Clinical Parapsychology

Today's Implications, Tomorrow's Applications

UNIVERSITÄT
BERN

Martina Belz
Abt. Klinische Psychologie und Psychotherapie
Universität Bern
Switzerland

What is Clinical Parapsychology (CPP)?

- Related to the definition of „regular“ Clinical Psychology (CP)
- CP is that branch of Psychology (Perrez & Baumann, 2005) which deals with mental disorders und psychological aspects of somatic disorders and diseases in research, diagnostics and therapy.
- CP includes amongst others the topics
    - Etiology
    - Classification and diagnosis
    - Prevention, psychotherapy and rehabilitation
    - Epidemiology, health care and evaluation

- ⇨ CPP is that branch of CP that applies these aspects to the field of Exceptional Experiences (ExE)

Do we need CPP?

Should we put parapsychology on the couch?

No, because we are in danger to

- pathologize experiences that are widely distributed in the general population („the paranormal is normal“, Greely, 1975)

- marginalize people who report these experiences

- invalidate spiritual/mystical experiences

- disregard the salutogenetic effect of ExE

Yes, because there are many people with ExE that seek help and advice

- If ExE were positive: Need for sharing and reassurance
- If ExE were difficult and/or irritating: Need for understanding, help to integrate them
- If ExE are symptoms of ill health: Need to find help in- or outside the regular health care system

Example of the Institute of Border Areas of Psychology and Psychotherapy e.V., Freiburg, Germany (IGPP)

- 700 requests for counseling and information per year
- 60% feel distressed because of their life situation, mental health problems and/or physical problems/diseases
- 70% feel distressed because of ExE
- 60 % have experiences with psychotherapy, 49 % psychiatry
- 50% show/report symptoms of mental disorder

Basic Questions to CPP

- Does the regular health care system offer a service that meets the inquiries for help and advice of people with ExE?

- Do we have clinicians that have the expertise to deliver that help?

- Do we have clinical approaches that meet the standards for Empirically Supported Treatments (EST) as required for other areas of counseling and psychotherapy?

A Short Story of CPP I

- End of 19th century: Psychical research and the clinical sciences were fascinated by the same phenomena: spiritualism, hypnosis, somnabulism and hysteria (all related to dissociation and/or ASoC)
- Since beginning of 20th century: Psychoanalysts/ psychiatrists discussed the role of „psi" within the therapeutic relationship (transference, countertransference, dreams) and psychosis
- Jung developed concept of synchronicity as a noncausal model (1952)
- 50s:Bender published several case studies which dealt with what he called spiritistic or mediumistic psychoses (Bender, 1955; 1979)
- Bender's legacy: IGPP offers since its founding in 1950 information and help for people who have to cope with ExE ("Mental Hygiene")
- 60s -Transpersonal Psychology developed; considers ExE not as signs of psychopathology but of personal spiritual growth

A Short Story of CPP II

- 70s: Ullmann coins the term Clinical Parapsychology (1977)
- 80s ff: Specific integrative counseling approaches are developed (Hastings, 1983; since 1986 at the KPU in Edinburgh by Morris; Harary, 1993; Kramer, 1993; Lucadou & Poser, 1997)
- 1989: Parapsychological Foundation organized in London an international conference on “Psi and Clinical Practice” (later published by Coly & McMahon, 1993)
- 2000: *Varieties of Anomalous Experience* is edited by the APA (Cardeña, Lynn & Krippner, 2000)
- Publications about CPP counseling in Argentina (Parra, 2006), France (Si Ahmed, 2006), Scotland (Wiseman & Tierry, 2007) and Germany (Belz, 2009)
- 2007: Expert meeting with participants from 8 different countries discussed the state of the art in CPP

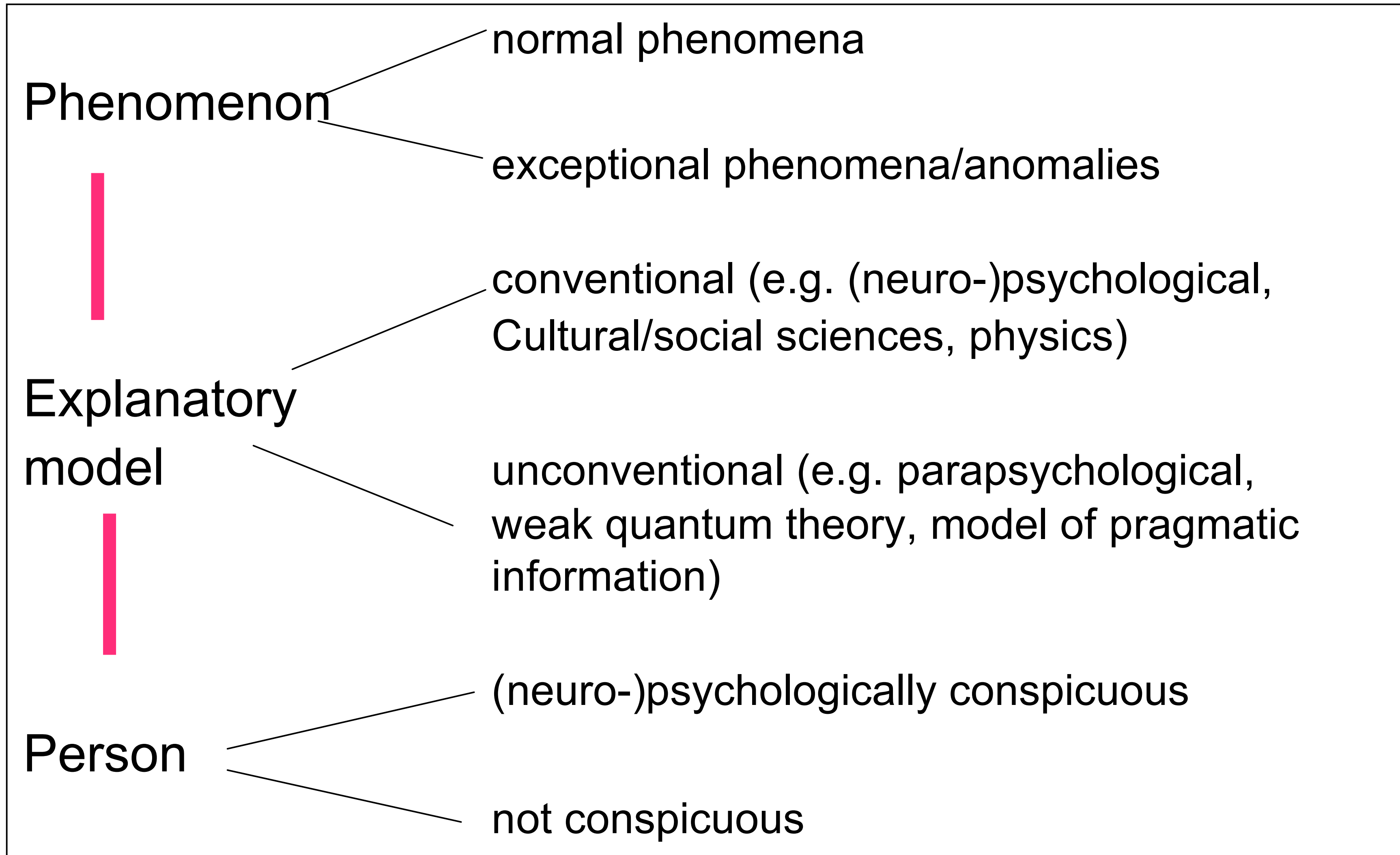
Where are we today in CPP?

- Does the regular health care system offer a service that meets this need? CPP is not part of regular health care service, counseling is primarily offered by private organisations (e.g. foundations like the IGPP) or as co-service or side-effect by research institutions (e.g. Koestler chair)

- Do we have clinicians that have the expertise to deliver that help? Some openminded psychotherapists but hardly any with special taining

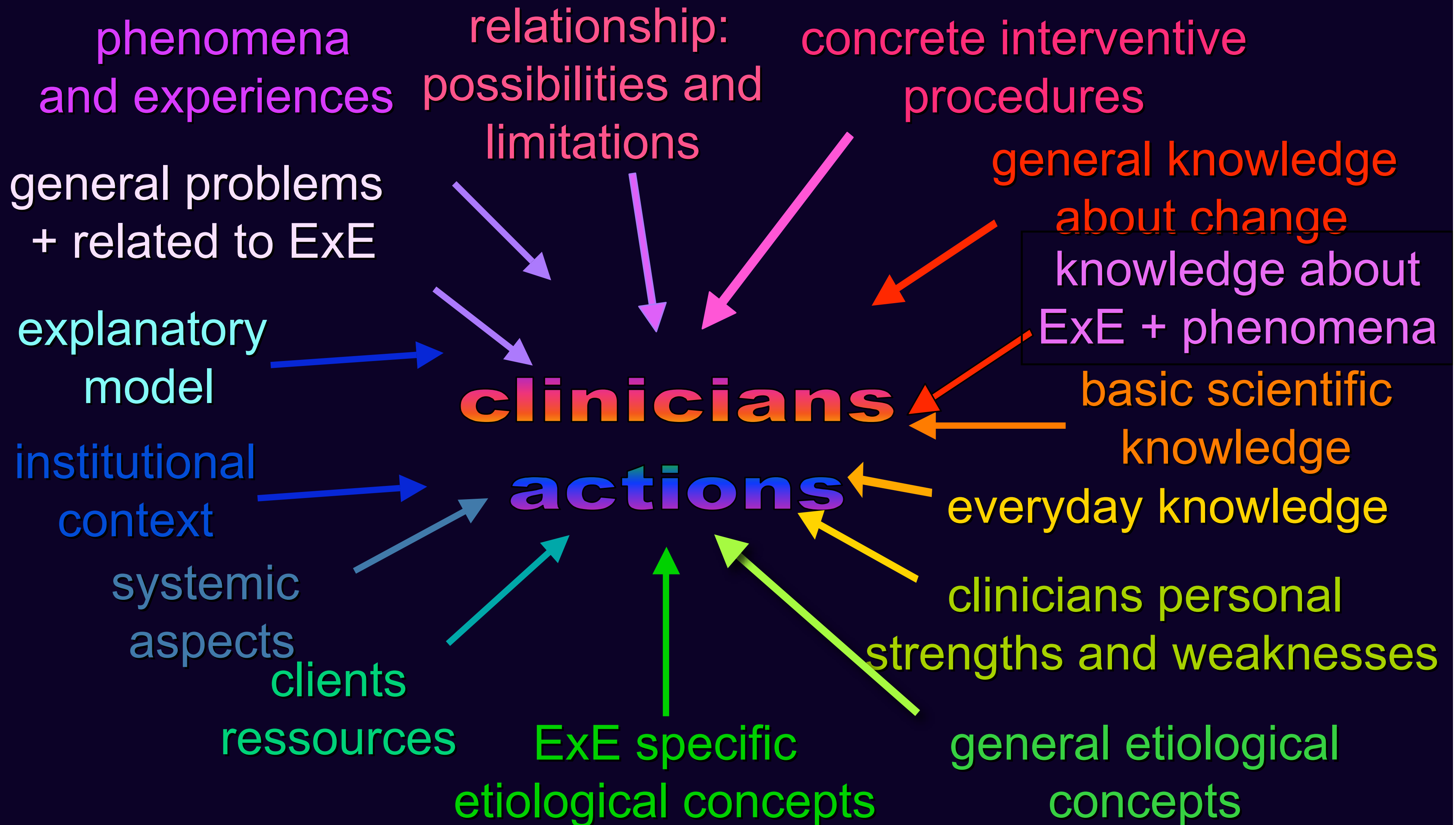
- Do we have clinical approaches that meet the standards for Empirically Supported Treatments (EST) as required for other areas of counseling and psychotherapy? Lots of inspiring ideas but empirical basis is missing

Relevant fields of knowledge for CPP

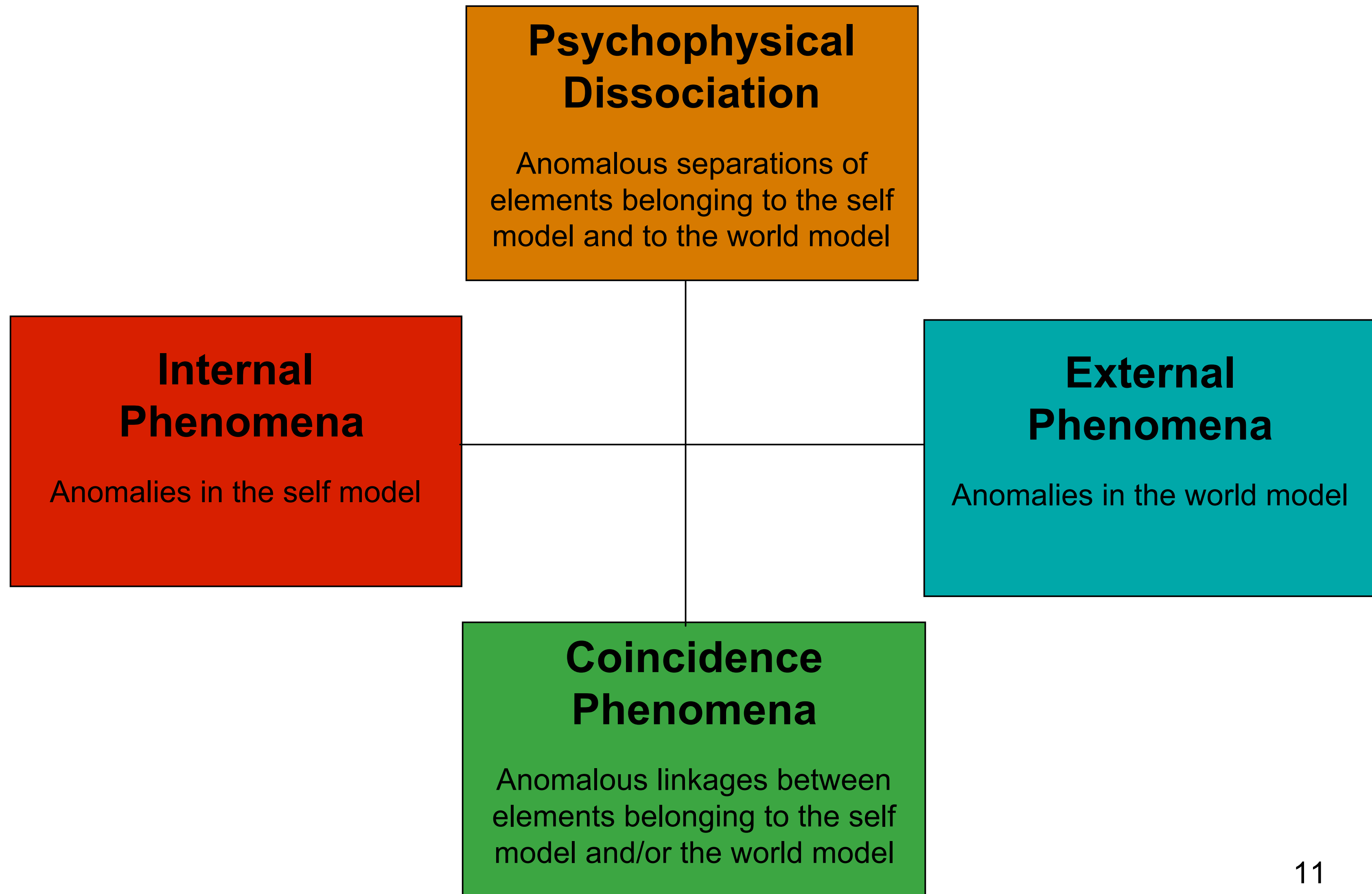


„Not one size fits all approach but creative construction model for people with ExE “

multiple constraint satisfaction

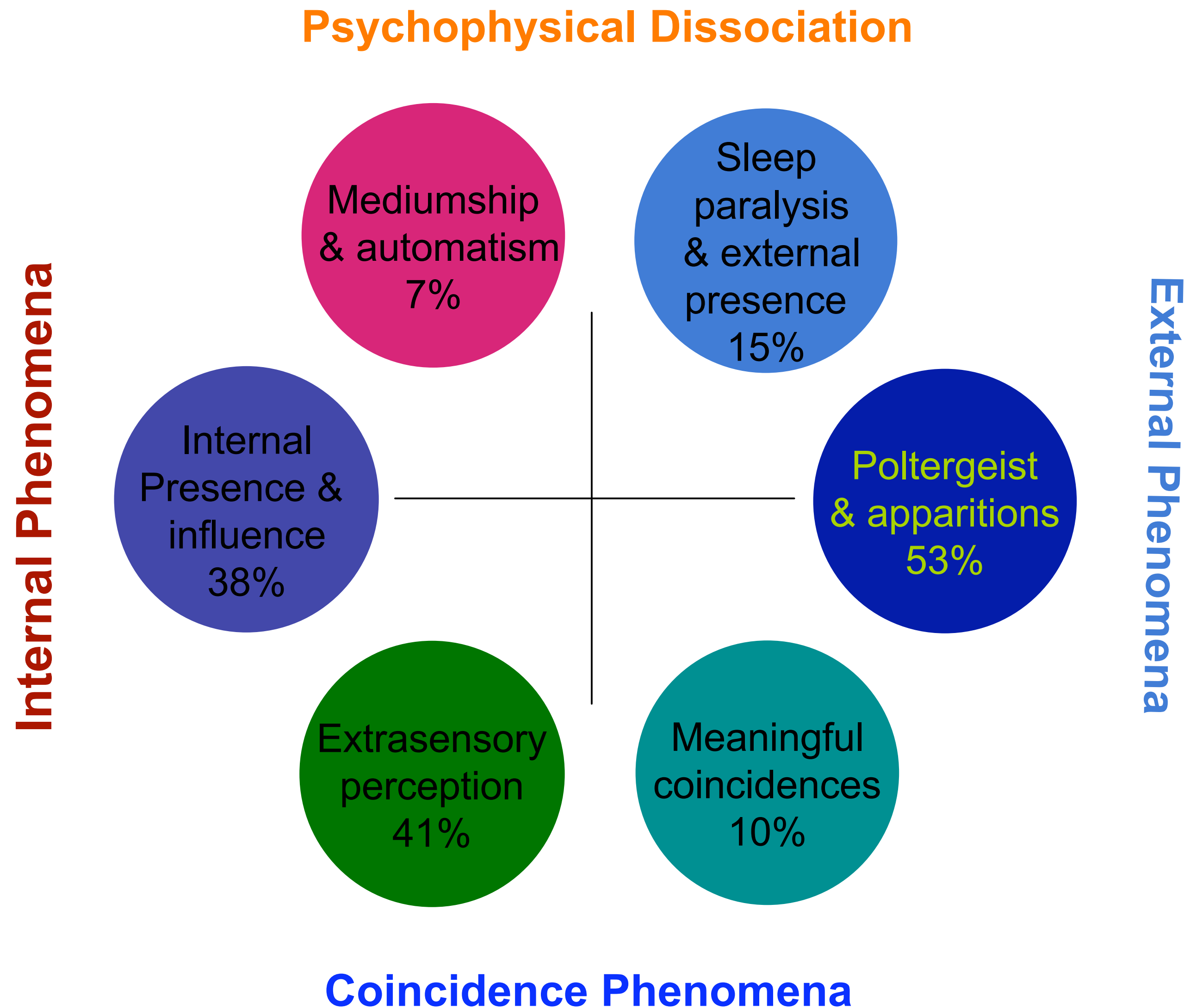


Model for the Exceptional Phenomena: “Basic Anomalies in the Reality Model” (Metzinger, 1993, 2003; Fach, 2007)



Phenomena: Some empirical data: Six Patterns of Exceptional Experiences

(based on a principal component analysis, N=1508 clients of the IGPP; Fach, 2007)



Characteristics of Persons with external and internal Phenomena (Fach & Atmanspacher, 2006)

	Poltergeist Type	**Internal Influence Type**
Social Situation	family attached hidden conflicts	single isolated overt conflicts
Characteristics of ExEs	external physical objective primordiality elusivity diffuse threat	internal psychosomatic subjective confirmation persistence concrete threat
Social Behavior	adapted approving relationships	conflictual challenging relationships
Conflict Behavior	avoiding repressing	provoking projecting

Persons: characteristics of a sample of help seeking individuals

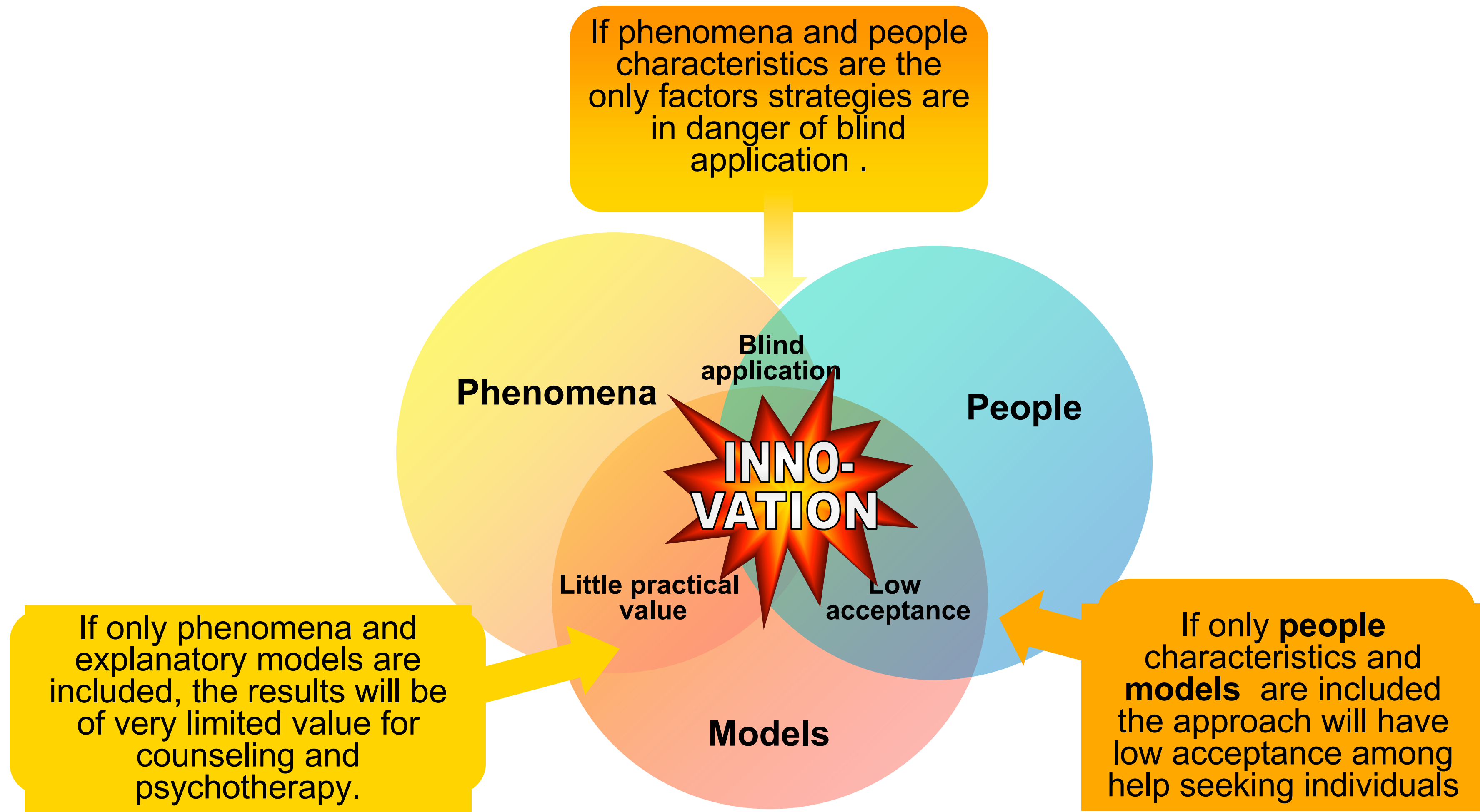
(Tölle, 2003; Spitz, 2005, Belz & Berger, in print)

- Avoidance of difficult/negative emotions
- Tendency to reinterpret difficult life events positively (evade to positive emotions)
- Downregulating negative emotions by means of intensive involvement in ExE
- Using ExE to explain personal problems and difficult emotions as a consquence of external influences
- Demonstrate own extraordinary abilities and specialty
- Intimacy/attachment + autonomy most important positive goals, loss of control most important avoidance goal
- Incongruence in attachment and intimacy
- Traumatic life events (esp. severe accidents, physical and sexual (child) abuse,) and/or severe blows of fate in biography

Some differences between ExE and Psychopathology

- People who report paranormal experiences have higher than normal levels of symptoms (McCreery & Claridge, 1995)
- Reports about ExE from clinical groups are more bizarre, more detailed and disturbing (Bentall, 2000; Jackson, 1997).
- Clinical groups report that their auditive hallucinations are uncontrollable whereas nonclinical groups have the feeling that they can controll them (Honig, Romme, Ensik, Escher, Pennings & Devires, 1998).
- Individuals diagnosed psychotic are not able to recognize the strangeness of their ExE compared to healthy individuals (Targ, Schlitz & Irwin, 2000)

Consequences for CPP?



Hence, all three factors are needed to describe CPP.

How to refer to these perspectives during intervention

- *Phenomena:* Acknowledge their central role (Phenomen are not disturbing factors but contain meaning!) and explore perceptions not interpretations (clarify the possibility of altered state of consciousness)
- *Explanatory Model:* Constructivist attitude, consider possible functional value and meaning
- *Person:* Explore possible individual characteristics of perception, information processing, emotion regulation and overlap with symptoms of disorder
- *Relationship:* Develop individually tailored motive oriented counseling or therapy relationship paying special attention to self-worth, control, attachment

Counseling goals and tasks with ExE clients

1. Help to integrate the ExE into the self-concept, support sense and meaning creating processes

2. See aetiological and functional relations between ExE, actual life situation and history of life (traumatic life events!)

3. Improve self-controll and support search for healthy and functional ways to fulfill basic needs (esp. balanced intimacy/autonomy and self-worth)

4. Support flexible patterns of thinking, help tackling old fixed and dysfunctional explanatory models (but: don´t cut the branch a client is sitting on unless you give him a ladder to climb down the tree!)

Clinical Psychology for People with ExE

Pheno-meno logy of ExE

Overlap ExE and Psycho-patho-logy

Charac-teristics of people reporting ExE

Explana-tory models for ExE

Relation-ship custom tailered to ExE

Creative construc-tion model for inter-vention

Goal- and process oriented evaluati on of interven tions

General Clinical Psychology

Where are we going?

- Use the term Clinical Psychology (CP) for ExE instead of CPP
- Use dimensional instead of categorial approaches of mental health to describe and understand ExE
- Do process and outcome research in CP (what intervention works for whom and how does it work
- Train regular licensed psychotherapists in counseling and therapy for people with ExE
- Stimulate new approaches in main stream CP based on models developed in CP for people with ExE (e.g. synchronicity, Weak quantum theory)
- „The future of parapsychology is clinical“ (R. Morris, Vienna 2004, PA conference) - Is it?

*"The difference between the mystic and the schizophrenic is that the mystic knows who **not** to talk to."*