supersheep," "supergoats") and with their overall personality. We can measure high and low expectancy, as well as positive and negative outcome expectancies. What is the certainty of the impression of the SPE in Jim's case?

AXIS H— HEURISTIC DIMENSIONAL PERSPECTIVE

Heuristic perspective involves using components of Axis A to G in the context of the anomalous. These

are the building blocks of the phenomenological detail involving TICKLES and PICKLES. (Table 4), a system my associates and I use, for example, in our precognition research.

Table 3: TICKLES/ PICKLES system for spontaneous subjective experience

	TICKLES	**GROWTH**	**E.G.,**
T	**time range, territory (place) self, person**	Extended time or space? laboratory, home, work?	T<24h; R-T; self in New York
I	**Impression (and intentionality)**	W, LD, RD, ID, OD, RV, RV+, W, LW, OW, CW	form combination
C	**Chochma / Certainty**	Certainty impression= Chochma level	A, S, M, O
K	**retrocognitive R, precognitive P, contemporaneous C**	no extension n /extension e/ distancing d: immediate i / remote r; Spatial extension.	SE; Red; M, S, F, D
L	**Logic based on data available**	estimated chance	S, M, O
E	**Emotional reaction**	appropriate/ inappropriate	happy, sad
S	**Somatic (bodily)**	sometimes unexplained.	Senses

Spatial relationships are qualified by location and summarized by *"laboratory"* (L) or *"right there" (abbreviated R-T)* as opposed to *"distant"* (e.g., a telepathic experiment over thousands of miles or a remote viewing.) Time should also be quantified in detail, e.g., precognition of a few seconds as opposed to a few months later. This should be recorded (e.g., 12-48h; Seattle).

Certain events subjectively involve a time or space shift. For example, some déjà vu experiences may begin in the present, and the person then believes he or she knows the immediate future. I have called this

"precognitive extension" (P.E.). Conversely, "retrocognitive extension" (R.E.) jumps from the present to the remote past ("retrocognitive distancing" or RD). "Precognitive distancing" (PD) may be frequently described in the déjà vu context. Similarly déjà vu may have a "spatial extension" (SE) component where the experience seems to incorporate more and more, or demonstrate a non-specific "growing" aspect. These terms can equally be used to describe other SPEs.

I reflects the impression, i.e., Lucid dream (LD), Remote viewing visual dream (RD), intense dream (ID), Ordinary dream (OD), visual (RV), RV Plus (spontaneous real visual; usually big impact RV+), waking (W), Lucid waking (LW), Ordinary waking (OW), Combination Waking (CW). This list is open for further development and can be customized to fit each individual. Detailed impressions may include subsections picking out key data, e.g., dream/visual. This can be fleeting, or it can be maintained. (f or m). Also under impression we have Remote Viewing so that there is also an intentionality. Under Axis I. (e.g., spontaneous, deliberate, or induced in some way.)

C = Certainty, also called "Chochma," reflects subjectively actual (A), strong (S), medium(M), or ordinary (O) certainty that the event will have occur or has occurred. Chochma is intuitive wisdom kaballically. The C is critical since sometimes there is very strong intensity Sometimes the C Chochma/certainty is very strong for certain parts but vague for the rest: We can even amplify and write in our descriptions (SD) or (OD) and in the C score of TICKLES SD and OD.

K as Kind can technically include combinations of Precognitive, Contemporaneous, and even Retrocognitive (going back in the past), e.g., subjective paranormal déjà vu is retrocognitive yet often has some precognitive extension elements. There is also a difference between immediate precognitive and distant precognitive: If something is going to happen, the next batter up. Sometimes impressions manifest not only as cognitive impressions, but as other electrical disturbances, e.g., the time on the clock, the number on a bus, a pop up advertisement in Yahoo, or basically anything in the environment that gives someone a significant impression. Synchronicities may happen back to back and come relatively close in time.

L = Logic often reflects prior knowledge from various sources. The L for logic can be a very powerful indicator in that it adds further strength to TICK. Sometimes there is logic, e.g., a mining accident will occur,

but we don't know where or when. On the other hand, when the papal nomination was happening, the current Pope, at the time of a precognition, was 8 to 1 in the betting. If it happened, how broad was the prediction? The broader, the more individuals or places besides the time, the less the predictive strength and the more the likely that logic played a role.

E = Emotion. Sometimes the E emotion is congruous with the cognition (the thought). But the greatest difficulty comes when people report simply a profound sadness for no reason. Level ratings like Chochma of Strong, Medium, Ordinary are relevant. (SMO). Unfortunately, on its own, a mood may reflect something, but is too non-specific to score.

Even in dream states, for example, subjects feel emotion, or wake up (WI) with residual emotion, or have sudden emotion during the day.

S = Somatic, i.e. physical sensations, smells, tastes, sounds, vibrations, etc. are remarkably common and often linked with other components.

“Sub-tickling” for other impressions is also useful.

AXIS I: INTENTION LEVEL:

Axis I — Intention Level focuses on the intentions that preceded the SPE. Some research could be spontaneous in that it occurred unexpectedly in a non-laboratory setting. Alternatively, was the result a consequence of an "experiment"? Was the experiment "controlled” (CE) or “uncontrolled” (UE)? Did some kind of ritual R precede SPE? The ritual could be, for example, meditative. The intention of such a ritual may or may not have been to induce psi. Consequently, one can speak of "intended" (II) or unintended induced (UI). The magical rituals found in preliterate cultures, e.g., Malopo dancing (Van der Hooft,1980)) are intended to induce psi. Therefore, they would be "II." Axis I emphasizes the mechanism that precipitated the SPE. This can be "spontaneous," experimental (CE, UE) or induced (II, UI). Combinations can occur.

AXIS J— JUDGEMENT

These judgments involve a "guesstimate” of the subjective probability of the SPE, an extension of the Logic in TICKLES, because subjective SPE information takes into account the extent of subjective validation (broader than Axis C), reliability of witnesses and of the description, the level of the anomaly, and level of

correspondence. It is a higher level than just TICKLES Logic in Axis H, but still based on the subjective data without doing the objective evaluations using validity, using logic or statistics, probability correspondence, or interpretation. It can be scored as, subjectively: Very Evidential (VE), Evidential (E), Suggestive (S), or Non-evidential (NE). If necessary, specific judgmental comments can be made under Axis J. Research method probability scores are indicated under Axis J, because this implies a judgement. Axis J still falls short of Axis V—Objective Verifiability of the data with outside comparisons.

GENERAL FEATURES

AXIS K—KNOWLEDGE

These relate to all current information about the broader trait situation as opposed to the specific state at that moment. This implies examining all the ethicospirituobiopsychofamiliosociocultural factors and the various demographics of the subjects (name, age, gender, ethnic background, religiosity, education, occupation). It also relates to prior knowledge and prior training in the area.

AXIS L—LABELS

Labels imply psychiatric and parapsychological diagnoses, e.g., the entity of subjective paranormal experience psychosis. This differentiation of ostensible psychic backgrounds from the psychiatric or neurological patient is critical. This does not imply great detail, but such summary labels like “schizophrenic” or “trance mediums” are important.

AXIS M—MODIFIERS

Experients should amplify each sentence of their subjective experience using the appropriate modifiers tabulated in a mnemonic FOLDINGS in Table 4. This allows them to amplify their perceptions, awarenesses and intuitions. The use of these Modifiers fit both logic and known fact —F, L, N, G of FOLDINGS—hence the Modifiers are under this General Features section; but the Modifiers also amplify descriptive Specific Features, namely the Chochma/ Certainty—O, D, I, S of FOLDINGS so they overlap classifications, Moreover, they amplify Table 3 TICKLES where both Logic (L) and Certainty (C) appear.

Table 4: FOLDINGS classification of MODIFIERS of subjective experience

F	**FACT (F)**	specific already known fact based on the information that is freely available
O	**ORDINARY RESIDUA**	ordinary level as in residua of dream or waking impression but nothing striking.
L	**LOGIC.**	logical conclusion using the best available data
D	**DEFINITE INTUITION (D)**	An intuition/ awareness; less powerful than the utter certainty awareness of S below
I	**INTERPRETATION OF IMPRESSION (M)**	Metaphor or subjective interpretation of iimpression.
N	**NO SPECIFIC CATEGORY**	Unsure of how to categorize implying combinations (can stipulate or detail).
G	**GUESSTIMATION**	Logical speculation —guesstimating (G)
S	**SPECULATION (S)**	speculative impressions based on subjective events.

AXIS N—NEUROPHYSIOLOGICAL COMPONENTS

Axis N, Neurophysiological Components, include the trait related phenomena, measured using questionnaires, objective testing, and pharmacological elements. One questionnaire and clinical measure probes for possible temporal lobe symptomatology using the INSET (Inventory of Neppe of Symptoms of Epilepsy and the Temporal Lobe; Neppe, 2008a) and the or the preceding NTLQ (Neppe Temporal Lobe Questionnaire; Neppe, 1983a). It includes the information leading to neurological and psychiatric diagnoses and labels, including pharmacological responsiveness, a key being toleration and response to antipsychotic doses of medication (Neppe and Wessels, 1979; Neppe, 1988a, 1988b; Neppe and Smith, 1982), genetic components (e.g., family pedigree), neurophysiological correlates (e.g., interictal EEG), the various kinds of neurological testing (e.g., evoked potential measures), and anatomical measures (e.g., magnetic resonance

imaging level or computerized tomography of the head). Also relevant are medical diagnoses, syndromes, symptoms and signs given the subject? Does the subject have a known temporal lobe seizure disorder? Is there a delirious state? Was the near-death experience in someone who had been in a prolonged coma or under anaesthesia?

AXIS O—OUTSIDE

Outside factors are relevant. What was the sidereal time of the experience? What time and space elements pertaining to electromagnetism and geomagnetism existed at the time? How was the broader research done, e.g., Ganzfeld set-ups, the specific individuals involved in the experiment or the experience, and the outside atmosphere? Was the setting public or private? Concepts pertaining to time and space: Where was it? When was it? With whom was it? These factors actually reflect both state, at the time, as well as predisposing trait factors, e.g., experimenter over long periods or events on that day as opposed to that *state moment*.

AXIS P—PSYCHIATRIC AND PSYCHOLOGICAL

In Axis L, Labels, single broader diagnoses were used. In Axis P, this is amplified psychologically and psychiatrically. This includes again both state (e.g., mental status examination at that time, though not the moment of the SPE, so trait elements) and trait factors. The underlying psychopathology and psychiatric condition is most easily done via the multi-axial system of the Diagnostic and Statistical Manual (currently DSM 4-TR). This can be brief: Mental status can just be reported as “normal.” Unconscious factors may use psychological elements and the unconscious dynamics as well as personality components (e.g., Minnesota Multiphasic Personality Inventory, or MMPI; or the Meyer Briggs Type Inventory) plus projective tests and attitude tests. From this, one is able to move ahead to conclusions.

AXIS Q—QUESTIONNAIRES

Just as there are screening questionnaires pertaining to neurophysiological, neuropsychiatric, and neurological conditions, there are also questionnaires pertaining to subjective paranormal experiences. A variety have been developed over the years, including screening questionnaires such as the Neppe Subjective Paranormal Experience Questionnaire and the more detailed modification, the NEAST (Neppe Evaluation of

Anomalous Subjective Typologies, Neppe, 2006b). Another example would be the Neppe Déjà Vu questionnaire used in his original déjà vu research (Neppe, 1983b) and its latest re-modification, the New Neppe Déjà Vu Questionnaire, the NDVQ (Neppe, 2006a).

INTERPRETATIONS:

AXIS R—REFERENCE / REALITY

Reference allows comparison of current results with the available reference data. This also allows awareness of the expectation of results.

AXIS S—STATISTICS

Statistical analyses relate to result clusters and the probability of events happening by chance or expectation without psi. This allows quantifications for evidentiality and suggestive quality. This incorporates probability (p) values, correlations, bi-directionality in terms of causality, both internal correspondences, with the correlation of the different items, and external correspondences with some outside measure, and the extent of the experiences.

AXIS T—TYPICALITY

In this instance one compares with nosological subtypes. for example, the various déjà vu items and how they fit within the different nosological sub-types of the fabric of the subjects being examined.

AXIS U—UNDERLYING PERSPECTIVE

The evaluation creates an underlying summary perspective such as: “Ostensible veridical lucid dreaming with several corresponding elements and complicating psychodynamic elements in a subject who has features of temporal lobe symptomatology with seven possible temporal lobe symptoms but who, on testing, did not demonstrate any trait changes on EEG or FMRI.”

At this point, the final elements pertaining to verifiability, familiarity, positives, and negatives of the summation are examined.

AXIS V—VERIFIABILITY

Axis V extends the subjective informing of the psi events. Axis V moves to objective reality: The written record, unseen by anyone else, of the actual event (i.e., "subjectively validated" or S-V), or communication with someone else, is now objectively unconfirmed ("unconfirmed validation" or U-V) or reliably confirmed ("objective reliable validation" or R-V) based on the data of what actually occurred**.** The final level of event may also be unvalidated or have components of psychosis. In this instance the SPE has components of out-of-touchness with reality and delusional influence or self- reference. These I have called "psychotic SPEs" (Neppe & Tucker, 1989) and the level of correspondence is "psychotic." This may, if necessary, combine with another term, e.g., "psychotic unvalidated" (P-V). Alternatively a precognition may be *awaiting* actualization (A-V).

AXIS W—WORKING HYPOTHESES

After examining research and reference data, the typicality of the results, statistical correlations, exact correspondences, and verification of information, one is ready to propose working hypotheses and conclusions which the final three axes will put into a balance of meaning.

AXIS X—X-FACTOR FAMILIARITY LEVEL

Before explaining or describing something as ostensibly psi, the anomalistic psychologist must consider what I call globally *quasifamiliar* explanations (Neppe, 1980a), including the "subliminal" (latent familiarity), "organic" and "dynamic" explanations. These incorporate three alternatives to psi as an explanation for a happening that appears anomalous, namely: (1) subliminal stimuli— Devereux's *"latent familiarity."* organic explanations such as a hallucination or memory disturbance (paramnesia); (2) Neppe's *"pseudofamiliarity"* (Neppe, 1985; Neppe, 1980b); and (3) psychological non-organic explanations based at the level of the unconscious, i.e., psychodynamic, or simply "dynamic" or antecedent events—*antefamiliarity* (Neppe, 1980b). These three allow a hierarchy of parsimonious explanations prior to interpreting any quasifamiliar externally objectively validated event as a psi experience: If that psi can be regarded as such a kind that a modification of our present Newtonian laws of physics is necessary, this would be *parafamiliarity* — implying an extension of our natural laws (Devereux); if it requires rejection of current laws this implies a *metafamiliar* explanation— "meta-" refers to non-physical explanations (Devereux, 1974). Finally, the experience may be anomalous because of its apparent acausal synchronicity. This I have called *"prefamiliarity"* (Neppe, 1980); possibly "psi"

embraces it. If uncertain if meta- or para-familiar, or pre- familiar, this is *queryfamiliarity* (Neppe, 1980a). Because these anomalous levels—latent, dynamic, organic, psi—may be difficult to differentiate, I have suggested the term "*delta"* for any kind of anomalous experience. It is a composite term: Delta implies extrachance experience. Closing out this comprehensive classification, phenomena may easily be coincidental with a high chance probability of simple chance or unmeaningful coincidence (*non-familiarity)* (Neppe, 1984) or may be easily explained by fact or logic: *explained familiarity* (a new term, better than Neppe's previous *real familiarity)* (Neppe, 1980b). Combinations listed as familiarity level interpretations can be difficult (Table 2 Axis X: When e.g., psi and dynamic components interplay, the researcher should preferably place the most striking component first. Psi/dynamic' would imply putative psi with possible dynamic factors, dynamic/psi would imply the reverse. Terms such as chance/delta or chance/psi or psi/chance (i.e., psi more likely than coincidence) appear legitimate.

AXIS Y—YES

The Yes Factors: How would one interpret the positives, the strengths, in this regard? The protagonist would argue from this balance.

AXIS Z—ZERO

The Zero factor: The skeptical negations. Again trying to balance this, summarize it, interpret the negatives, and find any alternatives. This is legitimate scientific method not referring to pseudoskeptics who reject illogically.

OVERALL CONCEPTUALIZATION

Historical background

I proposed this multi-axial classification system for consciousness research, knowing how important and successful a similar system (DSM) had been for psychiatry [American Psychiatric Association's Diagnostic and Statistical Manual (DSM), currently DSM IV-TR].

Consciousness research needs a multiaxial classification system. Historically, this system developed originally from Neppe's Anomalous Multiaxial Event System (NAMES). This utilized the first 10 alphabetical

axes, A to J (Neppe, 1980a). The author later updated it (Neppe, 1985) into the 10-axis Multiaxial System for Anomalous Events. These classifications did not include many of what may be the key features. It therefore required further amplifications.

The tentative twenty six level axis description of consciousness experiences, *The Subjective Experience of Anomalous Trait Typology Evaluation (SEATTLE)* represents a preliminary and novel attempt at developing such a more comprehensive multiaxial system for describing subjective paranormal experiences (SPEs). These SPEs range from spontaneous single ones (e.g. precognitions), to laboratory clusters (e.g., in psychokinesis experiments).

The challenge has been the extension of SEATTLE to A to Z in a not too contrived, workable, easily remembered order that appears legitimate and is relevant for application to research and clinical situations. I still see it as a work in progress and this SEATTLE 1 classification will, no doubt, at some point, be replaced by SEATTLE 2. Every A to Z axis remains unique and reflects ongoing developing pertinent subdivisions. This will lead to new language and further neologisms will happen as they did with this process in Psychiatry.

The theory

The SEATTLE ensures that the possible errors of classifying heterogeneous phenomena into single subgroups can largely be eliminated. This means “like” will appear with “like” and not with “not like”. The following overview bears clarification:

However, the 26 ordered data-bases axes are time-consuming. It is not yet ideal, but does allow researchers to classify from A to Z. Every A to Z axis is special and has ongoing developing pertinent subdivisions. As indicated, the first ten letters of SEATTLE, namely Axes (A—J), detail *Specific Features* pertaining to the data given by the subjects. These largely correspond historically with the previous Multiaxial system. Thereafter, the more *General Factors* (Axes K-Q) examine general biopsychosocial subject characteristics and pertinent factors. Running in further logical order, attempted possible *Interpretations of Phenomena* (R—Z) by experts (clinicians; statisticians; parapsychologists) follow.

This multidisciplinary approach can be applied to both the experimental and the spontaneous

situations. Even retrospective data can be classified, even when there are gaps in the data so that not all of Axes A to Z will be complete. Such incompleteness, is still far better than no comparative data.

Fortunately, there are short cuts to this bulky A to Z approach. For example, many information pieces can be completed with assiduous attention to detail by applying important stylistic classifications, such as the TICKLES (PICKLES) building blocks and MOLDINGS as modifiers in many ESP and particularly precognitive experiences. This takes seconds and implies a “horses for courses” approach adapted for the specific area of consciousness research being studied. We have also accumulated large amounts of data over the past 7 years in individual subjective precognitive impressions, though frequently there are information gaps as exemplified by the complex "precognitive dreams" example (above) with profound dynamic elements with the application of the classification to this.

The SEATTLE axes involve preliminary, novel attempts to clarify developing a multiaxial system for describing subjective paranormal experiences. Until we consistently document each and every experience in detail, we will create non-replicable heterogeneity, even in our experimental protocols. The SEATTLE approach allows us to consistently document attitudes and expectations of the experimenters, subjects and observers. It also emphasizes that a supposed replication attempt was not a true replication when significant data sets were different. Detailed description of subjective phenomena produces interpretable results. Its neglect could produce inappropriate generalizations of the key basic range of parapsychological experiences. These principles have been critical, guiding sources for a flexible, detailed multiaxial classification analysis of alleged psi experiences.

Applications in practice

The SEATTLE can be applied to every subtype of SPE and objective experience, whether spontaneous, experimental or induced. Ultimately, SEATTLE data analyses allow research and clinical meta-analyses of anomalous events where important phenomenological commonalities and differences could contribute to significant theoretical, paradigmatic and research advances.

Examples of the early attempts to classify phenomenological parapsychology and consciousness

research, relate to the author's published data (1977-on), namely:

- the diagnostic entity of Subjective Paranormal Experience Psychosis; (Neppe and Tucker, 1989)
- links of the physiological features of temporal lobe functioning to SPEs; (Neppe, 2009)
- biological measures of outcome such as pharmacological responsiveness and toleration differences with Subjective Paranormal Experients versus Schizophrenics. (Neppe, 1988a, b)
- demonstrable plurality of the déjà vu phenomenon demonstrating four different nosological groups. This very large Neppe déjà vu study is a particularly good example of detailed phenomenological analysis illustrating the real-life research application of such phenomenological analyses. (Neppe, 1983b)

These demonstrate that the empirical phenomenological analytical parapsychological approach is valuable.

Specifically, such research allows fruitful hypotheses that not all subjective paranormal experiences derive from or are associated with the same brain locus or are predisposed to by the same specific psychopathological or psychological conditions, states or traits. [E.g. out of body experiences (OBEs) induced by stimulating the brain are quite phenomenologically different from spontaneous OBEs] (Neppe, 2008b). Such dissimilarities empirically justify the need for a consistent multiaxial classification system. This allows clustering of similar sets of occurrences and differentiation from the dissimilar.

Experimental psi research may also benefit from this approach. Rare non-artifactual positive original results may not be replicated because tightened or different experimental controls might remove special environmental, interpersonal and psychological psi-conducive effects. Experimenters must be listed to account for experimenter effects and there is no getting around the attitudes (e.g. Schmeidler "sheep-goat" [Schmeidler, 1976]) and previous success of the subjects. Such details as local sidereal time will only make a possible difference if it is recorded (Spottiwoode, 1997)

Contradictory results have become a norm as replication attempts produce declining psi phenomena. Some of these non-replications may possibly be because of different biopsychophysical circumstances—we are attempting a different experiment, with subtle though different key variables. This leads to the paradox of the inherent non-replicability of psi because of subtle experimental changes. In reality, epiphenomena may reflect

vastly different origins: documentation of differences in experimental protocol are key for the future of the discipline. Similarly, we must detail the second major domain of consciousness research, namely investigation of spontaneous phenomena.

Integration.

The SEATTLE can be applied to every subtype of SPE and objective experience, whether spontaneous, experimental or induced. Ultimately, SEATTLE data analyses allows research and clinical meta-analyses of anomalous events where important phenomenological commonalities and differences could allow significant theoretical, paradigmatic and research advances.

The SEATTLE axes involve preliminary, novel attempts to clarify developing a multiaxial system for describing subjective paranormal experiences. But until we consistently document each and every experience in detail, we will create non-replicable, heterogeneity, even in our experimental protocols. Applying a multi-axial phenomenological approach allows us to consistently document attitudes and expectations of the experimenters, subjects and observers and to realize that a supposed replication was not a true replication, because significant data sets were different.)

The SEATTLE classification allows for potential worldwide collaborations and a major new funding direction. Most importantly a more unified multiaxial database could arise with developments like those that occurred in Psychiatry through DSM.

Dialing a complex telephone number produces entirely divergent results when one digit is in error: In psi and in consciousness research, we realize that non-replicability may be because exactly the same phenomenology was not researched. SEATTLE now requires empirical testing and routine use in research.

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