

# RECENT EXPERIENCES WITH PSI COUNSELING IN HOLLAND

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## *Introduction*

As long as people have reported paranormal experiences there must have been many who have suffered from these experiences. Since as a rule parapsychology and paranormal phenomena have been neglected by the established sciences and by medicine, the emotional problems related to such paranormal experiences were not recognized and often classified either as exaggerated behavior or as part of traditional psychiatric patterns and hence treated accordingly.

Traditionally parapsychologists are research oriented and consider as their main goal to "isolate" and to obtain control over psi phenomena. Parapsychologists work hard to find the necessary conditions for a repeatable experiment to be able to demonstrate the reality of psi. In testing psychics the emotional feelings and needs of the subjects are often considered merely a disturbance for the scientific efforts. When a psychic's personality or emotional needs becomes too manifest the parapsychologist might conclude that it is not possible to continue further experimentation and perhaps advises the psychic to see a psychiatrist to deal with the emotional problems.

In the 30s J. B. Rhine and his collaborators pointed to the importance of psychological conditions in order to make a subject perform optimally in a Zener card ESP test. In the Netherlands it was W. H. C. Tenhaeff who frequently stressed the importance of "the person behind the psychic." Tenhaeff had many sittings with psychics. He was convinced that in the case of gifted psychics clinical and psycho-diagnosical analyses could teach the parapsychologist a lot about the personality patterns of these people and its relation to and effect upon their psi-functioning.

There has been comparatively much interest in the personality patterns of psychics (Heymans, Tenhaeff, Schmeidler, Rao, & others) but like Tenhaeff mostly with the intention to find an answer to the question: "Which personality factors are psi enhance and which are psi-

inhibitive?" Psychiatrists like Eisenbud and Ehrenwald have done some research on the role of telepathic communication during psychotherapy, but here too the psi-process itself was the central issue.

During the 70s parapsychology seemed to make some quick advances (ganzfeld research and the remote viewing projects) and the public opinion became more pro-minded to the paranormal. As a consequence people started to "come out of the closet" about their emotional problems related to paranormal experiences. Every research institute in the field frequently receives calls for help. Most of these institutes, however, are not equipped for clinical counseling. Apart from some general information about paranormal phenomena the only thing they can offer is the advice that the caller should try to find a psychiatrist or a psychologist with some interest in the field who might be at least "open minded" toward the client's experiences.

An exception to this is perhaps the study of poltergeist phenomena (RSPK). It is generally accepted among parapsychologists that the poltergeist agent is a person who suffers from extreme emotional pressure and is not able to cope with this pressure in a normal way.

#### *The Founding of the Parapsychologisch Adviesburo*

During the 70s the Parapsychology Laboratory of the Utrecht University appointed a clinical psychologist (Dr. Hendricus Boerenkamp) who, as part of his job, would give information and provide some elementary counseling to people who called the lab for help. This is one application in which parapsychology can make itself useful to the general public. In the middle of the 80s, however, as a result of the extensive reorganization of the Dutch universities and the associated reductions in funding, this service came to an end because there was no longer sufficient time and money available for this kind of work.

On the other hand, during the same period parapsychology became more and more a part of daily life resulting in a vast amount of radio and TV programs and especially articles in the popular press. As a consequence the "cry for help" from the general public increased considerably and became much more intense. Not only persons seeking advice for their own experiences, but also mental health institutions were confronted with an increase of patients claiming to possess paranormal abilities. In addition employers, general practitioners, lawyers, and even the police became more involved with persons claiming that they are special in the sense that they are "gifted."

In 1983 and in 1987 the Dutch police became involved in cases lasting several months concerning the kidnapping of important captains

of industry. Both times after a few weeks the case seemed hopeless and the police investigations came to an impasse. Because of the "VIP" character of the abducted persons the kidnappings remained "hot" items in the news for several months until they were solved. During that period of uncertainty in 1983 the police received about a hundred "paranormal" tips from the general public as well as from professional psychics. In the 1987 kidnapping, however, they received over six thousand of such tips.

The considerable increase in the number of paranormal impressions sent in was partly due to an offer of a considerable amount of money as a reward for anyone who could tell the police where to find the victim but it undoubtedly also reflects an increased tolerance and acceptance from the public and authorities of such impressions.

In the last case the police did not know how to handle this huge pile of "paranormal" information. They were inclined to believe that it was worthless but since their own investigations brought no solution they were willing to accept an offer made by a few parapsychologists to help them to scrutinize the paranormal impressions. For parapsychology it was the chance of a lifetime, to carry out a field study on the practical value of paranormal impressions in a real-life setting. However, in both cases the practical value of the paranormal impressions proved to be low (Neu, 1985). Surprisingly there was a large number of people who had a strong feeling of being "right" about their impression. In several cases, the police, accompanied by the "psychic," actually went to visit the spot "seen" by the psychic or intensively searched the areas indicated. In none of these cases did this have any result at all. Often the psychic reacted to the failure by saying that it was impossible that their impressions were wrong. They often had such experiences and, according to them, normally their impressions are right.

The failure was explained by them by suggesting, for instance, that the kidnappers had just left the place and "If the police only had been more active they could have caught them," or, that the place must have been "associatively" connected with the crime, although they did not know how? After the crimes were solved by the police, just by intensive police routine, several interviews in the popular press appeared in which psychics claimed that they had known "all the time" where the victims had been hidden but that they had not dared to tell the police out of concern for the lives of the victim, or that they had called the police but that the police had not listened to them or had understood their message incorrectly.

In May 1986 the Parapsychologisch Adviesburo (Parapsychological

Consulting Agency) was founded in Utrecht. Although it is a private institution it operates in close relation to the Parapsychological Laboratory of the Utrecht University. Its goal is to cover the gap which exists between the scientific knowledge about parapsychological phenomena and the problems of people arising in every day life as a result of supposed paranormal experiences. These problems can be divided into two main categories: (a) individual problems (intra-personal), and (b) social problems (inter-personal). In addition to helping persons to overcome emotional problems related to paranormal experiences the agency is actively engaged in providing general information about parapsychology. The main areas of activity in this respect are: (a) providing information to students who intend to write a paper on a parapsychological topic and lecturing in high schools and universities, (b) interviews for radio/TV and with newspapers about parapsychology, (c) providing advice in legal cases and to the police, and (d) providing advice and information to people involved in regular counseling activities, like psychiatrists, clinical psychologists and social workers.

### *Types of Complaints*

From various investigations it appears that a number of people claim to have had one or more experiences in their life which they classify as paranormal. Boerenkamp (1988b) estimates that at least 20% of the population reports having had such an experience. The figures reported in the literature vary considerably from less than 10% to over 50%. Hence, it is safe to conclude that we are dealing with thousands of people in society who consider paranormal experiences a reality in their lives.

People approach our counseling agency with various questions and complaints related to what they consider the paranormal. The complaints can be roughly divided into four categories:

1. People with problems concerning spirits or ghosts, mysterious forces, voodoo, supernatural powers etc. They consider these forces as somehow having a negative effect on their lives and their first question in general is whether we can provide the name of a reliable and powerful medium or psychic to counter these evil forces and to neutralize them. One might say that these clients have already made a diagnosis of their problems and turn to our agency purely to obtain an effective supernatural solution. The solution they are looking for is some procedure to eliminate the evil powers effecting their lives. From sessions with such clients it appears that in general they are firmly convinced of the correctness of their own diagnosis and in their belief

in the powers of these evil forces. The suggestion of possible alternative explanations for their problems are rejected and often immediately interpreted by them as a sign that the person offering such suggestions does not know what he or she is talking about and, therefore, is considered by them as unable to provide the help they are seeking. Clients with complaints belonging to this category are often people who originally come from cultures in which the possible influence of evil spirits is generally accepted. In this group one also finds a relatively high frequency of Dutchman from the lower intellectual and social levels. These people are also the ones who are most strongly influenced by the popular radio and TV programs, currently transmitted in Holland, which give more or less the impression that ghost stories are in general true but that the government or the scientific community want to make everyone believe them to be nonsense because they are "afraid" of the phenomena themselves.

2. People who approach us for names of psychics or psychic healers in the expectation that such a person, with the help of his or her paranormal powers, is able to immediately solve some important problems they have. It appears that in general people have a much too optimistic picture about the capacities of psychics and psychic healers. It is not uncommon to find the belief that a psychic is able to "see" everything and, hence, can solve the most complicated problems if he or she only wants to. The psychic is often considered a true magician. The reasons most often given for wanting to consult a psychic are: The wish to know what is going to happen in the future, problems in relationships with other people (especially in marriage), chronic ailments, and finding missing persons or objects.

3. People with a psychiatric past who have undergone ambulant or intra-mural psychiatric treatment. Mostly the psychiatrist has given up on them and since there is no real need to keep them hospitalized they are sent back to their homes. Then they often run into all kinds of problems in society and keep on looking for help, the kind of help they didn't find in the regular institutions. In that process they might come into contact with alternative circles in which their pathological based feelings often become positively labelled so that what the psychiatrist has called "sick" is now turned into "special" or "gifted." These people have complaints about being possessed, or about the strong influence of positive or negative psychic powers regulating all their behavior and thoughts, or about a feeling of being watched from outer space or even being an extraterrestrial agent themselves. Characteristic for them is the high tension with which they undergo their emotions and the fact that they do not know to put limits to the framework of their story.

TABLE 1

1 May-31 December 1986	66	0.5*
1 January-31 December 1987	534	1.0
1 January-31 December 1988	206	0.5
Total	816	

\* In 1966 and 1988 working hours were only half-time.

Everything they are confronted with is an integral part of their paranormal world and in everything they hear from others they will find a hidden message. This is the group of people among which you find people who call in the middle of the night just to tell you that somebody has stolen their astral-body and dumped it in a dustbin; but that they will send the apocalyptic horses to punish the thief.

4. People who have had certain feelings or subjective experiences which they cannot explain to themselves. This group of clients can be divided into: (a) people who believe to be paranormally gifted and are looking for a test or some other type of confirmation that they are "sensitive," and (b) people who have had unexplainable experiences which disturbed them but who do not consider themselves as sensitive. These people often call and complain about feelings of uncertainty or ask, whether the experiences are an indication that they are becoming mentally insane. Other complaints are related to unexplainable depressive moods, undefined feelings, "feeling" the pains of other people, precognitive dreams and other forms of spontaneous ESP, or the feeling that they often are in unwanted telepathic contact with someone else.

It is noteworthy that complaints are rarely related to physical phenomena, for instance, poltergeist events or other types of psychokinetic occurrences. In the few phone calls we have received in the past three years about poltergeist phenomena it was clear within a few minutes that the supposed poltergeist was merely an over attribution since the poltergeist generally turned out to be a curtain or a plant that suddenly moved, a painting falling of the wall, a fridge or central heating system making strange noises.

Once a man called and said that he owned a car with strong psychokinetic effects. During a drive all the instruments of the car would suddenly point into another direction. Since he had just bought the car he had gone back to the dealer several times to check it out. The dealer spent many hours trying to discover what was wrong with it, but did not succeed. The owner said that he was puzzled because mysteriously enough the PK only happened when he was driving the car. He asked if we would be kind enough to scrutinize the car so that he

would have an official report that the car was "haunted." We said that it was impossible to tell anything about the car just by phone but that he was welcome to drive over to our agency and show the car and the phenomena. He made an appointment to do so but, unfortunately, never showed up.

### *Some Figures*

During the period from the inception of the agency in May 1986 until the end of 1988 a total of 816 sessions with over 200 clients were held (see Table 1). Of the clients approximately 73% were female and 27% male. As the Dutch population is about equally distributed over males and females (CBS, 1988), it can be concluded that significantly more females request counseling for "paranormal" problems. This finding is roughly in agreement with two other data. One is that in the Netherlands the number of females requesting counseling for psychological problems is about 2 to 3 times larger than the number of males seeking help for such problems. The other is that in collections of spontaneous paranormal experiences the proportion of female percipients is also consistently higher compared to the males and varies between 55% and 85% (see Schouten, 1979, 1981, 1982).

The age distribution of 177 clients with whom sessions were held and from which this data is currently available is presented in table 2. This distribution is roughly similar to the age distribution of the entire Dutch population (CBS, 1988). Hence it appears that people of all ages are troubled by problems related to paranormal issues and that such problems are not restricted to certain periods in the lives of people.

Of course a lot more phone calls are made to the agency than there are clients, since not everyone who calls wants to make an appointment for counseling. On the other hand, not all questions asked can be answered by us. We found that a lot of people simply look in the telephone directory and when they see the word parapsychology they simply call because they think that every question which can't be answered by others can be answered by something which is called parapsychology. Wives call that their husband has walked away with another woman and ask if we can do something to bring him back or someone asks whether we can put a spell on someone the caller doesn't like, etc.

Most phone calls refer to problems related to the problems in categories one and two. Questions from these people are generally dealt with by phone. People with problems related to the categories three and four usually make an appointment to see us. An estimate of the

number of phone calls received over the period 1 May 1986 until 31 December 1988 is approximately 2,500.

### *Relation Between Emotional and Paranormal Experiences*

Boerenkamp's conclusion, based on his clinical experience in counseling people with "paranormal" problems and his experiences with psychics when carrying out the research reported in his dissertation (Boerenkamp, 1988), is in agreement with our experience and clinical research on psychic healers (Kramer, 1986) in that often people first become aware of their psi abilities after a major life event. In our interviews with psychic healers we found that generally healers became aware of their healing powers after they had gone through a period of deep depression or extreme emotional pressure. In general, the idea of possessing psi abilities turned out to be an important personal discovery and helped them remarkably well to overcome their emotional pressure. It opened new ways of life. Often these healers reported that after they first became aware of their psi powers they realized that they always had had such feelings, and that as a child they already felt different from other kids in that they were more sensitive to social and emotional problems. Considering this we might conclude that there is very likely a correlation between the present state of emotional functioning of a client and the experience of an alleged paranormal phenomenon. The paranormal experience has a tremendous impact on the person and often becomes "the one and only thing" in the focus of their attention. In analogy with the poltergeist phenomena we made the assumption that the experience of the alleged paranormal phenomenon is also a result of the psychological-emotional problems the client has at the time. We assume then that there is a strong and lasting relationship between psychological and emotional problems of a person and paranormal experiences. It is outside the scope of this paper to discuss the nature of this relationship. It can be assumed, however, that at a certain level of emotional instability the likelihood increases that the person will have a paranormal experience, and this experience in turn strongly influences the way people classify and handle future emotionally significant events.

### *Counseling Technique One*

What we needed was a simple and, above all, practical approach for counseling which could be used within the limits of our possibilities. Among others these limits are that our service is not subsidized by the



government. As a consequence clients have to pay their fees themselves in addition to their travel expenses. Since our agency is the only one in Holland which provides this specialized type of treatment, people from all over the country are coming to see us. Fortunately, Utrecht is located in the center of Holland so that clients never have extensive travel expenses or time consuming travel. Thus, in order to reduce the financial costs for the client, the therapy we offer has to be concluded within a few sessions. Another limit is that we needed a simple model which could be applied to the variety of problems we are confronted with. There is simply no time or money available to develop different therapeutic models and counseling strategies for all the different kinds of problems one might encounter.

The first model we formulated is based on the principle of system theoretical model therapy. In this model a functional analysis of the relation between life events and the paranormal experience or experiences must provide the key to the solution we offer the client. This implies, among others, that we are not so much interested in the question whether the alleged paranormal experience is a real or a pseudo psi phenomenon. What is important is that the client experiences it as a real psi experience. Our goal, as counselors, is not to investigate paranormal experiences, but to provide psychological help to the client. Since we can not say for sure if a psi experience is real or not we have to give the benefit of the doubt to our client and take, at face value, the experience as real, because the client, at least in the beginning, is convinced of its real character. In short the procedure for the functional analysis is as follows: We ask the client to write down at home, his first, second, last and his most important paranormal experience. During the sessions we make a short report of the client's life with an emphasis on major emotional life events. The next step is to match the life events and the reported psi experiences on the time axis. In this way clients see for themselves how in most cases generally both occur in approximately the same period of their life. What we try to make clients aware of with this procedure is that: (a) paranormal experiences are human experiences, (b) paranormal experiences can occur to every person, (c) paranormal experiences are related in time to emotional life events, (d) paranormal experiences are correlated to emotional pressure, and (e) paranormal experiences are not an indication of insanity. To put it into one sentence: Paranormal experiences are normal human experiences, they are not an indication of mental insanity per se, but can occur to everyone who at a certain stage in his or her life is suffering under extreme emotional pressure.

To summarize the goals we want to achieve with our counseling

strategy: (a) reduction of the emotional tension associated with the experience, and (b) integration of the paranormal experience with the other psychological emotions and feelings the person has. The ideal is when the alleged paranormal experience is integrated by the client to become a part of his or her general psychological experiences and the client is able to cope with the idea that he or she has had, at least, one such experience and accepts that this fact doesn't make him or her any more or less interesting than any other human being.

*Technique One in Practice.* A client calls the agency and an appointment is set up. In the first call the client often indicates the type of problem involved. From each call a short record is made and filed away. The next step is to send the client a standardized letter providing general information about the agency (e.g. how to find it and what the fees are). Enclosed is also a confirmation of the day and time agreed upon and a request to write down a detailed account of the most remarkable paranormal experience in his or her life. The client is asked to bring this account to the first session.

At the beginning of the first session the client fills out a standard application form. This asks for some personal data and for information concerning the nature of the complaint, duration of the complaint, prior contacts with counseling agencies or therapists, use of medication, what assistance is expected from our agency, and how they came to learn about it. The first session is filled with learning about each other, starting to make the report and discussing the client's "most important" paranormal experience. At the end of this session the client receives a form to fill in at home which requests a description of his or her first, second, and last paranormal experience. In this way extensive information about the nature of the client's paranormal experiences is efficiently and with relatively little time, obtained. In general, the mixture of written and verbal interviews yields in a few sessions the information needed for the cognitive restructuring which serves to eliminate the problematic aspects of the clients paranormal experiences.

Of course, both phases, collecting information and working on cognitive reconstruction, overlap. Gradually, the emphasis shifts from gathering information to psychological integration of life-events and paranormal experience. However, in all phases of the counseling both elements are present.

Although this model has advantages in that it is easy to learn and to apply, takes just a few sessions (our goal was five at a maximum), uses no "mumbo jumbo" and is neutral in regard to the reality of the phenomenon, it appeared to have some disadvantages which make it less generally applicable than was expected:

1. It requires from the client a certain level of intelligence and the ability to abstract.
2. It turned out that even in the case that the intellectual capacities are present, people have a strong resistance to abstract and to reflect about their own feelings.
3. The approach is often considered too "psychological" and hence it is felt that the real paranormal nature of the experience is not sufficiently acknowledged or is even neglected.
4. The variety of problems is too large. Not all problems could be dealt with in a way that was meaningful and of sufficient value to the client.

### *Counseling Technique Two*

To overcome the problems associated with the first approach gradually a more "free running" technique was developed and used from the beginning of 1987. This second type of approach is related to Rogerian therapy and aimed at the client finding his or her own cognitive restructuring at his or her own level. This means using his or her own words (level of language) and at his or her own speed (taking as much time as the client thinks he or she needs) and, most importantly, taking his or her view of parapsychology and paranormal reality as the starting point. Thus in the first technique there is "top-down" information: the expert counselor presents the framework of paranormal phenomena, whereas in the second approach there is a "bottom-up" structure: the client is presenting his or her framework and the counselor, by asking questions and making remarks, presents the client with constructive ideas on how to "put the pieces together."

An example will clarify this procedure. A young man called us and asked for a regression therapist to help him. He was convinced that he was the incarnation of the poet Dylan Thomas. He has read all the books by and biographies about Thomas and found that the life of Thomas and his ideas about life in general were exactly the same as he had. The problem was that during his life Thomas was an incurable alcoholic who treated his wife very badly. Thomas had died in 1953, leaving behind his wife in misery. Our client now felt sorry for Thomas's wife, who still lives, and since he considered himself the reincarnation of Thomas he felt that he had to see her and make up for his bad behavior in his previous incarnation. He was so obsessed by this idea that already for several months he felt miserable and was not able to concentrate on his work or his social life. He had figured out that the best thing to do was to undergo a hypnotic regression in order to find

out more details about Thomas's private life so that when he would meet the widow he would be well equipped with information about his previous life.

I told him that in this case the agency could not offer him regression therapy but that it might be useful for him to make an appointment for a discussion about his experiences. He showed up with his girlfriend and with a huge pile of books about Dylan Thomas. The first thing he did was to show me a photo on the cover of one of the books and to point out his physical resemblance to Thomas. He continued with the observation that Thomas's life and his own looked very similar and that when reading Dylan Thomas's poetry he always was struck by the fact that it expressed exactly his own opinion "as if the things I'm feeling are written down in that book". I told him that the question whether he really should be considered a reincarnation of Dylan Thomas or not is of no real importance for deciding what actions he should take. If we take reincarnation for real then we can ask ourselves what the reason might be that people reincarnate? Has reincarnation the meaning of going back in time to bother about all kinds of problems which existed in the past or is reincarnation something which perhaps has a meaning for the future, for instance, in the sense that it is important that the ideas of Thomas would survive, but not his drinking habits. In the session, which took two hours, we talked about the meaning of life and the role of reincarnation. At the end of the session the young man had gathered some new insights about reincarnation and had integrated those new insights into his own philosophy.

In this case the question whether or not the client should be considered a reincarnation of Dylan Thomas was not an issue. What matters here is that his problem of how to function and how to act were solved without forcing the client to reject his feelings with regard to the reincarnation question. He came as an "inert" person with a compulsive feeling to act, but not knowing how to. At the end of the counseling session, he felt quite differently about the problems he was facing and found that the things which had bothered him at first now had turned into something which was useful for his life. From "inert" he became active, using his feelings about Dylan Thomas and reincarnation as a "guiding light." Within a few weeks I learned that he had started his own business and that he was doing quite well.

In our experience this second approach, which is less formally structured than the first one, works quite well for clients belonging to our category 4(b). In this approach counseling is something of a pleasant game, in which one does not approve or disqualify the feelings and belief system of the client. It is also a more difficult approach to work

with than the first technique because the counselor must have a lot of knowledge about all kinds of paranormal or occult theories, and needs to be able to adapt this knowledge to the intellectual level and belief system of the client.

### *Theses*

I would like to conclude with some theses which are based on three years of practicing counseling with people about their psi experiences.

1. In view of the increase of interest in parapsychology and the increased incorporation of the paranormal in society the need is growing for psychologists and psychiatrists with training in this specialty.

2. Specializing in counseling problems related to the paranormal and providing information on such topics is a legitimate field.

3. The suspicion with which general scientists consider parapsychology is, justified or not, invalid when it concerns counseling clients with problems attributed to the paranormal.

4. These counseling activities should be recognized as part of regular mental health services.

5. Most problems of clients which they consider as related to true paranormal experiences probably involve no parapsychological phenomena at all.

6. The most frequent reasons why clients attribute a paranormal character to experiences which parapsychologists would not label as such appear to be: (a) badly informed about what constitutes a paranormal phenomenon. For instance, a woman can't choose between buying a red or a green dress. She keeps thinking about that problem until she suddenly realizes that she sees many red objects and people wearing red clothes. This she labels as a paranormal sign indicating that she should buy the red dress; (b) emotional problems. We frequently observed that female adolescents escape to a self-created world of spiritualistic nature when they are in fact troubled by relationship (schoolmates, parents) or sexual (incest) problems about which they don't dare to talk to anyone; (c) pathological cases. Occasionally psychiatrists sent clearly pathological cases to us for treatment when their own approach failed. These are, of course, difficult cases but sometimes we found that at least our deviant way of encountering "weird" experiences created new possibilities with these patients.

7. For this type of counseling, knowledge of psychopathology is at least equally important as knowledge of parapsychology.

8. For successful counseling of problems related to parapsychological experiences, experience and knowledge of psychotherapy seems more

TABLE 2

X < 1925	3	2%
1925 < X < 1935	11	6%
1935 < X < 1945	30	17%
1945 < X < 1955	59	33%
1955 < X < 1965	51	29%
1965 < X < 1975	21	12%
X > 1975	2	1%
Total	177	100%

important than a profound knowledge of the achievements of parapsychological research.

9. It is essential to have good insight into the organization of both the regular counseling services as well as the alternative circles in order to help the client in his or her search for stability and well-being.

10. Do not expect that counseling clients with psi experiences brings in new cases for collections of spontaneous paranormal experiences. In counseling you have to concentrate on and to be aware of other aspects of the client's story than when you are looking for evidence of a spontaneous psi phenomenon. In theory, of course, it is possible to do both but in practice it does not work that way because people have to pay themselves for the sessions and it would not be ethical to spend time on aspects other than those directly related to the client's well-being. In addition to that, people often have to take time from their work for the sessions and therefore want "the job to be done as quickly as possible." But even if the client is willing to spend time purely for the sake of research, it often happens that the counselor does not have the time for it. This implies that combining research on spontaneous cases and counseling is only possible in a research setting where both therapist and client can take all the time they need.

11. In stories that look most like real psi phenomena you often get people who can be characterized as "borderline" personalities.

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## DISCUSSION

TIERNEY: I would like to make two points. The first one is sort of a plea from the equal opportunities commission concerning the sex ratio you mentioned. We just analyzed the last 1,000 cases in my unit, and when you compare day versus evening sessions, the sex ratio during the day is 3:1 female to male, and in the evening it's 3:1 male to female. So, when you put them all together, you get 50:50. I suspect it is a reporting problem.

The second point is, I wonder whether you would agree with me that the term normality has been used quite a bit. Keith Harary has used it; he stressed the importance of emphasizing the normality of such experiences in the therapeutic context. It has occurred to me listening to you that the term may be being interpreted differently. If I had an experience that I found horrific and somebody told me it was normal, my immediate reaction would be, "Is it going to happen again?" In other words, the concept of normality builds up an expectation that it may happen again. Would you like to comment on that? Is there a problem with using the term normality in that way?

KRAMER: There is not because you don't use the word normality in the sense that this will happen every time. You use the word normality in the sense that every person can have such an experience. I mean, there are other things which are quite normal in our views, but they don't happen regularly.

TIERNEY: It was the concept of expectation that worried me.

KRAMER: They don't expect it because most of the time they are also aware of the fact that it is something special in the sense that it just happened at that moment. They somehow feel, one way or another, that it is something linked to that moment. There is a big difference between people who have lots of experiences and people who have

only one or two experiences, in the way they think about it, and the way they react to it.

FENWICK: I think those of us who have sat in a clinic in which people come in distressed with very strange symptoms, will agree with practically everything that you have said. I have two comments and one question for you. The comments are that your description of the way that the Dutch medical profession responds to people's experiences is very similar to the way the British medical profession responds to experiences that people have had. For example, you cannot talk about near-death experiences and if you do they consider you mad. The counseling that people get is really very poor, so we have had to try and provide alternative ways for counseling people.

My next comment relates to religious experiences as a whole. You have chosen just one aspect which is parallel to psychological experiences. But the data, again from England, relating to religious experience really bears out exactly what you were saying; these experiences usually occur in a situation in which the person is under stress, and then they get elaborated. I was interested in your comment about age. We found that parapsychological experiences occurred linearly throughout the age range, but trailed off at 60. I didn't know whether this was because our sample was starting to get rather thin at 60, or whether it actually does trail off at 60. I would be grateful for a comment on that. Again, I'm raising the same question that I did for the last speaker. We can fit it all very nicely into our understanding of the relationship between personality and stress and so on. You started off your paper with a lovely description of the failure of the police in Holland to find anything at all which suggests there was anything in parapsychological predictions. Now then, you have obviously been working in this area for a long time, and so, I would like to put you on the spot, and ask, do you feel that only a reductionist model, such as we have been discussing for half the time I have been here, is sufficient to explain everything? Or do you believe that we need wider models?

KRAMER: First I'd like to make a comment on your remark that what we see in Holland is that the medical profession is divided into two groups; namely, the medical people working in the academic clinics or the official academic state of medicine, and the general practice, working in the field and having clients all day. What we find is that the official people neglect parapsychological things. The general practitioner has no problem whatsoever with it most of the time. When you compare young to old general practitioners, you see that most of the time the older ones are very strongly against it or overreact to it, saying to the clients, "It's the work of the devil. It's something you shouldn't



do. You are not allowed to go there anymore." The younger ones tend to take it seriously, and are even very interested and want me to talk about it for days because they can't hear enough. Concerning your comment about experiences trailing off at 60, I'm not quite sure. I did not find that at least not in my population. I can think of one explanation. When people are over 60, the number of women will exceed the men, and at that age, people are more likely to be involved with spiritualist ideas. So I think that most of those women in Holland go to Spiritualist groups and are not inclined to go to any young doctor who will tell them what to do. That is something you see when you look into the meetings of Spiritualists, most of the people are elderly ladies. So I think there might be some sort of bias in that they simply don't come to clinicians because they think they're too old for it, or they have other ideas. The last question was?

FENWICK: It was a challenge; to ask you whether you felt that the reductionist model in science was sufficient to explain everything that you talked to us about?

KRAMER: You talked about a special topic which I could talk about for hours, the research we've done with the police about how paranormal information can be of any assistance to them. It is very difficult because you have to think in two ways. Sometimes people can say things which are from a paranormal origin, but are of no use to the police. For instance, a person is missing and the police go to a psychic and the psychic says, "Well, he is a very nice person. He is characterized as such and such, and when he was 12 years of age he had this and that illness and when he was 32 he had that kind of stuff." The police will say, "OK, that's all fine, but that is not what we want to know. We simply want to know where he is." That's the way we look at it. There has been a tremendous amount of research done in Holland, but I'm afraid there is not much published in English. Each time, however, it turned out that those people simply didn't give information which could be of any practical use by the police. I mean, they never say, "There it is." The problem we are confronted with is that there exists a lot of stories about psychics finding missing persons, but every time it turned out to be just a story. No one knows exactly but the stories are very strong, happening mostly about people who are already dead. There is a problem in how to evaluate all the spontaneous cases which are available and all the characteristics involved. When you look about the experimental things which are done, and some of them are not done in a laboratory, something like the case whereby people send in their impressions and the parapsychologists scrutinize them, it always turns out that there is nothing of any importance for the police. So, I'm not

quite sure what to do with that information but the only thing that I can say when a police officer phones me and asks, "Will there be any use in getting a psychic?" is that the likelihood that they will find anything is very low, but you always can try.

HARARY: When Ian Tierney was stressing the normality of certain unusual experiences to people, you want to make sure that there is some kind of normality. If somebody calls me up and says that he or she has turned into a werewolf, I don't say, "It happens all the time. Don't worry about it". If it is widespread and common, then I say so. If it is not something I am familiar with, I then back off a little and am honest and say "I haven't heard a lot about that." The other thing is to find out why people find things horrific, you could ask them, "What is horrific about your experience?" We are so used to dealing with certain ideas and experiences, we forget how unusual it is for people. Bob Van de Castle and I have mentioned psi experiences as related to psychological growth. That doesn't mean that it is not disturbing when it happens because we are still dealing in an unsupportive cultural context. How can we facilitate that psychological growth process when people contact us?

KRAMER: It's a difficult question because as a clinical psychologist I'm inclined to draw a line between something which is called a problem area and the solution to the problem. After you've solved the problem, you can go into the growth area, but most of the time people don't do that with clinicians. Furthermore, I'd like to say that growth is not only related to paranormal experiences. I mean, everyone who has had some tremendous illness, or who has had some tremendous depression or something will say afterwards they had grown from it.

HARARY: And people who have fallen in love have had positive experiences. Psi can be a positive thing; it doesn't have to be a trauma.

KRAMER: It should not be a trauma. It's hard for me to tell how to establish that growth because I never worked with it. After we have solved the problem, people go back and grow in their own way, or they become a member of some movement.

HARARY: The movement is not necessarily growth oriented.

KRAMER: It's not necessarily, but it happens sometimes. We are not focusing on growth in our counseling. It is something which we, of course, can do. It will lengthen the counseling period, and that means people will have to spend more time and money for it.

HARARY: Can we direct them towards something such as reading books?

KRAMER: That's not a problem; when you say read these books some people really want to read about the topic. The problem in Holland is

that there are no good books on the topic; they are either too academic or lousy. There are no books in the middle. The only reason that no publisher wants to publish them is because no one wants to buy a book in the middle.

VAN DE CASTLE: I just wanted to compliment you on the innovative way that you worked with the Dylan Thomas situation because I think often we are confronted with this as psychotherapists. When people come in with a belief system like this, it is important to not immediately jump the gun and make some sort of judgmental description. I'm wondering though, what that would be like when presented with ghosts or possession. Could you accept this as a theoretical possibility? I'm beginning to feel that there would be very few parapsychologists willing to accept, even as a theoretical possibility, that there could be such a thing as a ghost or possession, and would start automatically labeling rather than being willing to entertain the possibility that such energy or systems could exist. I thought the way you were able to go into that kind of philosophical discussion of the merit underlying the incarnation, was a creative way to take this particular situation and work with him from his metaphor, from his approach and come out with a very creative resolution. I obviously like that approach as evidenced by the points I've been trying to make about psi being related to a growth process. It is sort of an old dictum in psychotherapy, no pain, no gain. It may be difficult to work through these and assimilate them but you found a close correlation between the crisis or the midlife situation and subsequent psi experience which somehow facilitates and aids that kind of meaningful integration. I know I'm really being hard on my parapsychological colleagues, but if it takes this kind of a crisis to be able to activate psi, how much of a crisis is it until next Tuesday at three o'clock to show up for testing at the lab? There is no real crisis. There is no real crunch or push to motivate them.

NEPPE: Concerning the question of age and incidence of subjective paranormal experiences in the over 60s, I think that this is very much dependent on the kind of question, the focus and, in essence the culture. For example, I found 80% of subjects claimed to have experienced presences in a predominantly 40 to 70 year old female population. I believe incidence is dependent on how people perceive things and how threatened they are in terms of their responses. I'm mentioning this because if you look at the citations of *deja vu* and incidence relating to age, prior to my own work, there were always comments that *deja vu* was inversely related to age and that it did not occur very much in the elderly. This may or not be so. However, it does seem that if one goes into detail in terms of experiences, you elicit responses which are

positive, which otherwise would have been negative. So, I think it's dependent on a variety of cultural and research approach elements.

The other point that I wanted to make is that I was very pleased that you emphasized the non-prejudicial approach in relation to psychological and psychotherapeutic intervention with clients who have presented with various kinds of subjective paranormal experiences. I think that this, in general, is certainly the most logical approach for a mental health setting. It's the way that I found most convenient to go. It also amplified the need for such terms as "subjective paranormal experience" where one is using a non-prejudicial approach, making no interpretations about the veridicality or nonveridicality of the person's experience. In effect, we say, "You have these special things happening to you. Let us try to deal with the problems that either may or may not be related to these things." Under certain circumstances it may imply educating the client or the patient in relation to further knowledge of the area and other times you may want to steer them off in completely different directions.

DIERKENS: I think that I should make some comment about the use by the police of some psychic information. The problems are perhaps completely different in two cases. One is when police ask the general public for some information. The police sometimes ask that because they get some sensory information that the people would not give in direct way. They prefer to say, "I have a dream, or have something in my head and I know that," because then they feel less involved with the police. The second is the use of mediums such as Croiset of Utrecht; I worked with him quite a number of times. In fact, there had to be some link between the way of death or the personality of the deceased person and Croiset himself. When they got the information, even if they were right and even if they were useful, which is not always the case, the information was sometimes given in a symbolic way so that is another problem. If someone wishes to see a wonderful case of Croiset, there is a movie on Croiset's arrival in Tokyo, it's wonderful.

Now, another point about models, I am quite conscious about the necessity to use many different models in the clinic and in research. In fact, I was a psychiatrist and psychoanalyst for 20 years in private practice, then a researcher and teacher in psychology. Having taught theories of personality, experimental psychology and transcultural psychology, I know very well that at one point, one model is useful, but that same model is not useful somewhere else. If we think to the beginning of Freud's work, he thought that the brain anatomy would give him a good model to explain his unconscious. But that brain model had to be put away, he never published it. If he succeeded in under-

standing the unconscious, it was because he put that brain model aside. I think that in our subject, we should do the same for all the usual realistic psychology models.

KRAMER: The police business should be a topic for a whole conference because there's so much to say about it. Of course, the police are aware that sometimes a person who is actually involved in the crime, may call them and say, "Well, I'm a psychic and I've got an idea for you." So, that's one of the reasons why they take it seriously. In the research we've done, we've left that all out. On the other hand, it is not that the police are saying to the general public, "Please send in your information." The general public simply sends in the information. In the second case I mentioned well over 6,000 people in a few months put on record their information. That means that for entire days the telephone system was completely blocked because all kinds of people tried to phone the police with their psychic information. The problem was that the communication channels of the police were completely blocked so there is another practical problem. You have to find all kinds of solutions on how to deal with that and it's very difficult.