

Perspectives of Clinical Parapsychology: An Introductory Reader

edited by Wim H. Kramer, Eberhard Bauer, and Gerd H. Hovelmann. Bunnik, The Netherlands: Stichting Het Johan Borgman Fonds, 2012. 320 pp. \$38.95 (paperback). ISBN 9789081835701.

This valuable compilation of 12 papers was initially presented at a conference held in The Netherlands in 2007, where 20 professionals from different countries gathered to address the different aspects and clinical needs of people suffering from exceptional or anomalous experiences. As a clinical psychologist who has worked with such clients for more than 35 years, I found this book to be an excellent contribution to a field that according to Tierney (1993) appears to be increasingly needed.

Numerous surveys conducted by contributors to this volume may partially explain why that need may be growing. Eyebrects and Gerding, for example, cite in their contribution, "Explorations in Clinical Parapsychology," that within the Dutch population, 63% of those surveyed believe in a person's ability to have contact with the deceased, and 40% of that group indicated they actually had had such an experience (p. 38). Parra, in his contribution, "A Group Therapy Approach to Exceptional Human Experiences," reports that among 392 undergraduates surveyed in Argentina, 66% indicated they experienced incidents of telepathy, while 50% reported ESP in dreams (p. 89). In Germany, Zahradnik & von Lucadou note in "A Counseling Approach to Extraordinary Experiences" that as many as 75% of those surveyed from the general population reported having had extraordinary personal experiences classified as paranormal (p. 119). Outside this volume, other investigations such as the one conducted in the United States by Gallup (2005) found that 73% of those surveyed believed in at least one of ten paranormal items presented in the survey.

Bauer and Schetsche (2003) suggest that these high levels of belief in the paranormal, particularly in the West, may in part be attributable to the popularity of mass media attention given to the paranormal: Television programs like *The Medium* and *Six Feet Under*; movies like *The Sixth Sense*, *The Matrix*, and *Paranormal Activity*; and books like the *Harry Potter* series.

This surprisingly high level of belief and familiarity with the paranormal might indeed contribute to why more clients may be showing up for psychotherapy following an exceptional experience. It also may be that similar to other previously considered "unspeakable" topics like child abuse or incest, disclosing exceptional or anomalous experiences may now seem safer to broach in therapy.

Other papers in this volume present various strategies and approaches for understanding and treating individuals who report having experienced anomalous phenomena. Kramer, one of the three editors and first contributor to this book, points out in “Experiences with Psi Counseling in Holland,” that when treating such individuals, “We are not so much interested in whether the alleged paranormal experience is a real or pseudo psi phenomena. What is important is that the client experiences it as real” (p. 14). Again, Tierney further advises that we “separate therapeutic goals from the desire to collect evidence of psi,” and that we’re clear about our priority (p. 27).

However, even when giving appropriate priority to therapeutic goals while respecting the phenomenological perspective of the client, the therapist may find reasonable claims of anomalous phenomena *and* evidence of psychopathology. The greater clinical challenge then is discerning how the interactions of both the anomalous and the pathological have become entangled. When that occurs, it may not be sufficient to just provide supportive counseling with information about the paranormal to allay their anxiety. When plausible claims of the anomalous are accompanied by psychopathology, a more in-depth clinical and pharmacological intervention may be required to address the full scope of the problem.

Frequently, psychological problems that preceded or follow an exceptional experience may warrant a diagnosis, and the broader clinical challenge may require disentangling the exceptional experience from its intermingling psychological disturbances. An example of a pre-morbid clinical problem preceding an exceptional experience that would warrant a diagnosis might be a seriously depressed client who in attempting an unsuccessful suicide, has a near-death experience. Alternatively, an individual who was free of any psychopathology prior to an NDE, might present a diagnosable condition that arises as a result of the exceptional experience. With regard to this later example, Greyson and Harris (1987) and Furn (1987) found that some psychologically healthy individuals who had an NDE show lingering effects that may justify a diagnosis of depression. However, they note that their depression may be less severe than the more pathological type mentioned in the former example.

Other individuals who have experienced exceptional phenomena may also present clinical concerns such as PTSD, anxiety disorder, complicated bereavement, paranoia, or in extreme situations what might even temporarily appear to be a transient psychotic reaction. At the least, according to Harris Friedman (2012), the impact and attempt to integrate an exceptional experience may justify a diagnosis of an adjustment disorder in combination with the DSM-V Code “spiritual or religious problem.”

With regard to this clinical challenge of addressing the many facets

of such clients, Ahmed, in her chapter “Psychotherapeutic Approaches to Major Paranormal Experiences (MPE)” states

Clinical pictures centering around extraordinary experiences are unimaginably complex because of their multidimensional nature, exhibiting paranormal aspects, certainly, but also psychopathological, cultural, and a variety of other aspects. (p. 67)

I find that the more one investigates the field of Clinical Parapsychology, the more one discovers the need for it as both valid and challenging. It requires that the therapist be well-versed in the evidence-based research that does indeed exist on parapsychology, be a sound clinician capable of distinguishing a legitimate exceptional experience from psychopathology, and be capable of disentangling the interweaving of both (Pasciuti 2012). But due to some therapist’s pre-loaded attitudes and judgments of parapsychology, many clients presenting exceptional experiences are wrongfully diagnosed as exclusively pathological, and find the potential authenticity of what they present discounted before it is given full consideration.

Hovelmann, in the last paper in this volume, “Clinical Aspects of Exceptional Human Experiences: A Working Bibliography,” states, “there still is no agreed upon conceptual framework for the treatment of clients distressed by exceptional human experiences and for the meaningful discussion of clinical aspects of parapsychology” (p. 193). However, it is suggested that in order for therapists to be adequately prepared for the challenge such clients present, they become familiar with at least some recent works in the field of parapsychological research. He recommends books such as *Irreducible Mind: Toward a Psychology for the 21st Century* (Kelly, Kelly, Crabtree, Grosso, & Greyson 2007), and *Varieties of Anomalous Experience* (Cardeña, Lynn, & Krippner 2000). And for those who would like to sample from a broader selection of research and publications on parapsychology, he and his collaborators offer in this book, one of the most extensive and painstaking compilations of references: a 123-page bibliography that in and of itself is worth the price of admission.

I highly recommend this book to any psychotherapist who may occasionally work with clients presenting exceptional or anomalous experiences. It provides an excellent selection of papers from some of the leaders in the field, and will assist you greatly.

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