

PARAKINESIS

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Introduction and Etymological Context

The term **Parakinesis** presents a significant challenge in academic discourse due to its inherent semantic duality, functioning simultaneously within the realm of parapsychology and, albeit rarely, as a formal descriptor in clinical medicine. Etymologically, the term combines the Greek prefix *para-*, meaning alongside, beyond, or abnormal, with *-kinesis*, meaning movement. This construction immediately suggests movement that is either anomalous, occurring outside standard physical constraints, or disordered and deviant from normal physiological function. Understanding **Parakinesis** requires careful contextualization, as its meaning shifts drastically depending on whether the discussion pertains to metaphysical concepts of mind-matter interaction or established neurological pathology. This entry will elaborate on both principal usages, highlighting the profound divergence in their epistemological acceptance and empirical basis, while also acknowledging the historical overlap that permits the term's occasional appearance across disparate fields.

In its most controversial application, **Parakinesis** is invoked within parapsychological literature to describe a non-physical causation of movement. This definition posits a mechanism independent of known mechanical, electromagnetic, or biological forces, attributing the observed motion directly to consciousness, intention, or some form of non-conventional energy transmission. This usage is conceptually linked to phenomena that defy conventional scientific explanation, such as objects moving without contact or subtle influences exerted on random systems. Conversely, the clinical medical application of the term is far more grounded in empirical observation and physiological processes, where **Parakinesis** serves as an occasional synonym for **Parakinesia**--a recognized motor disorder involving abnormal or unintended movements resulting from demonstrable neurological dysfunction.

The linguistic ambiguity surrounding **Parakinesis** necessitates a rigorous approach to definition. When discussing the metaphysical sense, one must acknowledge that the concept operates outside the boundaries of mainstream physics and neuroscience, relying heavily on anecdotal evidence or studies conducted under methodological frameworks that often fail to meet the rigorous standards of scientific reproducibility. When utilized in a medical context, however, the term refers to symptoms that are observable, measurable, and directly linked to structural or functional deficits within the central nervous system, particularly those involving the motor pathways. This extreme contrast underscores why the term, though singular, describes two vastly different classes of phenomena, one accepted as pathological fact, the other relegated primarily to hypothesis or speculative theory.

Parakinesis in Parapsychology: The Link to Psychokinesis

In the field of parapsychology, **Parakinesis** is fundamentally synonymous with **Psychokinesis (PK)**, which is defined as the purported ability of the mind to influence external physical systems or

events without the involvement of any known physical energy or instrument. The core assertion of **Parakinesis** in this context is that intentional mental effort can directly affect the physical world, causing objects to move, change shape, or altering the probability of random occurrences. This usage is rooted in the belief that consciousness possesses a non-local, causal power capable of transcending the limitations imposed by classical Newtonian physics and standard biological models of perception and action. Therefore, any movement attributed to PK--whether the bending of spoons or the influencing of microscopic quantum events--is classified under the umbrella of **Parakinesis**.

The parapsychological framework often subdivides **Parakinesis** based on the scale and complexity of the effect. Macro-PK refers to effects large enough to be immediately visible, such as the levitation of objects, the displacement of furniture, or the previously mentioned metal bending. Conversely, micro-PK involves highly subtle influences exerted on probabilistic systems, such as affecting the output of Random Number Generators (RNGs) or influencing the decay rates of radioactive isotopes. Proponents suggest that micro-PK is more statistically measurable and less prone to outright physical fraud, making it the primary focus of contemporary parapsychological research attempting to gather quantitative evidence for the existence of **Parakinesis**.

Despite decades of dedicated research and numerous highly publicized studies, the concept of **Parakinesis** remains outside the accepted domain of science. The challenge lies in isolating the alleged mental influence from chance, expectation bias, or experimental artifact. Furthermore, the theoretical mechanism remains completely undefined; **Parakinesis** requires the postulation of an unknown force or energy transmission pathway that interacts with matter while remaining undetectable by standard instrumentation designed to measure known forces (gravity, electromagnetism, strong and weak nuclear forces). This necessity for a radical revision of physics places a tremendous burden of proof upon those asserting the reality of mentally induced movement.

Scientific Skepticism and Methodological Challenges

As noted in the original definition, the vast majority of established scientists and researchers do not accept the concept of **Parakinesis** in its parapsychological form. This skepticism stems not from mere disbelief, but from a fundamental adherence to the principles of methodological naturalism, which mandate that phenomena must be explained by natural causes and must be reliably reproducible under controlled, double-blind conditions. The defining characteristic of **Parakinesis** research, across numerous independent laboratories, has been the failure to consistently reproduce the purported effects when rigorous controls are implemented, specifically those designed to eliminate observational bias and sensory leakage.

The critiques of **Parakinesis** research are manifold and often center on experimental design flaws.

In many studies claiming positive results, critics point to issues such as inadequate randomization, selective reporting of data (the 'file drawer problem'), and inappropriate statistical analysis that inflates the significance of chance fluctuations. The complexity of conducting experiments where the subject's expectation or the experimenter's subconscious bias might subtly influence the outcome demands extraordinarily stringent safeguards, which, when fully applied, generally result in null findings. Therefore, the lack of reliable, independent verification means that the purported effects of **Parakinesis** cannot be integrated into the body of scientific knowledge.

Furthermore, the theoretical implications of **Parakinesis** present insurmountable difficulties for modern physics. If mental intention could unilaterally cause movement, it would violate established physical laws such as the conservation of energy and momentum. Explaining how a purely mental state could transfer energy to a physical object without a measurable intermediary force requires a complete overhaul of the standard model of particle physics and the fundamental understanding of causality. Because no empirical evidence currently warrants such a profound theoretical revision, the scientific consensus holds that reports of **Parakinesis** are best explained by known psychological factors, misinterpretation of data, or deliberate deception, firmly positioning the concept outside mainstream scientific inquiry.

Parakinesis in Medical Terminology: Synonym for Parakinesia

In stark contrast to its metaphysical usage, the appearance of **Parakinesis** within the medical and neurological lexicon is strictly empirical, serving as an occasional, though less preferred, synonym for **Parakinesia**. This medical term describes a range of motor disorders characterized by abnormal, disordered, or unintended movements that occur either spontaneously or during the execution of a voluntary action. Unlike the parapsychological definition, the medical meaning is entirely grounded in observable physiological abnormality, primarily involving damage or dysfunction within the central nervous system structures responsible for motor control, such as the basal ganglia, the cerebellum, and the motor cortex.

The preference for **Parakinesia** over **Parakinesis** reflects a broader trend toward standardization in clinical nomenclature, yet the latter term persists occasionally in older texts or specific regional medical practices. Regardless of the suffix used, the core clinical concept remains the same: the movement is pathologically wrong or "beside" (para-) the intended movement. These movements are not purposeful and often interfere with the patient's ability to perform routine activities of daily living. Crucially, the occurrence of **Parakinesia** is not attributed to external mental force but to internal, demonstrable neurological deficits, often resulting from neurodegenerative diseases, stroke, trauma, or certain medication side effects.

When a physician uses the term **Parakinesis**, they are referring to a symptom characterized by a breakdown in the smooth, coordinated execution of movement plans. This can manifest as an

intrusion of involuntary movements during a voluntary task, such as a tremor worsening when reaching for an object, or as an inappropriate sequencing of muscle activation. The diagnosis and categorization of these abnormal movements are essential for effective treatment, as different underlying causes require highly specific pharmacological or surgical interventions. Thus, within the clinical setting, **Parakinesia** is treated as a verifiable symptom of underlying pathology, fully integrated into the standard medical model of disease.

Clinical Manifestations of Parakinesia

The clinical manifestations encompassed by **Parakinesia** (and hence, medical **Parakinesia**) are broad, reflecting the complexity of the motor system. These manifestations often fall under the category of dyskinesias, which are characterized by movements that are excessive, purposeless, and frequently repetitive. One common manifestation involves tics, which are sudden, rapid, nonrhythmic movements or vocalizations that are partially suppressible but ultimately involuntary. These motor symptoms represent a failure in the inhibitory circuits of the basal ganglia, leading to the release of unwanted motor programs.

Furthermore, **Parakinesia** can describe highly complex and continuous involuntary movements such as chorea, characterized by irregular, flowing, dance-like motions that shift unpredictably from one part of the body to another, often seen in conditions like Huntington's disease. It also covers dystonia, where sustained or intermittent muscle contractions cause abnormal, often repetitive, twisting postures or movements. In these cases, the term accurately captures the "abnormal movement" aspect derived from the Greek prefix, as the patient's intended motor output is polluted by the pathological input from a compromised nervous system.

Distinguishing the specific nature of the parakinetic movement is crucial for neurological diagnosis. For instance, while rigidity and bradykinesia (slowness of movement) are hallmarks of Parkinson's disease, certain treatment-related side effects can induce their own forms of **Parakinesia**, known as L-DOPA-induced dyskinesias, which involve writhing or swaying movements that complicate management. The precise description of these abnormal movements--their timing, amplitude, and relationship to voluntary action--allows neurologists to localize the likely site of dysfunction and tailor therapeutic approaches, whether through medication adjustments, deep brain stimulation, or physical therapy.

Differentiating Parakinesia from Related Motor Disorders

In the rigorous structure of modern neurology, precise terminology is paramount, which partially explains the preference for specialized terms over the general **Parakinesia/Parakinesia**. It is essential to differentiate parakinetic movements from other forms of motor impairment that, while also abnormal, stem from distinct pathophysiological mechanisms. For example, **Parakinesia**,

defined as the intrusion of unwanted movement, must be distinguished from apraxia, which is the inability to perform learned, purposeful movements despite having intact motor function, sensation, and comprehension. Apraxia relates to a deficit in the cognitive planning of movement, whereas **Parakinesis** relates to a deficit in the execution and modulation of movement.

Another important distinction is made between **Parakinesis** and ataxia, which describes a lack of coordination resulting from cerebellar dysfunction. While both conditions result in poorly controlled movement, ataxia typically manifests as clumsiness, imbalance, and gait instability, often without the specific intrusive, involuntary movements that define parakinetic states like tics or chorea. The differentiation relies heavily on clinical examination, where the neurologist assesses the quality of movement, the pattern of muscle activation, and the specific brain structures implicated by other accompanying neurological signs.

The umbrella term **Parakinesis** is useful primarily for initial descriptive purposes, signaling that a movement disorder is present. However, the current clinical practice demands that the specific type of dyskinesia be identified--whether it is tremor, myoclonus, ballism, or dystonia--to ensure the application of the most relevant therapeutic protocols. Therefore, while **Parakinesis** remains technically accurate as a descriptive term for abnormal movement, its utility is often superseded by more granular, precise diagnostic labels that reflect a deeper understanding of the underlying neuropathology and specific circuit failure.

Historical Context and Usage Variation

The history of **Parakinesis** reveals why the term developed such divergent meanings. In the late 19th and early 20th centuries, as psychical research gained popularity, researchers sought terms that could lend scientific credibility to unexplained phenomena like table rapping or spontaneous object movement. Terms like **Parakinesis** or **Psychokinesis** were coined to categorize these purported mind-over-matter effects, placing them "beyond" or "alongside" known physics. This usage was driven by speculative theory attempting to define a new domain of inquiry separate from physics and psychology proper.

Concurrently, medicine was developing its understanding of neurological disease. Before sophisticated neuroimaging and detailed neurotransmitter knowledge, many forms of involuntary movement were grouped under broad descriptive terms. **Parakinesia**, and its variant **Parakinesis**, became useful labels for movements that deviated from the expected voluntary control. The medical usage was empirical, based on observation of patient suffering, but lacked the precise etiological differentiation that modern neurology provides. The preference for **Parakinesia** established itself over time as medical literature sought clearer demarcation from the metaphysical claims associated with the term's parallel parapsychological usage.

The occasional persistence of **Parakinesis** in medical texts today is largely a matter of historical

continuity or regional linguistic variation, rather than a deliberate clinical distinction. However, given the overwhelming association of the term with non-scientific claims concerning psychical powers, modern editors and researchers strongly advise the exclusive use of **Parakinesia** when referring to pathological motor symptoms to avoid ambiguity and to maintain professional distance from metaphysical speculation. This semantic clarity is essential for communication within the highly regulated and evidence-based environment of clinical medicine.

Conclusion: Ambiguity Across Disciplines

The definition of **Parakinesis** encapsulates a profound division between disciplines. On one hand, it represents a concept vital to parapsychology, defining the highest level of purported mental influence over the physical world. This definition is highly speculative, lacking empirical support that satisfies mainstream scientific criteria, and remains controversial due to its violation of fundamental physical laws. The continued belief in this form of **Parakinesis** often relies on interpretations of probability, subjective experience, or the rejection of scientific materialism.

On the other hand, **Parakinesis** functions as a technical, albeit secondary, medical term describing measurable and verifiable abnormalities in motor control--a clinical finding requiring diagnosis and intervention. In this context, the term relates directly to known human physiology and pathology, attributing abnormal movement to specific deficits in neural circuitry. This duality requires anyone encountering the term **Parakinesis** to immediately assess the contextual source--whether philosophical, popular, or clinical--to accurately interpret its intended meaning.

Ultimately, the term serves as a powerful example of semantic drift and disciplinary isolation. While the sensationalized parapsychological definition captures public imagination, only the medical definition, synonymous with **Parakinesia**, holds validity within established scientific and clinical frameworks. The movement described by the medical term is a tangible pathology demanding treatment, whereas the movement described by the parapsychological term remains an unproven hypothesis awaiting rigorous, reproducible evidence that, to date, has not been successfully generated.