Perspectives of Clinical Parapsychology: An Introductory Reader edited by Wim H. Kramer, Eberhard Bauer, and Gerd H. Hövelmann. Bunnik, The Netherlands: Stichtung Het Johan Borgman Fonds, 2012. Pp. 320. $38.95 (paperback). ISBN/EAN 978-90-818357-0-1.

Scholarly research collections of the "paranormal" and the field of parapsychology itself have been focused on phenomenological aspects, theoretical causes, or metaphysical implications. In contrast, *Perspectives of Clinical Parapsychology* is a major attempt to consolidate research in the area of clinical approaches regarding exceptional human experiences. Each of the articles, written by mental health professionals and researchers from Europe and South America, provides an exceedingly valuable perspective and contribution to the knowledge-base. However, the editors and several of the authors rightfully voice concerns about the field as a whole while making appeals for more research. My concerns echo theirs, and I provide a few of my own.

As an important and unique compendium in this field, *Perspectives* is an excellent starting point for interested clinicians. The paucity of clinical research on the needs of experiencers—together with the diversity in approaches, philosophies, and backgrounds—contributes to inherent weaknesses in the relatively new field as a whole. There are divergent views in direction, (i.e. maintaining clinical parapsychology as a "border" field vs. mainstreaming), an overgeneralization of the clinical needs within the "extraordinary experience" population, and the exclusion of spiritual experiences or spiritual factors.

The term "extraordinary or exceptional experience" appears in several articles as an umbrella term for all types of experiences, yet the clinical needs and approaches may be quite distinct, complex, and different. Generalizations are made for the whole population, but the authors have been working or appear to be working with various subsets of experiencers. Distinctions are not always clear. Just as the medical and mental health fields have very diverse subpopulations within greater populations, so are there very distinct subpopulations within the greater population of those of who have had "exceptional experiences." Different types of experiences most likely will result in different needs and responses. For example, persons who have had a disturbing poltergeist experience will most certainly require a different approach than someone who has had an ecstatic encounter with the divine. A spontaneous, love-filled, near-death experience that is cherished by the experiencer may subsequently result in disorientation, depression, or other post-experience stressors, whereas someone who is dealing with poltergeist activity may want relief from the distressing experiences themselves.

Jon Klimo, in a separate publication entitled "Clinical Parapsychology and the Nature of Reality," stated that professionals would be optimally trained in "making it [the experience] stop;" or, conversely, "help in finding ways to develop it further for positive use for oneself and others" (Klimo, 1998). The second option is not represented in *Perspectives.*

Additionally, a person who is dealing with an ongoing spiritual emergency, mimicking psychosis, requires yet another set of skills and interventions. "Grandiosity" seen during a spiritual emergency may be a "symptom." However, for near-death experiencers, "grandiosity" might simply be a normal, excited response to a hyper-real experience with the divine. Kundalini awakenings may require another set of skills. Children and people of other cultures with a range of views of the "paranormal" also have vastly different needs, which adds to the complexity of the field. Without large-scale, diverse, open-ended qualitative and quantitative needs assessments of the many subpopulations, I would argue that very few generalizations or assumptions should be made and that most approaches will eventually need to be subjected to standards not yet developed, confirmed, or tested. For me, this is a matter of ethics.

With the enormous numbers of people reporting these experiences, my view is that this field needs the help of mainstream resources—that is, funding sources, foundations for research, and the support of major institutions. For this, we will need to set very high standards of research and get clearer about the scale and scope of the issues, as well as the populations.

Another weakness in this field is the stripping of spiritual aspects in parapsychological research. From an experiencer's perspective, spiritual implications may often be at the core of the stressors and the very reason some experiencers seek professional help. Finding purpose in life, dealing with "homesickness" or struggling with new values learned in the experience are just a few of the major challenges faced by those who have had near-death or similar experiences. These issues and how to deal with them are all but absent

from *Perspectives*. Ironically, spirituality itself, while still seemingly invisible to the parapsychology world, is not avoided by the mainstream. NIH has funded hundreds of research projects related to spirituality and health. Resultant positive correlations have led to increases in cultural competency requirements for mental health professionals. The inclusion of spiritual experiences as a nonpathological category in the DSM-IV is another example of increasing mainstream recognition.

Niko Kohl's chapter entitled "Are Spiritual and Transpersonal Aspects Important for Clinical Parapsychology?"(pp. 135–148) brings the issue of spiritual experiences to the forefront and provides a welcome and much needed historical perspective.

The chapter "A Counseling Approach to Extraordinary Experiences" by Zahradnik and von Lucadou (pp.118–134) seems to confuse terminology and disciplines when they say people can approach their parapsychological counseling center in Freiburg with "so-called" spiritual experiences, yet the approaches seem to be geared to individuals who have had "occult" or poltergeist-like experiences. Again, no distinction is made. Some comments seem dismissive of the experience itself, invalidating the experiencer, overgeneralizing, and based on opinion rather than objective data. This is hardly an effective counseling approach in my view. Here are a few examples from their conclusions:

> Being the victim of unusual activity again also serves as a license for receiving "special help"…. Since most of the time the experients still are convinced that they belong to the reasonable, rational part of the population, they often refuse to accept such more outlandish ideas. … Sometimes the experients even describe themselves as in some way extraordinary. This measure may be characterized as "occult reorganization." (pp. 126–127)

Some disturbing experiences such as poltergeist activity may need to be "dedramatized and demythologized [as the] utmost goal of the counseling"(pp. 155–156), as suggested by Bauer, Belz, et al. in their chapter "Counseling at the IGPP (Institut für Grenzgebiete der Psychologie und Psychohygiene)," but other experiences and their responses to them are inherently and understandably dramatic. Some experiences, such as those with spiritual content, distressing or not, may need to be accepted just as they are—as potential catalysts for positive growth. They may also require validation, interpretation, and integration. "Normalization" as a counseling strategy in the sense of offering "natural, physical or physiological and neuro-biological explanations for the clients' experiences" (p. 156) may be useful for some, but these explanations can also be viewed as invalidation of the experience and therefore harmful. With the absence of scientific evidence accompanied by abundant theoretical and bogus explanations for these experiences, great care should be exercised when attempting to offer explanations. "Normalization" may happen when a client's experiences are not treated as exceptional, anomalous, bizarre, crazy, or paranormal, but normal. Prevalence studies indicate that as many as 64.9% of the population have had "ESP" experiences and as many as 31.5% of the population have had "numinous" experiences (Levin, 1993).

Another generalization—suggestive of a spiritual experience—in "Theoretical Reflections on Counseling and Therapy for Individuals Reporting ExE" by Belz and Fach, counselors at IGPP, is the following statement. "[Experiencers who have had 'intense' experiences] try to avoid difficult negative emotions using evasion towards positive affects as a coping strategy" (p.183). For a person who has had a deep, spiritual experience, "evasion" of negative emotions might not be a coping strategy, denial, or repression, but part of a deliberately chosen and newly acquired value system. The experiencer may have consciously become part of a growing "culture" that sees negativity itself in an entirely different light. Differences from the "norm" are not necessarily psychological problems. Despite these few concerns, the IGPP serves as a pioneering model of clinical approaches. Their long years of experience in this area have provided significant findings. For example, IGPP saw that understanding the whole person in relationship to the experience is a critical part of an effective therapy (p. 157). In addition, IGPP has provided practice-based evidence that interpretation of metaphorical content in the experience can be an effective therapeutic tool (p. 167).

The shift of focus from the experience itself to the needs of the experiencer requires a leap of faith some scientists are understandably not ready to make. Kramer in "Experiences with Psi Counseling in Holland" points out the issue of traditional research—isolating psi phenomena in order to measure and

control it while the emotional effects of the experiences on the experiencer remain an entirely different matter (pp.7-19). While it is "safer" to focus on the more measurable aspects of the experience itself, in so doing, the deeper meaning of the experience and its impact and potentially positive outcomes for the experiencer can get lost. This shift requires openness and empathy. It requires that the experience be accepted as a profound reality with real consequences for the individual who experienced it—or is experiencing it. If there is doubt about the reality of the experience, the needs of the individual dealing with the consequences of one will be ignored.

If the specific needs and consequences are not well understood, therapeutic approaches may not be as effective or may even be damaging. Holotropic breathwork, for example, may be just what is needed for a person having an ongoing spiritual experience or emergency mimicking psychosis. It is, however, very likely that attempts to re-create a spiritual experience are contraindicated for a person who has had a near-death experience and could already be dysfunctional in his or her obsession to return "home." This, again, points to the need for more research on the distinctions among different experiencer populations and their specific issues and needs.

There is a huge difference between "parapsychology" and "clinical parapsychology." Parapsychology is focused on the experience, while clinical parapsychology should be focused on the mental health needs of the person. There may never be proof of a spiritual realm or a reality beyond our own. Even if we can't measure, imagine, or believe in the phenomenon itself, we can still accept it as reality for someone who is suffering from the direct or indirect consequences of one. As with PTSD, we see the aftereffects of a real experience that we cannot imagine. The phenomenology of the experience itself may play only a part in developing therapeutic interventions, such as when distinctions need to be made between hallucinations and exceptional experiences, or when metaphorical or spiritual content needs to be interpreted as a therapeutic strategy or approach.

Without comprehensive research on the needs and therapeutic approaches of experiencers, clinical interventions are best seen as trial experiments. At such an early stage of research, false assumptions can easily penetrate into treatment systems and are not so easily reversed. *Perspectives* is aptly named. It should be seen as a collection of points of view. It is not a textbook for clinicians. The significance is in the results of some smaller studies that can stimulate more comprehensive research with various subpopulations. Despite the inherent problems in the field, this book, its authors, and its editors shed much-needed light and awareness. I agree with several authors who urge the establishment of clinical approaches for experiencers as a distinct field of study. The need for distinctions in terminology and demarcation of this field as a distinct discipline is made by Gerding in his article "Philosophical Counseling as Part of Clinical Parapsychology" (pp. 103–117). While not a textbook, *Perspectives* should be required reading for all who care to venture forth into the complex field of counseling individuals who have issues related to their "exceptional" experiences.

References

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