Clinical Parapsychology: Today's Implications, Tomorrow's Applications

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Introduction

The relationship between spontaneous extraordinary or exceptional experiences (ExE) and psychopathology has been recognized as problematic from the earliest days of psychical research and the field is still riddled with controversy today. The question of whether ExE are merely symptoms of psychopathology that are just explained paranormally by the person and/or his environment, or whether these experiences are based on genuine 'paranormal' processes is an ongoing yet unresolved debate between parapsychologists, the clinical sciences and the people who report these experiences. The answer to this question isn't trivial at all, neither for the clinical sciences nor for the individuals who seek help and assistance to understand these experiences and cope with their consequences.

A survey of the effects of ExE on people's lives (Milton, 1992) found that there is a need among experients to receive guidance and reliable information concerning these experiences but this need seems rarely to have been adequately met. Although the necessity for a specific information and counseling service in the field of parapsychology has been increasingly recognized in the last twenty years, especially among the representatives of scientific parapsychology (Solfvin, 1995), professional counseling services dealing with such experiences are still extremely rare. This is even more the case when we look for approaches in clinical parapsychology (CPP) that meet the standards for Empirically Supported Treatments (EST) as required for other areas of counseling and psychotherapy.

The following article is intended as a contribution towards meeting standards of EST in clinical parapsychology. It starts with a historical perspective, and then goes through the relevant literature about different approaches that have tried to categorize paranormal phenomena. The following sections discuss the literature that has been gathered so far about the psychological functioning of individuals reporting ExE, especially their psychopathology as well as the

explanatory models used to understand and make sense of these experiences. Finally the possibilities to apply these data for counseling and psychotherapy for individuals reporting ExE are illustrated and implications for future research and the clinical field are discussed.

A Short Story of Clinical Parapsychology

More than 120 years have passed since the founding of the Society of Psychical Research in 1882. Since then several authors have pointed out possible connections between ExE, altered states of consciousness and dissociative states as they play a role in hypnosis and the dissociative identity disorder (Flournoy, 1994/1901), paranoia (Prince, 1927), hysteria (Mitchell, 1922), dissociation (Janet, 1886), somnambulism and amnesia. Pioneers such as Janet (1886) and James (1902/1958) did much to explore these phenomena. To the list of renowned scientists and clinicians that were interested in the phenomena we can add Jung (1902), Freud (1936/1984)—who for some time held a membership of both the British and American Societies for Psychical Research—and Japsers (1923/1963).

As parapsychology disappeared into the laboratory for some time (Rhine, 1934) and behaviorism in its early years warned scientists and clinicians against dealing with consciousness and mental processes—because if they did they were in danger of getting lost in a maze of introspection and mysticism (Paivio, 1975)—clinical parapsychology didn't advance much for some decades. So it were the psychiatrists and psychoanalysts like Deutsch (1926), Servadio (1935), Ehrenwald (1948), Ullman (1949), Devereux (1953), Jung (1955), Eisenbud (1970), Wolman (1977) who stuck with the topic. They discussed the role of psi in transference and countertransference, the concept of unconsious influences, psi events as they arise during psychoanalysis and the significance of psi for the understanding of psychoses. Quite a few papers were published by them often with inspiring ideas but the experimental and empirical basis for most of those publications was missing.

One of the first times the term clinical parapsychology was used was in 1977 by Montague Ullman (1977) in his paper 'Psychopathology and Psi Phenomena'. By the end of the '60s Transpersonal Psychology developed which added a new perspective by understanding exceptional or spiritual experiences not primarily as signs of psychopathology but of personal spiritual growth (Mintz &

Schmeidler, 1983). Hastings (1983) developed a counseling approach that was using techniques from the clinical sciences but based on the clear statement that for parapsychological counseling to be meaningful there must be an initial general presumption of the reality of psi on the part of the counselor independent of the individual case. In 1987 a Parapsychology Foundation conference on spontaneous psi, depth psychology and parapsychology was held in Berkeley, California. In London in 1989 the conference 'Psi and Clinical Practice' was organized by the Parapsychology Foundation, allowing experimentally working parapsychologists, clinical psychologists, psychotherapists and psychiatrists to meet and discuss aspects of CPP. The proceedings of this conference were published in 1993 and are still a valuable source of information about CPP (Coly & McMahon, 1993). They include the counseling approaches of Kramer (1993) who differentiates between a short term counseling approach and a long term approach based on Rogerian therapy, and Harary (1993) who viewed psi experiences as creative perceptual and communicative processes that need to be normalized and encouraged but if necessary also diagnosed as psychopathological processes. In 1995 at the 38th meeting of the Parapsychological Association a panel discussion on Clinical Parapsychology was organized to exchange thoughts and ideas about counseling strategies in the context of anomalous and paranormal experiences (Solvin, 1995). The APA text *Varieties of Anomalous Experience* (Cardeña, Lynn & Krippner, 2000) represents up until now the most comprehensive attempt to integrate psychological and parapsychological results with respect to exceptional and anomalistic experiences into the larger body of psychology and other behavioral sciences with a clear connection to clinical (para)psychology. In 2007 in Naarden, Netherlands, a 'Clinical Parapsychology Expert Meeting' was organized and chaired by Kramer and Bauer with participants from 8 different countries who discussed the state of the art in CPP. The proceedings of the presented papers will be published (Kramer, Bauer & Hövelmann, in press).

Clinical Psychology and Parapsychology as frame of reference

If we take on a clinical perspective in Parapsychology the topics we have to cover should be related to the questions that 'regular' Clinical Psychology has to deal with (Caspar, in press). These have to be

translated and adapted to the special field of CPP. From that point of view the relevant topics are:

- Phenomenology of ExE
- Epidemiology of ExE
- Etiology of ExE and a paranormal belief system
- Psychological functioning and psychopathology of people reporting ExE
- Diagnostic (e.g. overlap between symptoms of psychopathology and ExE; individual differences of persons with a paranormal belief system and ExE)
- Treatment of people reporting ExE

These areas of CPP can be subsumed under three different main aspects: First the *phenomena* themselves (description, epidemiology, etiology), second the *explanatory model* (different expert and subjective theories with their empirical basis and motivational value) which is used by the different persons involved (client, environment), health care system (also alternative) to explain the phenomena and third the characteristics of the affected *person* (inter-individual differences in sociodemographic and psychological variables). The following picture shows these aspects.

Aspects of ExE	
Phenomenon	Ordinary phenomenon Exceptional/anomalistic phenomenon
Explanatory model	Conventional model (e.g. (neuro-) psychology, cultural sciences, physics) Unconventional model (e.g.. parapsychology, weak quantum theory, model of pragmatic Information)
Person	Conspicuous characteristics Nonconspicuous characteristics

FIGURE 1.
Aspects of Exceptional Experiences

What do we know?

In order to understand ExE as well as possible relationships between ExE and the general psychological functioning especially of those individuals who struggle with these experiences it seems helpful to integrate the research results that looked for individual differences between experients and non-experients. Also relevant seem data concerning individual differences between those who score high on paranormal belief scales and low-scorers. In addition, the conditions of acquisition and maintenance of ExE have to be differentiated. Furthermore, the overlap between the ExE and mental disorders has to be identified. This might also help us to understand in which way ExEs are processed and related to emotions, beliefs, motives, behaviors and appraisal and which might be their functional value. Last not least we should have a closer look at that special subgroup of people who seek assistance in understanding such experiences or in coping with their reactions to them.

So what do we know after more than 120 years of CPP about the phenomena, the experients und the use of different explanatory models? Until now many studies have been undertaken, that tried to find out if there are significant relationships between people who preferrably use a paranormal belief system as *explanatory model* for exceptional experiences, i.e. have a strong paranormal belief system, and different *person* characteristics. We also find several methodological approaches that try to classify and categorize the *phenomena* and look for relationships between the phenomena and the psychological functioning of the experients. The following overview will start with the phenomena and then look at individual differences between experients and non-experients and shows the characteristics of people with a strong paranormal belief system. This will *inter alia* determine the use of different explanatory models.

The phenomena

In the literature we find several approaches to describe and categorize ExE. At the beginning of parapsychological research the preferred methodologies to gather data about paranormal phenomena were surveys with a description of ExE and case collections, e.g. Gurney, Myers & Podmore (1886), L. Rhine (1961), Haight (1979), Jaffé (1997). Traditionally the reported ExE were put into two

categories: 'cognitive phenomena' which were labeled as extrasensory perception (ESP); and 'Motoric phenomena' which encompassed different aspects of psychokinesis (PK). Later on different authors developed more sophisticated classification systems (Neppe, 1993; Berenbaum, Kerns & Raghavan, 2000) that included several phenomenological dimensions like the context of the phenomena as well as different conditions of the experients, like their state of consciousness or awareness, etc. The methodological weakness of these approaches lies in the fact that the perception of the phenomena and their interpretations as paranormal are not always clearly separated (e.g. when asking for ESP or poltergeist phenomena instead of asking what the person actually saw, heard, felt, etc.). Empirical data that show the applicability, reliability and validity of the classification systems are missing as well.

In accordance with current standards for documentation in counseling and psychotherapy, a documentary system for advice seeking individuals with ExE was developed in 1998 at the counseling department of the Institut für Grenzgebiete der Psychologie und Psychohygiene e.V. in Freiburg, Germany (IGPP) (Belz-Merk, 2002). Since then the instrument has been revised and tested several times and the counseling department has committed to use it.

The documentary system includes different modules which allow us to record a broad spectrum of relevant information. The socio-demographic and clinically relevant data of the clients cover one domain. Then there is a special section that allows us to document the reported exceptional phenomena in a rather elaborated way: it differentiates variables for all common internal, external and dissociative perceptions and phenomena as well as possible coincidences amongst them. Unusual coincidences between inherently unobtrusive internal and/or external factors can also be coded. This procedure allows a very differentiated phenomenological categorization of the reported ExE. The categories reflect the subjective view of the clients and their experience independent of the judgement of the counselors regarding the veridicality of the experience and their possible paranormal or anomalous nature. The documentary system requires also the coding of the frequencies, the beginning and duration of the ExE as well as different context factors like the state of consciousness, the external circumstances in which the ExE occured as well as the subjective beliefs and theories of the clients. Inter-rater

reliability has been tested several times with sufficiently good results and a Kappa-coefficient of $\kappa = 0.6$.

Between 1996 and 2006 1465 cases with ExE who turned to the IGPP for help and advice could be documented with this instrument with sufficient quality. The sample gives a representative picture of the advice seeking individuals and the reported phenomena. As the analysis of the data shows ExE can basically be divided into two main phenomenological groups (Belz-Merk, 2000; Belz & Fach, 2005; Fach, 2006):

- External phenomena (localized in the outer physical world)
- Internal Phenomena (localized in the inner psychic world)

Table 1 gives an overview over the reported phenomena and how the experients subjectively localized them as an internal or external perception. Corresponding experiences of the same sensoric and perceptual modality but different localization can be found in the same row.

Based on these empirically found external and internal variables the phenomena can be organized on the background of Metzinger's theory of mental representations (Fach, 2007). Metzinger (1993, 2003) postulates, that the human being creates a mental *reality model* as 'internal description' of parts of reality. This reality model consists of two fundamental components, the *self model* and the *world model* (for more details see Belz & Fach, in press).

Based on the above-mentioned components of the reality model exceptional phenomena can be reduced to four basic possibilities of anomalies in the reality model (see Figure 2). On the one hand it concerns *internal* or *external* phenomena. The former are related to anomalies in the self model the latter are related to anomalies that occur in the world model. On the other hand, phenomena may occur that concern the relation of the self and the world model.

While on the one hand during psychophysical dissociation a separation of normally integrated components of the self and the body model occur on the other hand when coincidence phenomena occur unusual links between representations in the self and/or world model occur. On closer inspection these four categories of ExE form two complementary pairs. One of them concerns the localization ('inside vs. outside') of the phenomena in the fundamental components of the reality model, the other the relation of these components, that is the self

and the world model with respect to the elements which are portrayed in it ('separated vs. related').

TABLE 1.
Phenomena and their localization in the context of exceptional experiences

External phenomena	Internal phenomena
Optical phenomena/apparitions	Visual phenomena/images
Acoustic phenomena/mimicry sounds (e.g. raps, steps, voices without identifiable source)	Auditory phenomena/hearing voices
Tactile phenomena/change in temperature	Somatic phenomena/Body sensations
Olfactory phenomena	———
———	Unusual emotions/moods
Feeling of a presence/atmosphere	———
———	Body paralysis
Kinetic phenomena/ (de-)materialisations	———
———	Out-of-body
Physical alterations/Stigmata	———
———	Automatism/mediumism/channeling
Anomalies in audio-/photo-products or objects	———
———	Thought/-intrusion
External facts/events in the personal environment	———
———	Immediate knowledge
External facts/events of a general kind	———
Other external phenomena	Other internal/psychophysical phenomena

Patterns of exceptional phenomena

When analyzed by means of a principle component analysis the documented phenomena can be combined to meaningful patterns that describe a well-known phenomenology (Belz & Fach, in press). The following list describes the factors with their frequencies:

1. Poltergeist and apparitions (53%)

This pattern includes anomalies perceived in the external world like unexplainable movements or alterations respectively, the disappearance or appearance of objects, acoustic phenomena, especially mimicry sounds (e.g., raps, steps, voices) without an identifiable source, visual impressions (apparitions of light and shapes, etc.), tactile and olfactorial phenomena for which no natural cause can be found. The reported phenomena are oftentimes associated with ghosts and/or deceased persons.

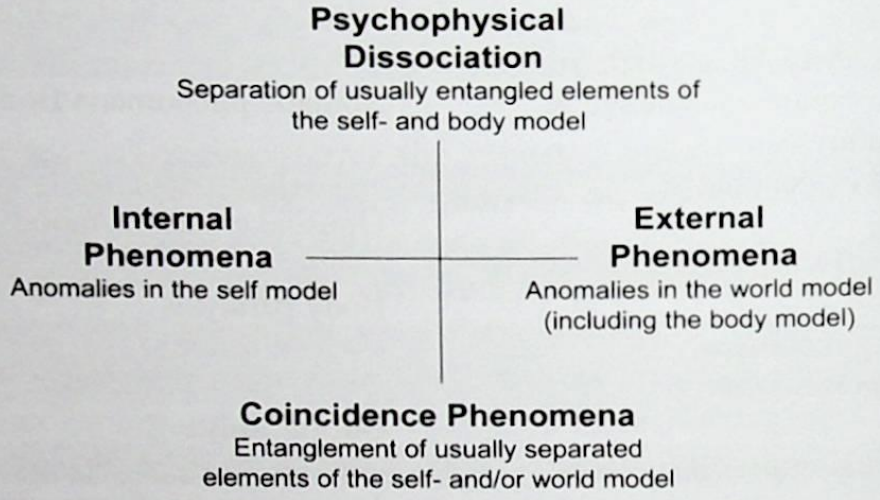

FIGURE 2.
Fundamental categories of exceptional phenomena (Fach, 2007)

2. Extrasensory perception (41%)

This pattern includes experiences in which meaningful but supposedly non-causally transmitted coincidences are reported. These are perceived by the affected individuals as occurring between internal phenomena—which can be of a usual as well as unusual nature—and inner states of other living beings (telepathy) or other external facts and events. The external facts can lie in the past or presence (clairvoyance) or in the future (precognition).

3. Internal presence and influence (38%)

Somatic phenomena (energy flux, pain) for which there seems to be no objective medical basis, hearing voices 'in the head', strange ideas and visual impressions are characteristics of this pattern which rests exclusively on internal perceptions. In many cases the phenomena are experienced as a supernatural external force on consciousness and the body. The affected individuals often assume that magic is at play or that they are possessed by external powers, ghosts or demons.

4. External presence and nightmare (15%)

The external phenomenon of 'sensing a presence' is part of a separate pattern. An invisible entity-like presence is localized in the external physical world whereby the perception is based on not qualified atmospheric sensations, less often on tactile phenomena (nightmare) which occasionally come along with a psychophysical dissociation, that is to say the inability to move the body (sleep paralysis).

5. Meaningful coincidence (10%)

This pattern refers to meaningful coincidences between exclusively external and separately considered conventional events in the environment without a satisfying causal explanation. They are mostly based on a perceived accumulation of subjectively similar events (e.g. accidents, reoccurrence of a certain number). In such cases the affected individuals get the impression they are exposed to fateful influences or heavenly messages or discover a secret conspiracy.

6. Automatism and mediumism (7%)

The exceptional feature of this pattern lies less in the inner experience but much more in a psychophysical dissociation which at least in the beginning is often induced willingly. In an altered state of consciousness without deliberate control a coordinated, autonomous bodily behavior (automatic writing, channeling etc.) appears.

Such experiences are in general understood by the affected individuals as an ability to get into contact with external forces or ghosts, therefore they are only seldom related to a feeling of being influenced unintentionally.

The three factors poltergeist (1), internal (3) and automatism (6) represent specific phenomena from the internal, the external spectrum and the spectrum of psychophysical dissociation. Factor 4 combines anomalies of the dissociative and the external area. The factors 2 and 5 differentiate between mere external coincidence phenomena and those in which internal elements correspond to external. Figure 3 shows an heuristic allocation of the six patterns with regard to their proximity to the four basic phenomenological categories—external, internal, dissociative and coincidence phenomena.

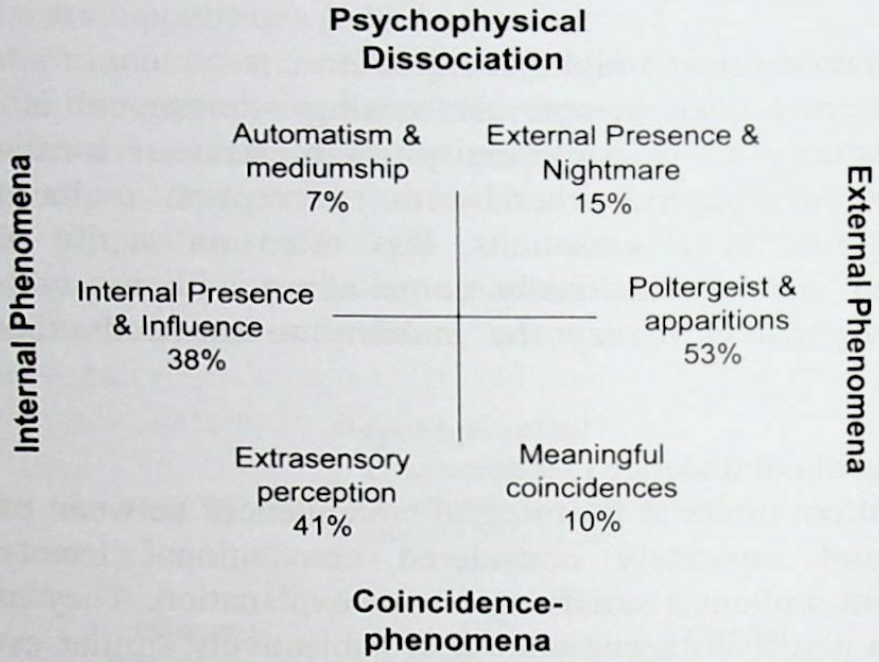

FIGURE 3.
Exceptional Experiences Pattern

Exceptional experiences, beliefs and psychopathology

A representative survey in Germany in 2000 showed that between 50% and 70% of the general population believe in the existence of paranormal phenomena and report at least one personal subjectively paranormal experience (Bauer & Schetsche, 2003). As far as we know from current epidemiological data on mental health (Jacobi, Hoyer & Wittchen, 2004) the one month prevalence of psychological disorders in Germany is 31%, lifetime prevalence is 43%. Similar results for ExE and psychopathology can be found for other western countries as well. These numbers show, that it is plain statistics to expect an overlap between individuals who have some kind of psychological disorder and the two third of the population who report their own ExE and believe in their existence. Yet several authors have noted (Broughton, 1991; Haight, 1979) that probably only about 10-15% of those who report ExE have had experiences that appear to be possible psi or actual anomalies. At least 70-80% of the individuals reporting ExE might misinterpret their experience. The motivations for such extensive misinterpretations have been explored by Irwin (2004) and Watt, Watson and Wilson (2007).

So one of the greatest challenges that CPP faces is the necessity to differentiate between a mental disorder and ExE in order to avoid

unjustified pathologization on the one hand and to identify a psychological disorder which needs adequate treatment in good time on the other hand and help those who misinterpret their naturally explainable ExE as supernatural, mystical, psychic or paranormal to come to a valid judgement.

Overlap between ExE and Psychopathology

If we compare different perceptions that are reported during ExE with the criteria for the diagnosis of a mental disorder we find quite some overlap. Table 2 shows possible phenomenological overlaps between ExE and different disorders.

Table 2 shows the most common examples of possible overlap but does not cover all possibilities. The greatest overlap can be found between the schizotypal disorder, disorders of the schizophrenic spectrum and disorders as a consequence of trauma.

Criteria to differentiate between ExE and a mental disorder

A comparison between reports of ExE of clinical and nonclinical groups show the following differences:

- 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).

If we have to decide if the reported and observed phenomena resemble the symptoms of a mental disorder or should be understood as the expression of an ExE we should take into consideration that a mental disorder is always seen as a disturbance in the functioning of the individual (Saß, Wittchen & Zaudig, 2003). So in order to classify the experience as pathological it is necessary that the experience has to cause suffering and impairment in a clinically relevant way in the interpersonal and working context. Emotion, cognitions and aspects of self-harm or being a risk for others as well as suffering and distress of the experients are relevant.

TABLE 2.
Overlap of perceptions during ExE and symptoms of mental disorders according to DSM IV and/or ICD-10

	Schizophrenia	Schizotypy	Organic Psychosis	Delusion	Hallucination	Dissoc. Disorder	Somatoform Disord.	Paranoia	Bipolar Disorder	PTSD	Borderline Dis.
External Phenomena											
Optical phenomena Apparitions	x		x		x		x				x
Acoustic phenomena Mimicry noise	x	x	x		x						x
Tactile phenomena Temperature changes	x				x				x		
Olfactory phenomena	x				x						
Feeling of a presence Atmosphere	x										
Kinetic phenomena (De-)Materializations											
Physical changes Stigmata	x					x					
Audio-/Photo-/ Object- Anomalies											
Reference to events in personal domain	x	x		x				x			
Reference to events of a general kind	x	x		x				x			
Internal Phenomena											
Visual phenomena Pictures/imageries					x	x				x	x
Auditory phenomena hearing voices		x			x	x				x	x
Somatic phenomena body sensations	x	x			x		x			x	
Unusual emotions/moods	x										x
Body paralysis											
Out-of –Body											
Automatism/Medium -ism, Channeling						x				x	x
Unusual thoughts Thought insertion	x	x		x		x		x	x		x
Sudden knowing	x	x		x				x			x

Characteristics of individuals with exceptional beliefs and experiences

Information processing

French (1992) showed in a review that high-scorers on a paranormal belief scale show a bias in reasoning and information processing that supported their belief. Brugger, Regard and Landis (1991) found that individuals with a paranormal belief system are significantly more convinced that they are able to influence chance processes. Persons with a strong paranormal belief system are more prone to expect good results in parapsychological tasks independent of the real outcome (Benassi, Sweeney & Drevno, 1979). Blackmore and Troscianko (1985) found that individuals with a paranormal belief system score far lower in tasks that test the ability to make probability judgements than individuals who are skeptical concerning paranormal belief.

In the meantime there exist numerous studies which have repeatedly shown that persons with a paranormal belief system also have elevated scores in scales that measure absorption (Tellegen & Atkinson, 1974), fantasy proneness (Rao, 1992; Wilson & Barber, 1983), suggestibility and field dependence (Hergovich, 2003) as well as transliminality (Thalbourne, 2000). This is also true for hypnotizability (Hilgard, 1974; Lynn & Sivec, 1992), imagination (Lynn & Rhue, 1986, 1987) and dissociation (Frischholz, Lipman, Braun & Sachs, 1992; Spiegel & Cardeña, 1991). Other studies have found that the same variables—that is absorption (Spiegel & Cardeña, 1991), fantasy proneness (Lynn & Sivec, 1992), hypnotizability and imagination (Whalen & Nash, 1996)—are related to dissociation and to paranormal belief (Irwin, 1994; Richards, 1991; Steinfurth, 1996; Wolfradt, 1997). For clinical groups the relationship between dissociative experiences and paranormal belief is stronger than for nonclinical groups (Wolfradt & Dorsch, 1995). Kennedy, Kanthamani and Palmer (1994) have summarized the results of studies that investigate the relationship between absorption, fantasy-proneness, and temporal lobe symptoms. They show that these factors generally correlate in the .5 to .6 range with each other and with paranormal experiences and form an interrelated cluster where all three of these personality constructs involve a high degree of imagination and fantasy.

Further variables which are related to ExE and altered states of consciousness are hypersensibility to external stimuli (Thalbourne, 2000) and 'thin-boundariedness' (Hartmann, 1991). Individuals who have rather permeable boundaries report also nightmares, sleep

paralysis but also lucid dreaming as well as especially colorful and vivid dreams and finally high scores in transliminality (Sherwood & Milner, 2004/2005). According to Jawer (2006) individuals who have a high sensitivity to external stimuli report significantly more apparitions that are subjectively classified as paranormal experience than control persons, but also more allergies, depression, migraine, nightmares and traumatic life experiences. The results of different EEG studies show that schizotypy as well as paranormal beliefs are associated with a dominance in right hemispheric processing (Pizzagalli, Lehmann & Brugger, 2001). Believers and those who report personal ExEs show high scores in schizotypical (= high preparedness to experience perceptional and cognitive contents as meaningful, which are without emotional meaning for external persons and social retention because of stressful 'emotional inoculation' by others) and rhapsodic style (critical-analytic thinking is reduced in favor of a tendency to reinterpret primarily negative events positively) (Spitz, 2005).

So individuals with a paranormal belief system and subjectively paranormal experiences seem to differ from others by their special way of processing information, which is characterized by a high permeability for external stimuli, a marked tendency for pattern recognition and the ability to dive into altered states of consciousness.

Motivational structure

The psychodynamic functions hypothesis (Stanford, 1990) assumes that a paranormal belief system serves a significant psychodynamic need of the individual, e.g. the need to enhance the sense of control over a seemingly uncontrollable world, especially after traumatic life events (Irwin, 1993).

In order to elaborate a better understanding of the dynamics involved in the structure and psychological functioning of individuals claiming ExE, Plan-analysis (Caspar, 2007) was used. Plan-analysis is a method that serves to analyze and describe conscious and unconscious instrumental strategies, starting from the level of concrete behavior up to superordinate general needs. Different aspects of psychological functioning like behavior, emotion, cognitive schemata but also motivational conflicts can be clearly arranged and reflected as far as their significance in the dynamics is concerned. As a result of several studies at the IGPP a 'prototypical Plan structure' for individuals looking for help and advice could be formulated (Berger, 2004; Spitz, 2005; Tölle, 2003).

Independent of the reported ExE pattern and possible mental disorders ExE are integrated into the psychological functioning of individuals in a way which serves the following needs and motives:

1. Externalize problems (e.g. ghosts, magicians etc. are held responsible for phenomena and negative life events)
2. Avoid stressful negative emotions (e.g. questions about traumatic life events are ignored instead reports about experiences connected with positive emotions are triggered)
3. Demonstrate exceptional abilities and show that you are a special person (e.g. extensive reports about amazing experiences are produced and explained by the assumption that the person has exceptional paranormal abilities)
4. Create meaning in life (e.g. loss and failure are reframed as test, special task etc.)
5. Show that the experiences are 'real', 'genuine' (e.g. emphasize that there is evidence for the event, that there are witnesses, etc.)

To look at their own experiences and behavior from a paranormal point of view helps the advice-seeking individuals to reduce tensions and inconsistencies (Berger, 2004) and to fulfill important basic needs to enhance self-worth and control in life, especially if only few other means and strategies are available. Gradually more and more parts of the psychological functioning are built into an ExE network. The repeated use of paranormal explanations for all kinds of experiences stabilizes this system. The ExE perspective begins to dominate the view of the world and of the self. Tensions will come back in the system as soon as the strategies which initially help seeking individuals to deal with their ExE become less and less able to fulfill their need for acknowledgement and control. This could be the case if stories about their own paranormal abilities or reports about telepathic influence don't impress others any longer but lead to loss of interest or rejection, so that interpersonal conflicts increase until a paranoid worldview develops and concrete problems remain unsolved.

This goes along with results from studies of the research group around Bentall (Bentall, Kinderman, & Kaney, 1994) which have shown, that the externalization of problems and failure are being used as regular strategies to regulate self-worth but can also develop towards a paranoid attributional style (Kinderman & Bentall, 1996).

Emotion regulation

Research results about the affective aspects of persons with a paranormal belief system point in two directions. On the one hand there are several studies which show that these individuals have a more positive affective attitude than skeptics; on the other hand there are several studies that show that believers have a more negative affective attitude. Thalbourne and colleagues (Thalbourne & Delin, 1994; Thalbourne & French, 1995) found that believers scored higher on measures of depressive experiences and manic experiences. Greeley (1975) conducted a national survey of 1,460 people that included the Bradburn Affect Scale, which measures positive and negative affect as well as the balance between the two. Exceptional experiences were positively correlated with both positive and negative affect separately, but were not correlated with the balance. Haraldsson and Houtkooper (1991) based on data from their multinational human values study that also included the Bradburn Affect Scale came up with an identical pattern. Nelson (1990) also found that people with ExE scored higher on both positive and negative affectivity than people who did not report those experiences. In two experimental EEG studies Gianotti (2003) found comparable results. Persons with strong paranormal beliefs reacted considerably more positively as well as more negatively to negative emotional stimuli and their ability to empathize with emotional information was much more pronounced than is the case with skeptics. So individuals with a paranormal belief system may be much more influenced by information directly in the situation and react emotionally more extremely than skeptics. This could be due to a special characteristic of believers as described in the section above which suggests that they are more conscious of their surroundings, take part more intensely and are much more absorbed.

Berger (2004) and Spitz (2005) analyzed how individuals seeking help and advice because of their ExE deal with their emotions. They found that help-seeking individuals can be characterized by a striking avoidance of negatively evaluated topics that might evoke difficult emotions; when confronted with them, their preferred defensive strategy is avoidance by evasion into positive emotional states.

Based on the reviewed results on emotion regulation we may presume that individuals with a paranormal belief system and personal ExEs perceive negative as well as positive emotions more intensely but then try to avoid instead of process these emotions and cope by evasion in positive affects.

Coping Style

The motivational schemata and goals which are especially important to advice seeking individuals with ExE concern intimacy/attachment and autonomy as well as the avoidance of loss of control (Toelle, 2003; Spitz, 2005). Especially in the area of intimacy and attachment remarkable discrepancies between desire and reality exist. Another important characteristic is the accumulation of social, psychological and physical stress in the actual life situation of many advice seeking individuals (Belz & Fach, 2005). The preferred strategies that these persons use to cope with the resultant inconsistencies are the following (Belz, 2008):

- Experience and interpret perceptions and cognitions as meaningful which have no emotional meaning for outsiders
- Social reservation or withdrawal in order to avoid stressful 'emotion inoculation' which results from intense empathizing
- Preference for intuitive behavior control with a holistic processing of information in combination with the reduction of critical-analytical thinking. This is a consequence of staying spontaneously too unilaterally in a positive mood. What happens is that only those behavioral routines which can be recalled automatically (i.d. without conscious consideration), which have proven to be valuable in similar situations before or behavioral routines which are expected by others (external control) are used and trained. As soon as difficulties have to be tackled that need rational analytical thinking and might be connected with negative emotions these routines fail. Experiences connected with negative emotions remain unintegrated.

Typology of individuals with ExE

The phenomena that people with ExE report can not only be organized in terms of factors and patterns, as has been shown above for the data from the IGPP counseling department, they can also be analyzed by means of a cluster analysis (Ward method). When using this method we can find out if groups of clients can be identified with typical combinations of phenomena and their relationship to sociodemographic and psychological variables (Belz & Fach, in press). In the order of the frequency the following types of clients based on N=1444 cases can be specified:

- *Poltergeist type (21%),*
- *ESP type (16%),*
- *External presence type (14%),*
- *Internal presence type (12%),*
- *Coincidence type (8%), and*
- *Mediumistic type (7%).*

In addition there are three hybrid types which are characterized by the occurrence of two patterns in each case:

- *Internal ESP-type* (internal presence and ESP, 9%),
- *Poltergeist-ESP-type* (poltergeist and ESP, 7%) and
- *Internal-poltergeist-type* (internal presence & poltergeist, 6%).

Earlier studies with smaller samples had already shown that groups of advice-seeking individuals that were formed on the basis of the ExE alone showed significant differences with regard to social and clinically relevant factors (Belz-Merk, 2002; Fach, 2006). The current results confirm the previous ratings.

The types of clients differ significantly with respect to various socio-demographic factors as well as in the degree of distress and psychopathology reported. The results show a high level of distress and psychopathology for clients with internal phenomena (Internal presence and internal poltergeist type). This is not the case for the internal-ESP type who, like the mediumistic type, is much better integrated as far as job and social/interpersonal situation are concerned even though these groups have above average experience with psychotherapeutic and psychiatric treatment.

Various types of clients with ExE also differ with respect of their interpersonal and conflict behavior (Fach & Atmanspacher, 2006). Table 3 shows the differences for the poltergeist and the internal presence type.

Clients with ExE who perceive the phenomena primarily in the external world live mostly in family systems with strong bonds where conflicts are hardly ever handled openly and emotions are more controlled. Clients that belong to the internal type despite often being much better educated are also much less integrated as far as social and job life is concerned. They are often much more distressed and involved in open conflicts with their environment. They are also significantly more likely to report experiences with psychiatric or

psychotherapeutic treatment and are more often rated as psychologically conspicuous by the counseling team of the IGPP (Belz & Fach, 2005).

TABLE 3.
Poltergeist type versus Internal Presence type

	Poltergeist Type	**Internal Presence Type**
Social Situation	family	single
	binding	isolation
	hidden conflicts	overt conflicts
EE-Characteristics	external	internal
	physical	mental
	objective	subjective
	primordiality	confirmation
	elusivity	persistence
	diffuse threat	concrete threat
	impersonal	personal
Social Behavior	adapted	unadapted
	approving relationships	challenging relationships
Conflict Behavior	avoiding	provoking
	repressing	projecting

Individual differences and belief in paranormal phenomena

A relatively large body of research has examined the relationships between paranormal beliefs (usually independent of personal experiences) with different sociodemographic, cognitive and personality traits and characteristics (Irwin, 1993; Lawrence, 1998; Wiseman & Watt, 2006). To find out if individual differences exist between those who believe and those who don't believe in the paranormal, researchers use different Paranormal Belief Scales (Tobacyk & Milford, 1983; Schriever, 1998; Goulding & Parker, 2001) with subscales for traditional religious belief, psi, witchcraft, superstition, spiritualism, extraordinary life forms, and precognition.

Irwin names four basic conceptual approaches that are basically skeptical of the existence of psi and test the relationship of paranormal belief with the following psychological attributes:

- Social marginality (Bainbridge, 1978). The underlying hypothesis assumes that members of socially marginal groups are especially susceptible for a paranormal belief system.
- The world view (Alcock, 1987). The underlying hypothesis assumes a relationship between paranormal belief and other belief systems which have a subjective and often esoteric basis.
- Cognitive deficits (Blackmore, 1997). The underlying hypothesis assumes that individuals who have a paranormal belief system have also an uncritical, illogical and irrational way of thinking, live more in a fantasy world, misjudge probabilities, make mistakes in probability judgments and can be more easily influenced and are therefore more at risk and can therefore more easily be influenced and misattribute normal experiences as paranormal.
- Psychopathology (Zusne & Jones, 1982). The underlying hypothesis assumes that individuals with a paranormal belief system are psychologically deviant and socially withdrawn.

In his review Irwin (1993) shows that the majority of the mentioned variables show either no or only minimal correlations between a paranormal belief system and the different aspects or the results are often contradictory (Belz-Merk, 2002; Wiseman & Watt, 2006).

Salutogenetic aspects

When discussing ExE and mental health we should keep in mind that ExE might also contribute to mental health and stabilization (Kohls, 2004). If this is the case and to what degree might depend on: the valence (pleasant vs unpleasant) of the ExE; if the experients could control the ExE or felt helpless and overwhelmed; if they have an explanatory model for these experiences; and if the environment accepts the corresponding way of behavior and the world view. Kohls (2004) showed that subjects with a spiritual background rate ExE much more positively than clinical subjects and have better mental health. Goulding (2004) showed in her study on mental health aspects of paranormal and psi related experiences that there is a subgroup of individuals who score high on paranormal belief and experiences also have a high sense of coherence connected with low neuroticism, which is an indicator for mental health.

The kind of the ExE also determines if an experience contributes to mental health or not. Lucid dreaming is a type of experience which has

repeatedly been described as pleasant (LaBerge & Gackenbach, 2000), because it is connected with mental clarity and control, both aspects that come with emotional stability and low neuroticism (Wallace & Newman, 1997). Mystical experiences (Wulff, 2000) as well as experiences that are described as precognition, telepathy and clairvoyance, are often interpreted as meaningful events that contribute to one's sense of spirituality. A paranormal belief system, 'Magical ideation' and 'aberrant perception' are all closely correlated with both artistic and applied creativity. Permeability of the individual ego/self seems to be a/the central variant (Goulding, 2004). Folley and Park (2005) investigated creative thinking process in relation to schizotypal personality, schizophrenia and prefrontal hemispheric laterality. Behavioral data indicated that schizotypes had enhanced divergent thinking ability compared with schizophrenic and control subjects. Divergent thinking was associated with bilateral prefrontal cortex (PFC) activation, but the right PFC particularly contributed to the enhanced creative thinking in psychometric schizotypes compared with the other two groups. This ability to implement novel associations is also typical for individuals with a paranormal belief system and reported ExEs (Brugger, 2006; Spitz, 2005).

McCreery & Claridge (2002) showed that paranormal beliefs and experiences might actually be adaptive rather than related to psychological ill health. Some believers and experients are affected in positive ways as they report an increased sense of wellbeing, sense of connection to others, happiness, confidence, optimism about the future, and meaning in life (Kennedy & Kanthamani, 1995). A survey by Kennedy, Kanthamani & Palmer (1994) found significant positive correlations between overall meaning in life and psychic and/or transcendent experiences. Very few respondents considered their ExE detrimental, and 91% of those reporting transcendent experiences and 46% of those reporting psychic experiences considered them valuable.

Clinical practice

Every year numerous people turn to the IGPP and to other institutions which offer counseling for ExE (Belz & Fach, 2005) or to academic parapsychology units (Coelho, Tierney & Lamont, 2008). This shows us that even if the majority experience these events positively or neutrally and assimilate them quite well, there is also a relevant minority who feel puzzled, irritated and confused and need

help. Another group we have to deal with consists of individuals who come with the idea in mind that they are someone special with exceptional psychic abilities because of their ExE and want to be tested. A request we have to disappoint for several reasons. Yet another group of people who report ExEs suffer from some mental disorder and look for an alternative approach in understanding and treating their pathological symptoms. So the main interventive tasks in CPP sum up to the following

- help those who look for support in understanding and integrating ExE
- clarify the role of psychopathology and refer clients to a psychotherapist or psychiatrist when it is indicated
- inform those who come with the idea of their own specialty about the elusive, nonlocal and acausal nature of the phenomena (Lucadou, Römer & Walach, 2007) and refer to psychotherapy if further problems come up

These tasks need a special kind of expertise which should be based on a solid ground of empirical data and good clinical practice comparable to the standards in clinical psychology and psychotherapy as well as a sound knowledge of the phenomena and theories to explain these processes.

Diagnosis and case conceptualization

The first step in counseling and therapy with individuals reporting ExE is trying to get a good picture of the person, his or her explanatory model, and the experience.

By dint of the following central questions these aspects can be comprehensively recorded and then summarized in an individual case conceptualization with the relevant descriptive and prescriptive information (Eells, 2001). The prescriptive component contains the central 'facts' and problems of a person and corresponds as such with the above mentioned aspects of person, phenomenon and explanatory model. Out of it prescriptive recommendations for treatment planning can be derived.

TABLE 4.
Central questions for the exploration of people with ExE

Phenomenon oriented questions:
Frequency and stability: Does the phenomenon refer to a single event or are the phenomena constantly observed, eventually with increasing frequency?
Inducement: Whereby and when is the first time that the phenomena could be observed and what followed?
***Valence*:** How are the phenomena evaluated: positive, negative or neutral?
State of consciousness: Which was the state of consciousness that the person was in while the phenomena were perceived?
Psychopathology: Is there an overlap between the reported phenomena and symptoms of a psychological disorder and if so to what extent?
Drug use: Are drugs or other psycho active substances involved when the phenomena occur?
Questions concerning the explanatory model:
Subjective view and theory: Which explanations for the occurrence of the phenomena are used by the affected person?
Consequences: Which are the consequences of the model for the life situation and biography of the affected person?
Adequacy and adaptivity: How appropriate is the used model for the understanding of the phenomena?
Obsession: How flexible or rigid are the subjective views or theories?
Self-awareness: Which explanatory models for the phenomena do I as a counselor or therapist have in my mind?
Person-oriented questions:
(Sub-)culture: What is the cultural background of the person who reports the ExE and which world view is prevalent?
Functionality/Instrumentality: Which is the intended conscious or unconscious purpose that the ExE serves interpersonal as well as intrapersonal?
Inconsistency: Are there any experiences in the actual situation or in biography which involve the violation of basic needs like attachment, autonomy, control and understanding, enhancement of self-worth, etc?
Emotion regulation: How are negative and stressful emotions being handled?
Neuro(psycho-)logical processes: Are there any neurological impairments with ExE inductive style of perception and information processing?
Impairment: Do the ExE go along with any constraints within the interpersonal or achievement area?

The three categories—phenomenon, explanatory model and person—are not and cannot be clearly distinct aspects but represent different perspectives from which the ExE can be approached and used as guidelines to the areas that should be covered with clients who report ExEs. In addition to the application of the above mentioned central questions in the exploration for a succesful intervention in CPP it is important to encounter clients with a special attitude. This is essential for the counseling and therapeutic relationship because people with ExE looking for help and advice often report prior negative experiences with the traditional health care system, where ExE are often equated with psychopathology or fraud. So it is essential to consider the following special features in clinical practice with ExE clients.

1. **Level of phenomena:** It is basically helpful to take on a positive attitude towards the phenomena and explore them thoroughly including the context and history of their occurrence. They are not an interfering variable but help to create sense and meaning in an otherwise often incomprehensible event or context.
2. **Level of explanatory model:** It is fruitful to adopt a constructivist position, which implies that the explanation of the expert is also a construction. So instead of 'explaining clients the world' it is much more promising to engage with the client's model and move from there to a preferably adaptive and appropriate model.
3. **Level of the person:** Clients with a paranormal belief system and ExE report significantly more traumatic life events than the average population. This is connected to specific characteristics in perceptional style, information processing and emotion regulation. We have to be aware of that background. On the one hand, intervention techniques that are connected to these characteristics (imagination, hypnotizability, fantasy-proneness, absorption etc.) might be very fruitful; on the other hand, we should always be aware of the necessity to deal carefully with possible traumatic life events to avoid re-traumatization.
4. **Level of relationship:** Develop individually tailored motive-oriented counseling or therapy relationships paying special attention to self-worth, control and attachment motives of the client.

Treatment planning

On the basis of the information collected along the three central aspects—phenomenon, exploratory model and person—general treatment goals and resultant technical procedures can be derived. The following list is a helpful tool when it comes to formulating an individual case conceptualization in ExE counseling. It shows in which way the different aspects of phenomenon, model and person can be knit together in a step-by-step process.

TABLE 5.
The process of treatment planning

7 Steps for treatment planning
1. To which type can we assign the client? (e.g. rather the external type with the focus on autonomy or the internal type with the focus on interpersonal problems, deficits in personal relationships and somatic phenomena)
2. Which are the central motives and unconscious/implicit plans? (e.g. avoiding negative emotions, create meaning or enhance self-worth)
3. Which basic needs and unconscious plans are threatened? (e.g. rather intrapsychic plans like the need for control after trauma or unwanted and continued "influence" by a healer or interpersonal plans and motives like the need for autonomy vs. bonding in poltergeist families
4. Which coping strategies are used? (e.g. repression and avoidance as expected for the external type or projection and externalization for the internal type)
5. Where is the natural development blocked or threatened? (e.g. blockage of the need for autonomy with the external/poltergeist type, social withdrawal with the internal type, avoidance to deal with reality for the mediumistic type)
6. Which are desirable changes and goals? (e.g. dealing with avoided emotions in connection with trauma, establishing balanced social relationships or dealing with reality if psi becomes the central topic in life)
7. Which are the strategies that can be used to reach the goals? (e.g. if the level of functioning is high information and education is sufficient, clarification if motivation is low or support to integrate ExE is needed, activating resources in case of social withdrawal or if dealing with ExE and being psychic affects ability to deal with reality)

Intervention goals with ExE clients

Based on our knowledge about the psychological functioning of ExE clients and the reported phenomena specific prototypical goals for clinical psychological interventions can be formulated for that clientele. These goals can be assigned to the above described aspects of phenomenology, explanatory model and person characteristics. Table 6 gives an overview.

TABLE 6.
Intervention goals for people with ExE

Intervention goals with ExE clients
A. Focus phenomenology
• Teach the client to evaluate the content of the phenomena as important source of information
• Impart phenomenon specific knowledge and give psychological education to enable the client to come to a sound judgment and reliable reality
• Reduce incriminating phenomena
• Control with respect to gain understanding of the desired phenomena
B. Focus explanatory model
• Develop jointly an exploratory model which is coherent and adaptive taking into consideration the state of empirical research and a constructivist attitude
C. Focus person
• Integrate the ExE into the self-concept by generating sense and meaning
• Identify etiological and functional relationships between ExE and life situation with respect to biography
• Increase self-control and autonomy (especially external type)
• Improve the ability to relate to others (especially internal type)
• Improve ability to deal with negative emotions
• Improve ability to deal with reality

Counseling strategies

The strategies and techniques that can be used in order to reach the above-mentioned goals are geared to basic principles in counseling and psychotherapy. The indication for a specific procedure depends on the stage of change the client is in alternatively his motivational situation, the involved phenomena, the current life situation of the client, his biography and last not least his request. As a general rule it could be found that in early stages of counseling and therapy and in stages when motivation is still unclear strategies using clarification and insight are more successful while in later stages coping and action-oriented strategies are more adequate.

So in the early phase of counseling it is appropriate to enhance clarification processes through interventions like active and empathic listening, asking questions and explicating. Typical questions could be the following: What is it exactly that makes the experience so irritating, so exceptional for you etc.? How come the exceptional happens just now? Why you of all the people etc.? What does it mean to you? What exactly is so important about it?

For interventions which focus on the subjective explanatory models of ExE-clients cognitive techniques as developed by Beck and Ellis are appropriate. But unlike in cognitive therapy the goal is not to identify "irrational beliefs" but check together with the client the following aspects:

1. Which are the consequences different explanatory models have for the client (advantages and disadvantages)?
2. Which of the consequences are welcome and which not?
3. Do alternative explanations exist which seem appropriate to the client?
4. Which are the implications the alternative explanations have for the client?

The intention of the use of cognitive techniques is to sensitize clients towards their own automatic thoughts that make immediate connections between experiences and explanations and go along with dysfunctional valuations and appraisals. What we should keep in mind is the possible functionality of the existing explanatory model. It might help the client to cope with difficult experiences and avoid negative and difficult emotions that he is not able to process without support (e.g. explain failure by magic and thus repair self-worth and avoid feelings

of sadness and disappointment). The counselor should not saw off the branch the client is sitting on unless he has put up a ladder to the tree!

Problems and limitations

People looking for help and advice because of their ExE have a broad range of inquiries. Some of them are not compatible with the identity of clinical experts or scientific parapsychologists. Among these are testing, training and certification of assumed paranormal abilities, help to start a career as a healer, medium, witch, shaman or parapsychologist. Others ask for support to publish books about their ExEs and their corresponding theories.

Some of the clients who ask for counseling because of personal ExEs are not necessarily convinced that a clinical psychologist can help them, but believe that only a technician or a scientist will be able to solve the problem. So one of the central tasks of a clinical psychologist in parapsychology is to establish motivation for and commitment to counseling so that the client can accept the possible link between him and the phenomena instead of externalizing the experience ('the truth is out there'), which is especially the case with people who report poltergeist phenomena or with people who report feelings of being influenced.

Another central issue is the authenticity of the perceived phenomena. Because of their intriguing character and unexpected occurrence ExEs are not self-exploratory. To de-mystify and normalize the experience might also be disappointing to some clients. So it is the counselors' task to tame the exceptional without taking away the specialty and admit that many experiences still remain unexplained. The ability to tolerate uncertainty is considered one of the biggest challenges in ExE counseling, not only for clients but also for the counselors.

Where are we going?

Taking into consideration that on the one hand there is quite some overlap between the symptoms listed in the categorical systems of the clinical sciences for psychopathology and typical elements of ExE and that on the other hand there is only marginal overlap between researchers and clinicians in mainstream clinical psychology and clinical parapsychology it is time to bring the fields closer together.

Caspar (2008) summarizes the standards and definitional criteria for professionalism that have become common for clinical psychology and the requirements which are necessary for professionalism of (clinical) psychological interventions:

- that they are based on empirically supported concepts
- professional training of those who intervene
- the use of empirically supported interventions
- an ongoing evaluation of effects.

CPP has just started to fulfill some of these requirements but still has a long way to go. So it is about time to bring together the best of two worlds if we take seriously the need for counseling and therapy for people with ExE.

The first step would be to think about the name of the field. In my opinion it would make much more sense to talk about 'Clinical Psychology for people with ExE' instead of 'Parapsychology'. This would fit in much better with fully dimensional models in the context of psychological health that are currently discussed than the actual classification systems. Another important advantage of this label leaves the judgement about the possible paranormal nature of the experience open. As we have shown above, ExEs are based on retrospective reports and the subjective judgement of the experient with all the known problems, and individuals have a wide range of non classifiable experiences for which they need help in understanding and coping. This understanding would open the field also for those clinicians who have an open or even skeptical attitude towards the paranormal. Independent of their worldview they will see clients and patients with these experiences who need help and advice. If we can offer an approach that does not demand a certain worldview and belief system but is useful for every expert with an open mind we will be more successful in moving the field forward and helping those who really need it.

At this point I could also talk about those aspects where clinical psychology can profit from the field of ExE. We might consider topics such as Weak Quantum Theory, the Model of Pragmatic Information, research on altered states of consciousness, questioning the currently dominant (but not at all the only possible) approach to mental problems and definitions of normality and abnormality, the importance to include questions of sense and meaning in life into therapy, etc., etc. But that is another story. So let's do our homework first and that is to develop empirically supported treatments for people with ExE, evaluate the

treatment effects and train clinicians for counseling and therapy of people with ExE.

REFERENCES

Bainbridge, W.S. (1978). Chariots of gullible. *Skeptical Inquirer*, **3(2)**, 33-48.

Bauer, E. & Schetsche, M. (Hrsg.). (2003). *Alltägliche wunder. Erfahrungen mit dem ubersinnlichen – wissenschaftliche Befunde*. Würzburg: Ergon.

Belz, M. (2008). *Außergewöhnliche erfahrungen. Fortschritte der psychoterapie.* Göttingen: Hogrefe.

Belz, M. & Fach, W. (in press). Reflections on counseling and therapy for individuals reporting exceptional experiences. In W.H. Kramer, E. Bauer, & G.H. Hövelmann (Eds.). *Perspectives of Clinical Parapsychology*. Utrecht: Stichting Het Johan Borgman Fonds.

Belz-Merk, M. (2000). Counseling and therapy for people who claim exceptional experiences. *Journal of Parapsychology,* **64**, 238-239.

Belz-Merk, M. (2002). *Beratung und Hilfe für Menschen mit außergewöhnlichen* Erfahrungen. Unveröffentlichter Abschlussbericht, Albert-Ludwigs-Universität Freiburg.

Belz-Merk, M. & Fach, W. (2005). Beratung und hilfe für menschen mit aussergewöhnlichen erfahrungen. *Psychotherapie, Psychosomatik, Medizinische Psychologie* **55**, 256-265.

Bentall, R.P. (2000). Hallucinatory experiences. In E. Cardeña, S.J. Lynn & S. Krippner (Eds.), *Varieties of anomalous experience: Examining the scientific evidence* (pp. 85-120). Washington, DC: American Psychological Association.

Bentall, R.P., Kinderman, P., & Kaney, S. (1994). The self, attributional processes and abnormal beliefs: Towards a model of persecutory delusions. *Behavior Research and Therapy*, **32**, 331-341.

Berenbaum, H., Kerns, J. & Raghavan, C. (2000). Anomalous experiences, peculiarity, and psychopathology. In E. Cardeña, S.J. Lynn & S. Krippner (Eds.), *Varieties of anomalous experience: Examining the scientific evidence* (pp. 25-46). Washington, DC: American Psychological Association.

Berger, T. (2004). *Aussergewöhnliche erfahrungen und emotionsregulation sprozesse.* Unveröffentlichtes manuskript. Universität Freiburg.

Broughton, R.S. (1991). *Parapsychology: The controversial science*. New York: Ballantine Books.

Brugger, P., Regard, M., & Landis, T. (1991). Belief in extrasensory perception and illusory control: A replication. *Journal of Psychology*, **125**, 501-502.

Cardeña, E., Lynn, S.J. & Krippner, S. (2000) (Eds.). *Varieties of anomalous experience: Examining the scientific evidence*. Washington, DC: American Psychological Association.

Caspar, F. (2007). *Beziehungen und probleme verstehen. Eine einführung in die psychotherapeutische plananalyse*. Bern: Huber.

Caspar, F. (in press). Clinical parapsychology: Its relation to 'regular' clinical psychology. In W.H. Kramer, E. Bauer & G.H. Hövelmann, (Eds.). *Perspectives of Clinical Parapsychology*. Utrecht: Stichting Het Johan Borgman Fonds .

Coelho, C., Tierney, I. & Lamont, P. (2008). Contacts by distressed individuals to UK parapsychology units: A retrospective survey looking to the future. *European Journal of Parapsychology*, **23**, 31-59.

Coly, L., & McMahon, J.D.S. (Eds.) (1993). *Psi and clinical practice*. New York: Parapsychology Foundation.

Deutsch, H. (1926). Occult processes occurring during psychoanalysis. *Imago*, **12**, 418-433.

Devereux, G. (Ed.) (1953). *Psychoanalysis and the occult*. NewYork: International University Press.

Eells, T. (2007). *Handbook of psychotherapy case formulation*, 2nd ed. New York: Guilford.

Ehrenwald, J. (1948). *Telepathy and medical psychology*. New York: W.W. Norton.

Eisenbud, J. (1970). *Psi and psychoanalysis*. New York: Grune and Stratton.

Fach, W. (2006). Formenkreise aussergewöhnlicher erfahrungen. In D. Vaitl (Eds.), *Tätigkeitsbericht 2004–2005*, 50-51. Freiburg: IGPP.

Fach, W. (2007). *A Psychophysical Approach to Extraordinary Experiences*. Paper presented at the 1st International Expert-Meeting on Clinical Parapsychology, The Netherlands, May 31–June 3, 2007.

Fach, W. & Atmanspacher, H. (2006). Aussergewöhnliche erfahrungen und psychodynamik. In D. Vaitl (Hrsg.), *Tätigkeitsbericht 2004-2005*, 54-55. Freiburg: IGPP.

Flournoy, T. (1994). *From India to the planet Mars: A case study in multiple personality with imaginary languages*. Princeton, NJ: Princeton University Press. (Original work published 1901).

Folley, B., & Park, S. (2005). Verbal creativity and schizotypal personality in relation to prefrontal hemispheric laterality: A behavioral and near-infrared optical imaging study. *Schizophrenia Research,* **80(2-3)**, 271-282.

French, C.C. (1992). Factors underlying belief in the paranormal: Do sheep and goats think differently? *The Psychologist*, **5**, 295-299.

Freud, S. (1984). A disturbance of memory on the Acropolis. In A. Richards (Ed.), *Volume II. On metapsychology*. (pp. 443-456). Middlesex, England: Pelican. (Original work published 1936).

Frischholz, E.J., Lipman, L.S., Braun, B.G., & Sachs, R.G. (1992). Psychopathology, hypnotizability, and dissociation. *The American Journal of Psychiatry,* **149**, 1521-1525.

Gianotti, L. (2003). *Brain electric fields, belief in the paranormal, and reading of emotion words*. Dissertation Universität Zürich.

Greeley, A.M. (1975). *The sociology of the paranormal: A reconnaissance.* Beverly Hills, CA: Sage Publications.

Goulding, A., & Parker, A. (2001). Finding psi in the paranormal: Psychometric measures used in research on paranormal beliefs/experiences and in research on psi-ability. *European Journal of Parapsychology*, **16**, 73-101.

Gurney, E., Myers, F.W.H., & Podmore, F. (1886). *Phantasms of the living* (Vols.1-2). London: Trübner.

Haight, J. (1979). Spontaneous psi cases: A survey and preliminary study of ESP, attitude, and personality relationship. *Journal of Parapsychology*, **43**, 179-204.

Haraldsson, E., & Houtkooper, J.M. (1991). Psychic experiences in the multinational human values study: Who reports them? *Journal of the American Society for Psychical Research,* **85,** 145-165.

Hastings, A. (1983). A counseling approach to parapsychological experience. *Journal of Transpersonal Psychology*, **15**, 143-166.

Harary, K. (1993). Clinical approaches to reported psi experiences: The research implications. In L. Coly & J.D.S. McMahon (Eds.) *Psi and clinical practice* (pp.20-42). New York, NY: Parapsychology Foundation Inc.

Hartmann, E. (1991). *Boundaries in the mind: A new psychology of personality.* New York: Basic Books.

Hilgard, J.R. (1974). Imaginative involvement: Some characteristics of the highly hypnotizable and non-hypnotizable. *International Journal of Clinical and Experimental Hypnosis,* **22**, 138-156.

Honig, A., Romme, M.A.J., Ensik, B.J., Escher, S.D.M.A.C., Pennings, M.H.A., & Devires, W.M. (1998). Auditory hallucinations: A comparison between patients and non patients. *Journal of Nervous and Mental Disease*, **186**, 646-651.

Irwin, H.J. (1992). Origins and functions of paranormal belief: The role of childhood trauma and interpersonal control. *Journal of the American Society for Psychical Research,* **86,** 199- 208.

Irwin, H.J. (1993). Belief in the paranormal: A review of the empirical literature. *Journal of the American Society for Psychical Research,* **87**, 1-39.

Irwin, H.J. (1994). Childhood trauma and the origins of paranormal belief: A constructive replication. *Psychological Reports,* **74**, 107-111.

Irwin, H.J. (2000). Belief in the paranormal and a sense of control over life. *European Journal of Parapsychology,* **15**, 68-78.

Jackson, M. (1997). Benign schizotypy? The case of spiritual experience. In G. Claridge (Ed.), *Schizotzpy: Implications for illness and health* (pp. 227-250). Oxford: Oxford University Press.

Jacobi, F., Hoyer, J., & Wittchen, H.-U. (2004). Seelische gesundheit in ost und west: Analysen auf der grundlage des bundesgesundheitssurveys. *Zeitschrift für Klinische Psychologie und Psychotherapie*, **33**, 251–260.

Jaffé, A. (1997). *Geistererscheinungen und vorzeichen.* Freiburg: Herder.

Janet, P. (1886). Deuxième note sur le sommeil provoqué à distance et la suggestion mentale pendant l'état somnambulique. *Revue Philosophique de la France et de L'Etranger*, **21**, 212-223.

James, W. (1958). *The varieties of religious experience: A study in human nature.* New York: New American Library. (Original work published 1902).

Japsers, K. (1963). General psychopathology (J. Hoenig & M. Hamilton, Trans.). Manchester, UK: University Press. (Original work published 1923).

Jawer, M. (2006) Environmental sensitivity: Inquiry into a possible link with apparitional experience. *Journal of the Society for Psychical Research,* **70**, 25-47.

Jung, C.G. (1902). *Zur psychologie und pathologie sogenannter occulter phänomene: eine psychiatrische studie.* Leipzig: Mutze.

Jung, C.G. (1952). Synchronizität als ein prinzip akausaler zusammenhänge. In C.G.Jung & W. Pauli (Eds.) *Naturerklärung und psyche.* Zürich: Rascher.

Kennedy, J.E., Kanthamani, H., & Palmer, J. (1994) Psychic and spiritual experiences, health, well-being, and meaning in Life. *Journal of Parapsychology*, **58**, 353-383.

Kinderman, P. & Bentall, R.P. (1996). Self-discrepancies and persecutory delusions: Evidence for a defensive model of paranoid ideation. *Journal of Abnormal Psychology*, **105**, 106-114.

Kramer, W.H. (1993). Recent experiences with psi counseling in Holland, in L. Coly & J.D.S. McMahon (Eds.), *Psi and clinical practice* (pp. 124-144). New York: Parapsychology Foundation.

Kramer, W.H., Bauer, E., & Hövelmann, G.H. (Eds.). *Perspectives of Clinical Parapsychology.* Utrecht: Stichting Het Johan Borgman Fonds , in press

Lawrence, A.R. (1998). *Modeling the causes and the consequences of paranormal belief and experience.* Unpublished dissertation, University of Edinburgh.

Lucadou, W.v., Römer, H., & Walach, H. (2007). Synchronistic phenomena as entanglement correlations in generalized quantum theory. *Journal of Consciousness Studies,* **14(4)**, 50-74.

Lynn, S.J., & Sivec, H. (1992). Hypnotizable subject as creative problem-solving agent. In E. Fromm & M.R. Nash (Eds.), *Contemporary hypnosis research* (pp. 292-333). New York: Guilford Press.

Lynn, S.J., & Rhue, J. (1986). The fantasy-prone person: Hypnosis, imagination, and creativity. *Journal of Personality and Social Psychology*, **51**, 404-408.

Lynn, S.J., & Rhue, J. (1987). Hypnosis, imagination and fantasy. *Journal of Mental Imagery,* **11(2)**, 101-111.

Metzinger, T. (1993). *Subjekt und selbstmodell: die perspektivität phänomenalen bewusstseins vor dem hintergrund einer naturalistischen theorie mentaler repräsentation.* Paderborn: Schöningh.

Metzinger, T. (2003). *Being no one. The self model theory of subjectivity.* Cambridge, Mass.: MIT Press.

Milton, J. (1992). Effects of 'paranormal' experiences on people's lives: An unusual survey of spontaneous cases. *Journal of the Society for Psychical Research,* **58**, 314-323.

Mintz, E.E., & Schmeidler, G.R. (1983). *The psychic thread: Paranormal and transpersonal aspects of psychotherapy*. New York: Human Sciences Press.

Mitchell, T.W. (1922). *Medical psychology and psychical research*. New York: Dutton.

Nelson, P.L. (1990). The technology of the praeternatural: An empirically based mode of transpersonal experiences. *Journal of Transpersonal Psychology,* **22,** 35-50.

Neppe, V. (1993). Anomalous experience and psychopathology. In B. Shapin & L. Coly (Eds.), *Spontaneous psi, depth psychology and parapsychology*, 136-180. New York: Parapsychology Foundation.

Paivio, A. (1975). Neomentalism. *Canadian Journal of Psychology*, **29**, 263-291.

Perkins, S.L., & Allen, R. (2006). Childhood physical abuse and differential development of paranormal belief systems. *Journal of Nervous & Mental Disease*, **194(5)**, 349-355.

Pizzagalli, D., Lehmann, D., & Brugger, P. (2001). Lateralized direct and indirect semantic priming effects in subjects with paranormal experiences and beliefs. *Psychopathology*, **34**, 75-8.

Prince, W.F. (1927). The cure of two cases of paranoia (through experimental appeal to purported obsessing spirits). *Bulletin of the Boston Society for Psychic Research*, **6**, 36-72.

Rao, P.V.K. (1992). Fantasy proneness, reports of paranormal experiences and ESP test performance. *Journal of Indian Psychology,* **10**, 27-34.

Rhine, J.B. (1953). *The new world of the mind*. New York: William Sloane Associates.

Rhine, J.B. (1934). *Extrasensory perception*. Boston: Boston Society for Psychical Research.

Rhine, L.E. (1961). *Hidden channels of the mind*. New York: William Sloane Associates.

Richards, D.G. (1991). A study of the correlations between subjective psychic experiences and dissociative experiences. *Dissociation: Progress in the Dissociative Disorders,* **4**, 83-91.

Ring, K. (1992). *The omega project.* New York: William Morrow.

Saß, H., Wittchen, H.-U. & Zaudig, M. (2003). *Diagnostisches und statistisches manual psychischer störungen. (DSM-IV-TR.) Textrevision.* Göttingen: Hogrefe.

Schriever, F. (1998). *Grenzbereiche der realitätserfassung*. Berlin: Retriever.

Sherwood, S. & Milner, M. (2004/2005). The relationship between transliminality and boundary structure subscales. *Imagination, Cognition and Personality*, **24(4)**, 369-378.

Servadio, E. (1935). Psychoanalysis and telepathy. *Imago,* **21**, 489-497.

Solfvin, J. (convenor) (1995). Clinical parapsychology: A panel discussion. *Proceedings of Presented Papers: The Parapsychological Association 38th Annual Convention*, 461-467.

Spiegel, D. & Cardeña, E. (1991). Disintegrated experience: The dissociative disorders revisited. *Journal of Abnormal Psychology,* **100**, 366-378.

Spitz, H. (2005). *Emotionsregulation bei außergewöhnlichen erfahrungen. Eine fallstudie über ratsuchende mit außergewöhnlichen erfahrungen.* Unveröffentlichte Diplomarbeit, Universität Freiburg.

Stanford, R.G. (1990). An experimentally testable model for spontaneous psi events: A review of related evidence and concepts from parapsychology and other sciences. In S. Krippner (Ed.), *Advances in parapsychological research 6* (pp. 54 –167). Jefferson, NC: McFarland.

Steinfurth, H. (1996). *Dissoziation und paranormale uberzeugung.* Unveröffentlichte Diplomarbeit; Universität Jena.

Targ, E., Schlitz, M., & Irwin, H.J. (2000). Psi-related experiences. In E. Cardeña, S.J. Lynn & S. Krippner (Eds.), *Varieties of anomalous experience: Examining the scientific evidence* (pp. 219-252). Washington, DC: American Psychological Association.

Tellegen, A., & Atkinson, G. (1974). Openness to absorbing and self-altering experiences ('absorption'), a trait related to hypnotic susceptibility. *Journal of Abnormal Psychology,* **83**, 268-277.

Thalbourne, M.A. (2000). Transliminality: A review. *International Journal of Parapsychology,* **11(2)**, 1-34.

Thalbourne, M., & Delin, P. (1994). A common thread underlying belief in the paranormal, creative personality, mystical experience and psychopathology. *Journal of Parapsychology*, **58**, 3-38.

Thalbourne, M., & French, C. (1995). Paranormal belief, manic-depressiveness, and magical ideation: a replication. *Personality and Individual Differences*, **18**, 291-292.

Tölle, P. (2003). *Typische planstrukturen von menschen mit außergewöhnlichen erfahrungen.* Unveröffentlichte diplomarbeit, Universität Freiburg.

Tobacyk, J.J., & Milford, G. (1983). Belief in paranormal phenomena: Assessment instrument development and implications for personality functioning. *Journal of Personality and Social Psychology,* **44**, 1029-1037.

Ullman, M. (1949). On the nature of psi processes, *Journal of Parapsychology*, **13**, 59-62.

Ullman, M. (1977). Psychopathology and psi phenomena. In B.B. Wolman (Ed.), *Handbook of parapsychology* (pp.557-574). NewYork: Van Nostrand Reinhold.

Watt, C., Watson, S., & Wilson, L. (2007). Cognitive and psychological mediators of anxiety: Evidence from a study of paranormal belief and perceived childhood control. *Personality and Individual Differences*, **42**, 335-343.

Whalen, J.E., & Nash, M.R. (1996). Hypnosis and dissociation. In L.K. Michelsen & W.J. Ray (Eds.), *Handbook of dissociation* (pp. 191-206). New York: Plenum.

Wilson, S.C., & Barber, T.X. (1983). The fantasy-prone personality: Implications for understanding imagery, hypnosis, and parapsychological phenomena. In A.A. Sheikh (Ed.) *Imagery: Current theory, research, and application.* New York: John Wiley and Sons.

Wiseman, R., & Watt, C. (2006). Belief in psychic ability and the misattribution hypothesis: A qualitative review. *British Journal of Psychology*, **97**, 323-338.

Wolman B.B. (1977). *Handbook of parapsychology.* New York: Van Nostrand Reinhold.

Wolfradt, U. (1997). Dissociative experiences, trait anxiety and paranormal beliefs. *Personality and Inivididual Differences*, **23**, 15-19.

Wolfradt, U., & Dorsch, S. (1995). Schizotypie und paranormale uberzeugungen bei schülern. Eine deutsch-mongolische untersuchung. In R. Quekelberghe (Hrsg.), *Ethnopsychologie und psychotherapie. Schamanistische heilrituale und moderne therapien im vergleich* (S. 228-245). Landau: Universität.

Zusne, L., & Jones, W.H. (1982). *Anomalistic psychology: A study of extraordinary phenomenons of behavior and experience.* Hillsdale, NJ: Lawrence and Erlbaum.