Psychic Events in the Lives of Clinicians & Clients

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Learning Objectives

- Study the relationship of psychic experiences to healthcare—past, present and future.
- Be able to identify the varieties of psychic experiences.
- Review the parapsychology research including the major contributors to the field and the issues raised by skeptics.
- Gain sufficient knowledge to be comfortable talking about psychic events with clients and colleagues.
- Learn what psychics and mediums do and be able to recognize—and help clients differentiate—the gifted, the average and the dangerous individuals in these unregulated fields.
- Be able to integrate clients' psychic experiences into treatment of grief and trauma and end-of-life care.
- Understand the impact of a scientific acceptance of psi, which is a change in worldview.

Overview

Real Parapsychology carries profoundly important implications for our understanding of life.

“Human beings can sometimes read the future, read other people’s minds, or psychically observe events unfold as they happen, even when they take place hundreds or even thousands of miles away. Extrasensory perception is quirky, unpredictable, and only partially understood, but it is real.”

—Sally Rhine-Fechter, The Gift

When the findings in the field of psychic research are reviewed objectively, they force us to accept that minds can do things that cannot be readily explained by our current scientific knowledge. After decades of avoidance and ridicule, psychic events and spirituality are beginning to gain a foothold in American healthcare. Parapsychology (psi)—a science concerned with the investigation of evidence for extrasensory perception—was recognized as a science by the prestigious American Association for the Advancement of Science (AAAS) in 1967. As anthropologist, Dr. Margaret Mead said in her speech to the AAAS, “The whole history of scientific advance is full of scientists investigating phenomena that the Establishment did not believe were there.” More than forty years later, discussion of psi in medicine has remained astoundingly emotional and controversial. Psychologist Lawrence LeShan observed that, “The general refusal to deal scientifically with the material gathered in this field seems to be a phenomenon in itself demanding explanation.”

Identifying yourself as “believing in” the paranormal has been risky for mental health professionals. Talking about psi can put a clinician’s credibility in question and associate him with “New Age” and alternative medicine. But what does “belief” in psi events actually tell us about an individual? How widespread are these events, and how healthy are the individuals who report psi experiences? The answers may surprise you.

“People have had these experiences down the ages and across cultures,” according to Marc Micozzi, MD, PhD, a physician and medical anthropologist, “They’re quite universal. What we’ve documented is that there’s a certain type of person most likely to have them.”

Since 1973, researchers at the University of Chicago’s National Opinions Research Council (NORC) have polled Americans about their inner life. NORC reports that two-thirds of those polled say they have had some sort of extrasensory perception, and nearly half report after-death communication from the deceased. Around 30% have had visions and a third have seen things at a distance.

A 2001 Gallop Poll found that half of Americans believe ESP is real and that 65 million report a personal experience with ESP. In addition, studies repeatedly show a correlation between educational achievement and belief in these phenomena, a finding which conflicts with the common disparagement of psychic beliefs as rooted in ignorance and superstition.

It is safe to conclude that many of our clients have had psychic experiences, especially clients who are grieving or facing death. For that reason, social workers need to have a working knowledge of psi, to be able to respond supportively when a client says, “You’ll probably think I’m crazy, but…” and then describes a psychic experience.

We know that half of Americans are not psychotic—although that concern is often raised by clinicians who are unfamiliar with the literature. Far more often than not, psychic experiences are actually a predictor of good mental health. People who reported profoundly mystical experiences were subjected to standard tests measuring psychological well-being. “The mystics scored at the
The role of psychic events within the practice of clinical social work is only beginning to be tapped. Social workers who are knowledgeable about the research in parapsychology can offer clients an important kind of support and still remain on solid ground professionally.

In August, 2006, at the Creativity and Madness conference in Santa Fe, New Mexico, I asked an audience of more than 1,000 clinicians how many had experienced a psychic event. Did the 65% that the NORC study would have predicted raise their hands?

Actually, more than 95% of the audience raised their hands! Surprising? Actually, psychic experiences often happen to those with heightened emotional sensitivities and those who are more likely to be attuned to tensions as well as to psi factors. Who would be more likely to have those experiences than health care professionals?

Psychic events are flashpoints. For a moment, we experience ourselves outside of time and space. We suddenly know the thought or urgent state of someone at a distance. We see something that has not yet happened. We hear the voice or see the image of someone who has died. Then, in the proverbial blink of an eye, we are back in what Albert Einstein referred to as “a kind of optical illusion of consciousness,” experiencing ourselves, “our thoughts and feelings as separated from the rest.”

We are not talking about a topic that is far-removed from psychiatry and we are not talking about the supernatural. In the words of Dr. J.B. Rhine, who is widely regarded as the father of parapsychology:

“No, it could not be the supernatural, there is no such thing. There is only the natural which we now know and understand, and the natural which is still beyond our present knowledge.”

**Definitions**

Parapsychology, psychic, the paranormal, psi, extrasensory perception (ESP) are terms that tend to be used interchangeably. All refer to the ability to perceive and describe information that is not discerned by any of the known senses. These are facets of perception that appear to fall outside the range of well understood human abilities.

The terms most commonly used describe different experiences that ultimately may turn out to be parts of the same phenomena.

**TELEPATHY** is the communication of impressions of any kind from one mind to another independent of the recognized channels of sense.

**CLAIRVOYANCE** is often used broadly to refer to all forms of ESP or more narrowly to refer to everything except mind-to-mind (telepathic) communication. It is the perception of a distant object, person or event without the aid of the five known senses. Clairvoyance is visual and is the most commonly reported form of what is also called REMOTE VIEWING.

**Clairaudience** is an auditory impression. **Clairsentience** is kinesthetic.

**PRECOGNITION/ PREVISION** is the correct impression of future events by means other than inference from past evidence.

**APPARITIONS** are the experience of contact with the deceased. These impressions can be visual, auditory, olfactory or sentient.

**PSYCHOKINESIS** is paranormal action; the influence of mind on a physical system that cannot be entirely accounted for by the mediation of any known physical energy.

In addition:

**NEAR DEATH EXPERIENCE (NDE):** include reports from those who were declared clinically dead by a doctor and were later resuscitated or who were revived on the brink of death—and the common elements of these reports. Pediatrician Melvin Morse, M.D. describes these as, “spiritual experiences that happen when we are dying.”

**OUT-OF-BODY EXPERIENCE (OBE):** An experience, either spontaneous or induced, in which one’s center of consciousness seems to be in a spatial location outside of one’s physical body.

**SYNCHRONICITY:** The co-occurrence of events in space and time as meaning something more than mere chance, namely a peculiar interdependence of objective events among themselves as well as with the subjective states of the observers. The term was coined by Carl Jung.

**DEATH SENSE:** Intuiting a loss. An example would be waking in the middle of the night with the sense that a loved one has just died.

**TEST YOURSELF:** Following are a few illustrative psi stories, some from individuals whose names you will recognize, some from physicians. As you read each story, ask yourself what kind of psychic event is being described. The ANSWERS will follow at the end of the stories.

**STORY 1:** The little boy on the exam table couldn’t be soothed. Whatever four-year old Justin understood about his situation, he was frightened. Sobbing he fought off the woman in the white coat, the woman who was trying to put wires on his head. It didn’t matter that his mother was there, standing beside the table. Justin fought and yelled, pushing the apparatus away from his head. Initially, the technician, who was a pediatric specialist, remained confident. Eventually she gave up and left the room.

Dr. Larry Dossey awoke in the gray dawn with the sensation that the dream was the most vivid he had ever experienced—“numinous, profound, realer than real.”

Dossey had met Justin, who was the son of a colleague, only two or three times. Vivid though the dream had been, he had no idea that it would change the course of his career.

A graduate of Southwestern Medical School in Dallas, Dr. Dossey was in his first year of practice in internal medicine. He had grown up in a Christian family, in “the cotton-farming
prairies of central Texas. We regarded ourselves as inhabitants of not just the Bible Belt but of the buckle of the Bible Belt.” As a child he had expected to become a minister but turned to medicine instead.

That afternoon, when the doctors—including Justin’s father—sat down to lunch together, Dr. Dossey wasn’t thinking about his dream. If he had been, he probably wouldn’t have mentioned it. This was, after all, a busy hospital and they were men and doctors, unlikely to talk about their dreams.

The lunchroom door opened and a woman came into the room. She was carrying a little boy whose hair was askew, his face red from crying. Justin and his mother had just come from the electroencephalography laboratory where a technician, who specialized in children, had attempted to obtain an EEG tracing without success.

Dr. Dossey was stunned. He hadn’t known that the little boy had experienced a febrile seizure the previous day. Only the immediate family and neurologist know. “I had dreamed the sequence of events in exact detail before they happened,” Dr. Dossey wrote in Reinventing Medicine. He had no way to integrate the dream with what he knew about science and medicine.

ANSWER: Precognition

STORY 2: “A man is dying and...he hears himself pronounced dead by his doctor...at the same time he feels himself moving very rapidly through a long tunnel. After this, he suddenly finds himself outside of his own physical body. He sees his body at a distance, as though he is a spectator...other come to meet him...the spirits of relatives and friends who have already died, and a loving warm spirit—a being of light—appears before him....to make him evaluate his life...he is overwhelmed by intense feelings of joy, love and peace.”

ANSWER: Out of Body and Near Death Experience

STORY 3: This is a story about people on two continents, on a winter night in 1980.

Derek Bryceson, Dr. Jane Goodall’s beloved second husband, was dying of cancer in Germany. She was lying beside him in his hospital bed. A 13 year-old, a little girl named Lulu who has Down’s Syndrome, was asleep in her home in Dar es Salaam Africa. She awoke and went to Mary, her nanny.

“Mary,” she said urgently, “Please wake up. That man has come, and he likes me. He is smiling. Please come, Mary. I want to show you. He is smiling.”

“Lulu, tell me who you mean. Who is this man who is smiling at you?”

“I don’t remember his name,” said Lulu, “But he comes with Jane and he walks with a stick. He likes me. He really likes me.”

PSI & Medicine

The Historical Context

In all indigenous cultures, spirituality, altered states and healing were entwined. Healing took place within a spiritual context.

Derek Bryceson was a Royal Air Force pilot during World War II. He had been shot down and wounded at the base of his spine. His legs were partially paralyzed and he walked with a cane.

ANSWER: Death Sense

STORY 4: Six months after the death of his wife, Stephen had a conversation with a friend.

“Something strange happened the night that my wife died,” he told her. “I haven’t mentioned it before but I wonder what it means. The hospice nurse pronounced her dead, and then she told us the time, 4:13. My daughter and I just stared at each other. The time of death was the same as her birthday—April 13th—which is our daughter’s birthday too.”

“What do you think it means?” asked the friend, having been to social work school.

“I don’t know.”

“Yes, you do.”

“Well, maybe completion, maybe everything in its time and place...but I’m not a believer,” Stephen said quietly.

ANSWER: Synchronicity

STORY 5: On a weekend before he had met Linda Eastman, Paul McCartney was alone in his flat. John, Ringo and George were out of town for the weekend. Paul was alone and depressed.

His mother had died when he was twelve years old and over the intervening years it had become hard for him to recall her face. That night while he slept, she appeared to him in a dream. He could both see her and hear her speak to him. What she said was, “Paul, let it be.”

In the morning, Paul McCartney went to the piano and wrote, “When I find myself in times of trouble, mother Mary comes to me, speaking words of wisdom, let it be.”

Mary was his mother’s name.

ANSWER: Visual and Auditory Apparition

Perhaps you have noticed that four of these stories occurred either during a dream or awoke the person from sleep. Carl Jung believed that dreams provide the ideal conditions for psychic events to occur. For many of us, with our chattering awake minds, they are the time we are most likely to have access.
For thousands of years, healers consciously developed their sixth sense. They learned to enter an altered state at will, to contact and use an ordinarily hidden reality for diagnosis and healing. Historically, across cultures, the most advanced practitioners of the psychic arts were “men” of medicine, shamans. Psi was part of healing and both were inextricably linked to spirituality. Who gave you the medicine mattered, not just the medicine.

In Reinventing Medicine, Larry Dossey, MD describes three eras of modern medicine.

In Era 1, which Dr. Dossey calls Mechanical, Material or Physical Medicine, the mind is understood as local, confined to the brain, and regarded as separated from the body. Dr. Dossey traces the roots of Era 1 to the 17th century. As medicine was becoming a science, physicians began to dissect cadavers. The Catholic Church objected, believing that the body was the province of God and the church and that dissection was desecration. Rene Descartes solved the problem, positing that the soul—the spirit—was the province of the church but that the body was the province of medicine.

This, Dr. Dossey explains, is the root of what we know as the Mind/Body split. Prior to that split, which allowed medicine to advance as a science, there was no historical separation. Era 1 Medicine, in line with Newtonian science, tells us that the mind is lodged in the brain, that consciousness is a product of the brain that lives and dies with it.

Era 2 Mind-Body Medicine is the reintegration of the mind and body in healing. Mind is now understood to have causal powers within the individual but mind is still seen as local.

Era 3 Medicine is Nonlocal Medicine. The mind is understood as potentially unbounded in time and space and a factor in healing both within and between people. The concept of the mind as nonlocal is ancient. Describing the “perennial philosophy,” Aldous Huxley concluded that belief in the existence of nonlocal mind is one of the highest common factors “in all the major wisdom traditions and religions of the world.”

In Recovering the Soul, A Scientific and Spiritual Quest, Dr. Dossey asks what, in light of the “mechanistic, materialistic view that prevails today in conventional science, which tells us that the mind is solely a function of the local, mortal brain and body,” are we to do, “with the recurring evidence…that suggests there is something of us that is unconfined to bodies or brains, and, as we shall later see, unrestricted by space and time? The usual response has been to ignore it. But if we wish to go through these data and not around them, we must suppose that science and religion have not had the final word on the nature of consciousness and its connection to the soul. Things are simply more complicated and grander than we have been told.”

PSI & Psychology
The Historical Context

With virtually no parapsychology courses available (even as electives) in social work education, it isn’t surprising that clinicians are reluctant to talk about psychic experiences. We anticipate the all too likely “WOO WOO” response. What most social workers don’t know is that psychic events have fascinated many of the greatest minds in the history of science in general and psychology in particular.

The great Harvard psychologist, Dr. William James (1842-1910) was interested in telepathy, spirit possession and trance personalities. He was involved in the founding of the American Society for Psychical Research (ASPR) in 1885.

“If one wishes to understand the human mind, it is necessary to also understand why psychic phenomena are seen and experienced by so many people,” James wrote.

Much quoted, he also noted that, “Our normal waking consciousness is but one special type of consciousness, whilst all about it, parted from it by the filmiest of screens, there lie potential forms of consciousness entirely different.

“Our normal waking consciousness is circumscribed for adaptation to our external earthly environment, but the fence is weak in spots and fitful influences from beyond leak in, showing the otherwise unverifiable human connection. Not only psychic research, but metaphysical philosophy, and speculative biology are led in their own ways to look with favor on some such ‘pan-psychic’ view of the universe as this.”

Dream research brought Sigmund Freud into contact with parapsychology. Politically astute, he suppressed papers on telepathy (which he thought might be “the original archaic method by which individuals understood one another, and which has been pushed into the background in the course of evolutionary development”) and on the occult. He feared, no doubt correctly, that incorporating psychic phenomenon while psychoanalysis was still in its infancy would damage its credibility. Freud conducted experiments with mediums with Dr. Carl G. Jung and with Sandor Ferenczi.

In a letter dated July 24, 1921, Freud wrote, “I do not belong with those who reject in advance the study of so-called occult phenomena as being unscientific, unworthy or harmful. If I were at the beginning of my scientific career, instead of at the end of it as I am now, I might perhaps choose no other field of study—in spite of its difficulties.”

In 1935, at the age of 79, when asked his views about paranormal phenomena, Freud said, “The transference of thoughts, the possibility of sensing the past or the future cannot be merely coincidental. Some people say that in my old age I have become credulous. No...I don’t think so. Merely—all my life I have learned to accept new facts, humbly, readily.”

Dr. Carl Gustav Jung (1875-1961) had a longstanding and broad interest in psychic phenomena. “The psyche at times functions outside of the spatio-temporal law of causality...A complete picture of the world would require the addition of another dimension,” Jung wrote. Also, “The dream is the small hidden door in the deepest and most intimate sanctum of the soul which opens into that primeval cosmic ego and will be so far beyond what conscious ego could ever reach.”

Dr. J.B. Rhine: When Joseph B. and Louisa Rhine joined
Professor William McDougall at Duke University in 1927, the field of investigation into psychic phenomena was known as psychical research. At that time psychical research was mainly concerned with working with mediums in the search for evidence of an afterlife. J.B. Rhine recognized that answering the survival question depended first on investigating the ability of the living to gain psychic or psi information by other than sensory means (telepathy and clairvoyance), an ability for which he used the term extrasensory perception (ESP). Rhine began testing Duke students with specially designed cards to study ESP and later used dice machines to study psychokinesis (PK), the movement of objects by mental intention alone.

By 1935 Rhine’s experiments into the unexplained powers of the mind had shown sufficient promise to justify the creation of a special unit, the Duke Parapsychology Laboratory, where under his guidance and with help of a growing team of graduate students and colleagues, a new science was born, the experimental science of parapsychology. In 1937 the Journal of Parapsychology was founded as an independent peer-reviewed professional journal to provide an outlet for reporting the findings from the Duke research as well as from other laboratories at home and abroad.

For the past 70 years, the RRC has been researching and studying the experimental science of parapsychology. Now in the 21st century, the Rhine Center continues the mission and work of its founder J.B. Rhine with a broadened scope directed deeper into the Study of Consciousness.

ESP cards and dice games have long since been replaced by modern techniques that allow more subtle measurements of psi, such as by looking at the physiological changes or bioenergy characteristics of psychics and healers, or by measuring the telepathic awareness of emotional targets in a simulated dream-like situation. Efforts are made to detect clues that come directly from the psi experiencers themselves, whether they are healers, intuitives, or simply ordinary people who have these extraordinary experiences.

The Rhine Center expands its search for knowledge by an active give-and-take between the psychic experiencer and the scientist with educational programs and discussion groups available for the general public. This is a collaboration that stems back to the late 1940’s when Louisa E. Rhine began her original collection of spontaneous psi experiences from the general public, a case collection and analysis that extended and amplified the findings that were continuously emerging from the solid experimental research that is more closely identified with her lifelong collaborator and husband J.B. Rhine.

Ian Stevenson, M.D (1918-2007) was the Director of the Division of Perceptual Studies and Carlson Professor of Psychiatry at the Department of Psychiatric Medicine, University of Virginia. During his long career, he was the pre-eminent researcher in the study of reincarnation. He spent more than half a century traveling the world investigating hundreds of cases of children, commonly interviewing more than twenty people in each case, who seemed to recall previous lives. By 1974, Dr. Stevenson had more than 1,300 cases in his files, 324 in the United States.

Twenty Cases Suggestive of Reincarnation was widely seen as careful, methodical investigative work. In 1975, an article in the Journal of the American Medical Association, said that Dr. Stevenson had “…painstakingly and unemotionally collected a detailed series of cases in which the evidence for reincarnation is difficult to understand on any other grounds…He has placed on record a large amount of data that cannot be ignored.”

Dr. Stevenson’s central goal—that scientists would seriously look at the possibility of reincarnation—did not come to fruition in his lifetime.

Social Workers are quite familiar with Elisabeth Kubler-Ross, M.D., who is most widely known for introducing the Five Stages of Grief in her well known book, On Death and Dying. She was also a pioneer in near death studies and by the end of her life which was dedicated to working with dying patients, she was convinced of reincarnation. Her comment on Dr. Raymond Moody’s book, Life after Life, was that it confirmed, “what we have been taught for two thousand years…that the dying patient continues to have conscious awareness after being pronounced clinically dead.”

Casting a broader net, here are a few other individuals who have expressed interest in psi:

Neils Bohr
Aldous Huxley
David Bohm
Upton Sinclair
Sir William Crookes
Ralph Waldo Emerson
Marie and Pierre Curie
Brian Weiss, MD
T.S. Eliot
Rachel Naomi Remen, MD
D.H. Lawrence
Wilder Penfield, MD
Thomas Edison
Richard Selzer, MD
Sir Arthur Conan Doyle
Mona Lisa Schultz, MD

According to Webster’s Revised Unabridged Dictionary, a skeptic is, “One who is yet undecided as to what is true; one who is looking or inquiring for what is true; an inquirer after facts or reasons.”

Genuine skepticism then is an honest search, a rational and sensible way of life. By this definition, all scientists, all intelligent people, should be skeptics.

When it comes to the field of parapsychology, what is labeled as “skepticism” is often (not always!) more accurately called “pseudoskepticism.” Pseudoskeptics insist that psychic phenomena are scientifically impossible. Pseudoskeptics look
at information with an agenda. If the information that psychic events and research yields conflicts with their own underlying belief system, what is at stake is the survival of that belief system. Typically, the pseudoskeptic argues that the research results are wrong, sloppy, misinterpreted and just plain dishonest. The integrity of the reporter is called into question.

In 2009, American Nurse Today, a peer-reviewed journal, ran an article by this author, “Psychic Events in the Lives of Nurses.” Helen E., who listed her credentials as RN, PhD, JD, emailed the following response:

“Oh puh-leaze! I just got my first copy of American Nurse Today. Boy did I waste my money on this association! Precognition? How about complete coincidence! I’m glad to see that you are making money from rubes. As PT Barnum said...oh I just know you know what I’m going to write next. It’s time I returned to my peer review and research journals while I throw this magazine in the trash. Maybe you can get a job with Ghostbusters.”

Psychics and Mediums

A psychic is an individual who is able to access information using abilities outside of the five known senses.

A medium is a psychic who believes that she can communicate with the deceased. Thus all mediums are psychics but not all psychics are mediums.

In Your Sixth Sense, social worker Belleruth Naparstek describes a study she conducted of 43 psychics—individuals who had “a public track record of a disciplined reliable skill that they could call upon at will.”

Naparstek’s definition makes a distinction between psychics and the rest of us—who may have psychic moments but who have not developed control. The composite profile was of:

- a woman in her mid-forties
- with an advanced degree in mental health
- likely to say that she was born with her psychic ability
- and had a parent or grandparent who displayed psychic ability

Co-incidents included a tendency to bilateral dominance, stronger than average likelihood of being an only child, talent and experience in the arts (often more than one), a tendency toward dyslexia, intellectual giftedness or a photographic memory, and a tendency to be a night-owl. In addition, these individuals meditated, spent time alone and in nature regularly and had a tendency toward over or under-functioning thyroid or adrenal glands. Psychic abilities appeared to be accelerated by events that included Near Death Experiences, daily yoga or meditation, proximity to someone with strong psi skills, love, loss, heartbreak and working with compassion, with an open heart.

Consider asking clients whether they have ever spoken with a psychic or a medium. People often seek readings because they are experiencing anxiety (about the future) or depression. In other words, many of our clients are also the clients of psychics. Unlike healthcare providers, psychics are neither licensed nor regulated. Some psychics are gifted, some profoundly gifted. Unfortunately, the psychic role also offers tremendous opportunities to narcissistic or sociopathic individuals.

If your client has seen a psychic, it can be important to explore frequency, cost and emotional reliance. There is a great difference between a person who talks with a psychic twice occasionally and someone who calls the psychic hotline three times a week.

During Ronald Reagan’s presidency, Nancy Reagan had contact—often daily—with Joan Quigley, a San Francisco astrologer. After President Reagan was shot by John Hinckley, Jr. on March 30, 1981, Joan Quigley advised the traumatized first lady that had she been looking at the president’s chart she would have been able to warn them. It was a closely guarded secret that the President’s schedule was regularly influenced by the astrologer’s advice.

The astrologer maintained that her work was science and that she had no psychic abilities but the dynamic, the dependency and potential for victimization of the client is the same. Ultimately, Mrs. Quigley betrayed Mrs. Reagan’s confidence and published a book (the title of which would give any social worker pause for diagnostic thought), What Does Joan Say?

How do you tell “the real deal” when it comes to psychics and mediums? It’s actually quite simple. There are two things to remember.

First, ethical people behave ethically. There is a Code of Ethics of the Academy of Psychic Arts and Sciences that includes protecting the sanctity of client relationships and information, and guarding against creating an unhealthy dependency.

Second, you keep track of the percentage of “hits” that a psychic has and pay attention to the specificity of the information that is given. A psychic who tells a client that she sees a “trip in your future” is casting a wide net. Most of us are going somewhere. On the other hand, a psychic who tells her client that she sees her going to California in June to see her first grandchild isn’t hedging her bets. She—or he—is being specific because she is picking something up. She may not be right (have a hit) on this particular prediction but if she has a significant percentage of hits with this kind of specificity then she has psychic abilities.

Psychics use different methods. Some simply sit quietly for a moment and then begin to speak. Others prefer to use some kind of divinatory tool; for example, Tarot or other cards, or psychometry—picking up information psychically from an object.

Peter Hurkos (who fought in the Dutch Resistance during World War II) was proficient in psychometry, particularly using photographs, specifically negatives. He was studied for more than two years by physician Andrija Puharich, who in Beyond Telepathy, explained, “We must squarely face the possibility that memory or intelligence is not strictly limited to the human mind...Many experiments have shown that Hurkos is not only capable of describing images on the photograph, but also of getting intelligence other than that physically recorded on the film.
Much of the intelligence that he gets comes from other segments of time and space than the one in which the picture was taken. This means that whatever it is that is transferred from the person to the film remains on the film as a permanent record ready to be ready by a sensitive mind, and is of a nature quite beyond our comprehension."

A medium will tell you that she is picking up information from someone around you who has died. She won’t say, “I see an older woman, with white hair who liked to cook.” Most of us had a grandmother. She might say something like, “I see a woman whose name began with the letter C and she’s showing me that it’s the 4th of July and there are people going in and out of her house, and she’s with the R person”—if your grandmother’s name was Clara and she had a summer house that was next to her sister Ruth’s summer house. A gifted medium won’t say to an 80 year old woman, “I see that your husband has passed and he wants you to be happy.” Most 80 year old women who go to see a medium without their husband are widows and would like to feel that their deceased spouse wants them to be happy. That’s cold reading. It’s what mediums of limited ability or charlatans do. They cast a wide net and use the client’s responses to help narrow the focus. A talented medium might say something like, “Your husband is here. He’s pointing to his heart which tells me that he died of a heart attack. He’ showing me that he’s with a large dog, the dog is black and white.” If your husband was a polite man who died of a heart attack and his favorite dog in his lifetime was a black and white then the medium is reading something.

We can’t assume that this is proof of survival of consciousness, that the medium is doing what mediums say they are able to do, obtain information from the deceased which is at least a plausible possibility. What we can conclude is that a gifted medium is somehow accessing information that we cannot pick up. Do mediums provide evidence for anomalous information reception (AIR) or are they obtaining information through some form of psi ability, telepathically reading the sitter or perhaps accessing a reservoir of psychic information: what Edgar Cayce called the Akashic Records or Carl Jung the Collective Unconscious?

Julie Beischel, PhD, co-founder and Director of Research at the Windbridge Institute (www.windridge.org), has been studying mediums and the information they report as well as screening, training and certifying the mediums who work with them.

“I think survival research definitely requires more funding and deserves to be taken seriously. If you consider the numerous modes of studying the afterlife—near death experiences, children who remember past lives, mediumship, etc.—and the body of data collected, it is difficult to claim that nothing is going on,” she remarked in an interview with The Daily Grail (http://dailigrail.com/interview/julie-beischel-the-departed).

"The scientific study of mediums is over a century old. At this time, we can conclude that certain mediums can report accurate and specific information about the deceased loved ones (‘discarnates’) of living people (‘sitters’) without any prior knowledge about the sitters or the discarnate, in the absence of any sensory feedback, and without using deception. At the Windbridge Institute, we study mediums, their experiences, and the information they report. We are ultimately interested in how mediumship may be beneficial in criminal investigations, hospice care, grief counseling, and other aspects of society and healthcare.”

Dr. Beischel graduated magna cum laude and with honors with a BS in Environmental Sciences from Northern Arizona University and received her PhD in Pharmacology and Toxicology with a minor in Microbiology and Immunology from the University of Arizona. She and psychologist Gary Schwartz, PhD (whose background includes Cornell, Harvard, Yale and more than 400 published journal articles) conducted triple-blind studies of mediums which are described in Dr. Schwartz’ book, The Afterlife Experiments, Breakthrough Scientific Evidence of Life After Death.”

Two hundred pages of stenographic transcripts from videotapes of the mediums were transcribed and scored. Information was categorized as Initials, Names, Historical Facts, Personal Descriptions and Temperaments and Opinion/Other. For each item, the sitter was asked to assign a rating on a hit or miss scale, from (-3) a complete miss to (3) a definite hit. Across all categories, the results showed that the mediums ranged from an astounding 77 percent to 95 percent accuracy. The average for (3) hits, a statement rated by the sitter as completely on target, was 83 percent.

A control group, comprised of university students, achieved hits ranging from 20 percent to 54 percent, with an overall average of 36 percent.

The Forever Family Foundation (www.foreverfamilyfoundation.org) is a volunteer organization that is also involved with evaluating and certifying mediums.

A WARNING: For you and especially for your clients, there is a danger in working with psychics—probably more so than with mediums—that is rarely discussed. People are inclined to consult a psychic because they are anxious about and desire information about the future. The danger—and it is considerable—is of relying on the information in a way that allows it to interfere with one’s own perceptions.

Here’s an example: Suppose that Eleanor, a young woman who is worried about finding a husband, consults a truly talented psychic. The psychic correctly describes Eleanor as a teacher who has recently ended a two year relationship. Both of these are “hits,” and they make it clear to Eleanor that the psychic is gifted. The psychic also tells Eleanor that a slightly older man, financially secure, and interested in the arts will come into her life in less than a year. His name begins with the letter D, the psychic states, and that there will be a great love between them. Sure enough, eleven months later, Eleanor meets Daniel, who is financially secure and two years older. He has season’s tickets to the symphony and they spend many Sundays together going to museums. The psychic, Eleanor tells all her friends, was brilliant. She falls head over heels with Daniel but she isn’t paying attention.
It turns out that Daniel not only smokes a lot of marijuana. He also deals it.

Psychics can see things the rest of us cannot, but—and this is a very big BUT—they cannot see everything. All of us must rely on our own perceptions. As they say in the auction business, caveat emptor—Buyer Beware.

Also, do not assume that because an individual has ability as a psychic or a medium that he or she is necessarily spiritually advanced. Paramahams Yogananda, a spiritual teacher and pioneer of yoga in the west, explained that while all souls have mediumship experiences on the way to higher consciousness not all mediums are advanced souls. He also cautioned not to be distracted from true spiritual growth by psychic experiences.

The Relationship of PSI and Spirituality to Clinical Care

Talented mediums can be superb grief therapists. They help clients feel that the departed are still with them. They enable a feeling of reconnection. More than half of widows and widowers report that they have some kind of apparition experience. That is, without the help of a medium, they sense the presence of the deceased. This too enables a feeling of reconnection—unless the individual is frightened by the experience, feels that her religious beliefs do not accommodate the event, or someone (and sometimes it’s her therapist!) belittles her for describing the event.

Journalist Skip Brown spent a year touring what he described as the “Alternative Medicine Sideshow,” looking into alternative healing in America in all its many forms. In Afterwards You’re a Genius: Faith, Medicine and Metaphysical Healing,” Brown asked the question:

“How amid the greatest medical progress in history, could such levels of dissent and paranoia and disgust with the system of medicine thrive?” He concluded that, “Science has lionized matter at the expense of psyche and spirit and imagined that its preference reflected the natural order of things.” Brown concluded that:

The main importance of psychic research is that it corrects a central belief of western thought—that the physical plane is all that really concerns us.

When the Journal of the American Medical Association did research to try to identify why so many Americans spend more money out-of-pocket on alternative medical care than they do on traditional medicine, they concluded that people want illness to be treated in a spiritual/life meaning context.

James S. Gordon, MD, in Manifesto for a New Medicine, put it this way: “All of the world’s traditional healing systems are based on an understanding that modern biomedicine has largely forgotten...all tell us that we are part of a larger world and, indeed, a small version, a microcosm, of it.”

Re-incorporating psi into healthcare allows the reinfusion of connectedness as well as spirituality, that same spirituality that was jettisoned as medicine was becoming a science. The isolation and loneliness that Americans so often experience—the terror of dying that leads so many to choose every medical intervention available to prolong life in the most unfortunate circumstances—is more readily addressed when we re-integrate spirituality into medicine.

As any clinician working with addiction knows, Alcoholics Anonymous and the many other anonymous programs that closely parallel it, is frequently a sine qua non in good treatment. AA is a relentlessly spiritual program, focused on the repair and integrity of the alcoholic’s soul. The program avoids the word, “God,” striving instead for the widest possible acceptance by using “higher power.”

In The End of Materialism—How Evidence of the Paranormal is Bringing Science and Spirit together,” Charles T. Tart explains that his book is about science and spirituality, not science and religion. “As I and many other writers use these terms, spirituality is primarily about life-changing, primary experiences that happen to individuals, while religion is primarily about the social organizations and beliefs that develop and become relatively fixed and institutionalized. Such organizations and belief systems are usually initiated by spiritual experiences of the religion’s founder, and these organizations and belief systems incorporate and develop (with more or less fidelity) those basic experiences into ongoing social structures, relationships, beliefs, needs and customs.”

Stanislav Grof, M.D. believes that when the mind is quiet that the human psyche has the potential of transcending what we ordinarily consider space and time. Modern consciousness research suggests that our psyches have no real and absolute boundaries, that all of us have the potential to access consciousness beyond the limitations of our individual mind.

Remember Dr. Dossey’s three eras of modern medicine. In Era III medicine, mind is understood as “Non Local.”

In the early days of Alcoholics Anonymous, in addition to attending AA meetings, recovering alcoholics also often attended Emmet Fox lectures. Fox was the son of a physician. Trained as an electrical engineer, he was both a scientist and a philosopher. He believed that thoughts were real things and that to change our lives, we must first change our thoughts. He also understood psychic events.

“We are very much in the position of a color-blind man in a beautiful garden,” Fox wrote. “All around him are glorious colors; but he is quite unaware of them and sees only blacks, whites, and grays. If we supposed him to be also devoid of the sense of smell, we shall see what a very small part of the glory of the garden exists for him. Yet it is all there, if he could but sense it.”

More recently, laser physicist Russell Targ, who with his colleague Dr. Hall Puthoff, cofounded the Stanford Research Institute in 1972, explained in Limitless Mind that, “all of space-time is available to your consciousness, right where you are. You are always on the edge.”
“Essentially... any psychic experience demands that the awareness of the individual is not separate from (or is ‘contiguous with’) a specific target at a distant location...Without a doubt, people can learn to use their intuitive consciousness in a way that transcends conventional understanding of space and time to describe and experience places and events that are blocks from ordinary perception."

This brings us, briefly, to physics.

In *Entangled Minds*, Dean Radin wrote, “It is within physics that the principle puzzle of psi resides...Psi is the human experience of the entangled universe.”

In classical physics, as Fred Alan Wolf explained, “An event is seen as either having occurred, is occurring or will occur.” In quantum physics, time is no longer a one way river, and space and time are not separate entities. Rather, we live in “space-time”...Events that have passed are still around as well as events that will be. The future exists side by side with the present.

Modern physicists see the universe as an infinitely complex system of vibratory phenomena. Albert Einstein observed that space is not three dimensional and that space and time are not separate entities. Rather, the universe is seen as one continuous field of varying intensity in which matter and energy are interchangeable.

Einstein disciple physicist, David Bohm, concluded that the world and everything in it is a vast ocean of energy, pulsating life and non-local intelligence. Consciousness is viewed as an integral part of the universal fabric, and not limited to the activities of the human brain.

“Deep down the consciousness of mankind is one. This is a virtual certainty because even in the vacuum matter is one; and if we don’t see this it’s because we are blinding ourselves to it,” Bohm wrote.

**Clinical Applications**

1. You are likely to find that the dying client who talks to her long-deceased father is no longer afraid to die. She has experienced a “Take-away apparition.” Whether she dies within hours or not for weeks or months, she is likely to have a sense of serenity, to have lost any fear of death. If you listen with respect and appreciation, asking for more detail if that seems useful, you will help support the gift she has received through what we call psychic phenomena. People who have hospice experience know that these events are not uncommon and are almost always positive.

2. The widow who experiences her husband’s presence may be reluctant to describe the experience. This is one of the, “You’ll probably think I’m crazy but…” stories. If she tells a therapist who isn’t aware of the data on these events, she is likely to receive no response at all or to hear something about how the grieving mind imagines things. If instead, the therapist asks for more information about the event and how she felt about it, and perhaps tells her that more than half of widows and widowers reports these experiences which are called apparitions, the client’s sense of reconnection with her husband is strengthened. At least for awhile, she will feel less alone.

Throughout most of the 20th century, helping the grieving to “let go” has been the foundation of treatment with grieving clients. Freud understood the goal of mourning as freeing the survivor from his attachment to the deceased. When this was accomplished, it was believed that the individual could move on with his life.

In the past decade, there has been a “sea-change” within the field of grief therapy toward understanding the value of “Continuing Bonds.” The phrase was first used in 1996 in *Continuing Bonds: Another View of Grief*, by Dennis Klass, Phyllis R. Silverman, and Steven L. Nickman [Klass, Dennis; Silverman, Phyllis R.; & Nickman, Steven L. (1996) *Continuing Bonds: New Understandings of Grief*, Taylor & Francis, Washington, D.C.]

The concept here is that the bereaved maintain a link with the deceased that continues and changes over time. This continuing connection, rather than something to be gotten past, offers comfort and solace. The idea of “closure” is no longer emphasized. Instead, the emphasis is on finding a different way of being in relationship to a loved one who is no longer here.

3. The client knows that something important happened to her. A therapist who encourages her to describe how the experience occurred (visual or auditory, for example), perhaps observe whether it was telepathic or clairvoyant, will help the client feel comfortable with her experience. She may even decide to increase the use of meditation or other techniques that correlate with enhanced psi abilities.

4. With the client who dreamed of the death of a friend’s father, the therapist can explore the client’s feelings about the event, whether she has had other psychic experiences, whether she...
is comfortable with them or whether they are causing her anxiety. It may be helpful to tell her that the experience is called Death Sense and that it has been described by Dr. Jane Goodall in her book, *A Reason for Hope* and by Dr. Judith Orloff in *Second Sight*.

**Dr. Allan Botkin, PsyD**

Some of the most exciting work that utilizes psi experiences in the treatment of trauma and grief has been developed by Allan Botkin, PsyD and is called Induced After Death Communication (IADC).

Permission to reprint the following information from Dr. Allan Botkin’s website has been obtained:

**THE TRIGGER OF EYE MOVEMENT**

Dr. Allan Botkin’s ADC research

Dr. Allan Botkin is a clinical psychologist with over 15 years of experience in the treatment of psychological trauma (PTSD) and grief. About four years ago, he began to experiment with variations of a relatively new and very powerful psychological treatment - Eye-Movement Desensitization and Reprocessing (EMDR).* He discovered, by accident, that one variation of EMDR reliably induced an experience that almost all patients believed, regardless of their prior belief system, was authentic spiritual contact with the deceased.

(*EMDR is a way of stimulating the brain bilaterally. This appears to cause the brain to speed up and allow for the potential to reprocess traumatic memories. Dr. Botkin’s variation involves focusing on the core issue of sadness, rather than any of the other emotions that may be attendant to the traumatic event, while stimulating the brain bilaterally. A specific alteration of the protocol appears to precipitate the likelihood of an ADC experience – Wechsler).

Guggenheim and Guggenheim describe after-death communications (ADCs) in their book, *Hello From Heaven*. ADCs occur spontaneously in about 20% of the population, and are now recognized by a number of authors and many professionals in the field as emotionally transforming and very healing experiences. Just as near-death experiences convince those close to death of the continuation of life after death, ADCs convince survivors that the deceased are still very much alive.

Raymond Moody, M.D., who sparked the public’s interest in NDEs with *Life After Life*, was the first to purposely induce ADCs with any success. He describes the results of his technique in *Reunions*. His 50% success rate with highly motivated individuals indicates that we do have some control over the production of the ADC experience. Dr. Botkin’s discovery is simply a method, based upon a variation of a new and very powerful psychological technique (EMDR), that induces ADCs in a much more reliable (98%) manner across a more heterogeneous population.

Moreover, since the ADC induction procedure provided by Dr. Botkin’s method provides greater control of the experience, they are generally more elaborated than either the spontaneous variety, or those induced by Dr. Moody’s procedure. These more elaborated experiences not only result in a more complete resolution of grief, they are also more NDE-like (going through a tunnel and towards light, seeing beautiful and rich landscapes, etc). Dr. Botkin cogently makes the argument that ADCs and NDEs are essentially experiences of the same phenomenon, although clearly from different points of view. If true, then all arguments about the physiological by-products of a dying brain, can be seriously questioned. Dr. Botkin’s patients routinely experience nearly all of the same components of NDEs, and they are, in almost all cases, very healthy and not near-death.

Dr. Botkin argues that the most important aspect of this discovery is its clinical application: it simply works, and offers hope that we will be able to ameliorate a great deal of suffering. From a scientific and philosophical point of view, however, we also now have a means to study ADCs, and logically NDEs as well, in laboratory settings. The results of these efforts, which will hopefully be multi-disciplinary, may answer some questions humans have had ever since we evolved to the point that we had the brain capacity to consider our ultimate fate.

Dr. Botkin’s article appears in the Journal of Near-Death Studies.

The following is an example of Dr. Botkin’s IADC (induced after-death communication) therapy:

A Vietnam veteran spent many years experiencing guilt and sadness over killing a young enemy soldier.

Few human beings can kill another without feeling great remorse, even in the heat of battle. That is especially true when the soldier can see the face of his enemy, the living person carrying photos of his family, hoping to return home to them at the end of the war, a hope ended by the soldier’s bullet. The face becomes a permanent image in the soldier’s memory that will appear again and again for the remainder of his life, wherever he goes, at every age. And when the veteran arrives at a maturity where regret over the killing is too great to suppress, the image creates unbearable sadness, often masked by rage and guilt.

That is what happened to Mike.

Mike arrived in Vietnam a few days before his first major battle. The battle went on for some time and when his unit started running low on ammunition, Mike was intensely afraid they were all going to die. Just when it appeared all hope had faded, a helicopter arrived with supplies. As they were unloading boxes of ammunition, Mike looked up and saw a young enemy soldier running towards them. He could see his face clearly. Overcome with intense anger, he shot and killed him. Even though it was the first time he killed another human being, he felt exhilarated and in control of his fate. When the battle was over, Mike was congratulated by other soldiers, and he felt fully trusted and accepted by his peers. He didn’t think much more about the event for the remainder of his tour.

However, when he returned home, Mike experienced nightmares of the event that continued for the next 25 years. He repeatedly saw the face of the young enemy soldier he killed and began to wonder how old this enemy soldier was and whether he had a family who grieved his death. At times, he could retrieve his combat anger to justify the incident, but at other times he felt great remorse and sadness. “I just feel terrible. What I did goes against everything I have ever believed,” he said to me in my office. It was clear that Mike needed to confront his sadness by fully grieving the death of the person he killed.
I performed the IADC procedure and he closed his eyes. He described what he saw. “I can see him, the young soldier’s face, but it isn’t like the face I saw in ‘Nam and what I see in my nightmares. I see him smiling and happy.” Mike sat quietly for a moment, then opened his eyes. “He communicated to me that he was very content where he was, and he understood that I had to do what I did.”

After a few minutes of describing what happened, he ended by saying, “I’m really surprised that the person I killed would have such feelings. This is really strange. I feel like he and I are not just OK with each other; I feel like we’re friends.”

After that session, the look on the enemy soldier’s face before he died that had haunted Mike for over 25 years was replaced by the smiling and happy face he experienced in his IADC. He told me at the end of the session, “I’m trying to bring up in my mind the old image of his face I always saw in my nightmares, but I can’t.”

A two year follow-up revealed that Mike’s nightmares of the incident had vanished from that day on, and he felt only an important connection to the enemy soldier he had killed.

“You see, death is not the grave as many people think. It is another phenomenized form of life.” - Edgar Cayce

**INDUCED AFTER DEATH COMMUNICATION (IADC) THERAPIST SURVEY RESULTS**  
March 2007
Allan L. Botkin, PsyD

The following data were collected from IADC therapists I personally trained and who were listed on my website in March 2007. My own therapy data are not included.

- Number of therapists listed...16
- Number who responded...15
- The average number of years that these 15 therapists had been doing professional psychotherapy prior to being trained in IADC...21 years
- Total number of IADC therapy cases for all 15 IADC therapists...211
- Total number of successful ADC inductions...159 (75%)

For the next two questions, therapists were asked to respond using the following 7 point scale from 1 (dramatically worse) to 7 (dramatically better). The questions and results were as follows:

“For your clients who experienced an IADC, how would you rate their overall psychotherapeutic outcomes compared to other traditional approaches you have used?” ...6.7 (average response).

“For your clients who underwent IADC therapy, but did not experience an IADC, how would you rate their overall psychotherapeutic outcomes compared to other traditional approaches you have used?”...5.6 (average response).

In response to the question, “Have any of your clients experienced unexpected negative side effects of IADC therapy?”, only one therapist reported a negative side effect—one of her clients experienced a flashback after an IADC session, and the issue that triggered the flashback was successfully processed with EMDR during the next session. The incidence of negative side effects, therefore, is 1/211, or 0.005 (less than 1%).

- IADC trained therapists who participated in this survey are, on the average, very experienced professional psychotherapists.
- The reported success rate (IADC successes/IADC attempts) of trained IADC therapists is very encouraging. While I have consistently reported a 70% success rate for the last few years, the fact that other IADC therapists report a 75% success rate leads to the conclusion that the IADC procedure is both teachable and reliable.
- The fact that these experienced therapists rate the outcome of IADC therapy as being between “much better” and “dramatically better” than the other therapies they have used to treat grief and trauma supports the psychotherapeutic value of IADC therapy. In addition, even in those cases in which an IADC experience did not occur, reported outcomes are between “a little better” and “much better” than other treatment approaches. This latter result is consistent with my own clinical observations, and is likely due to the value of the “core-focused” component of IADC therapy.
- The observation that less than 1% of IADC clients experienced a negative side effect strongly suggests that IADC therapy is also a very safe method of treatment.
- Although the results of this survey are extremely encouraging, interpretation is limited by the fact that these results are based solely on clinical observations. It is my hope that scientifically controlled studies will be conducted by independent research groups in the near future. In such a study, clients would be assigned randomly to either IADC therapy or conventional therapy, and objective measures would be used to evaluate outcomes. The results of this survey provide a clear justification for doing additional and more formal scientific research.

Psychic experiences are only beginning to be merged back into healthcare. At this time, we know that these events can make a significant difference in the lives of dying and grieving clients. Spirituality, to which psi experiences are so often connected, makes a difference in an even greater number of lives.

**Conclusions**

For decades, American health care, including social work, has behaved as if spirituality was an entirely separate domain. When we are working on the cusp of life and death, we can better serve our clients if we are open to their experiences and are able to help the client integrate spirituality into their experiences. As the saying goes, there are no atheists in fox holes. This is altogether different from proselytizing, from bringing a specific religious belief system into the treatment setting.

There is a story about a chronic alcoholic who was a patient of Dr. Carl Jung. It was in the days when Alcoholics Anonymous was in its infancy, before Jung was aware of the program. After months of treatment, Jung told the patient that he did not know how to help him, but sensed that he should seek a spiritual cure. In time, the patient found his way to A.A., went into recovery, and years later, the information made its way back to Jung.

Psychic events can precipitate a spiritual awakening.
The reintroduction of psychic events into clinical care has the potential to serve both client and social worker. A CAT scan technologist, who works in the emergency room at Cape Cod Hospital, not infrequently works with patients who are on the brink of death. She has psychic moments. She knows who she can talk to about these experiences “by seeing how they talk to patients,” she explained. “The good clinicians still feel,” she said. They have found a way to live with what they see and often that way is spiritual.

Marilyn Schlitz of the Institute of Noetic Sciences has said, “The root cause of our shared social and environmental problems can still be traced to a limited mental model of who we are and how the universe works.”

Imagine what might happen to our attitudes and our behavior if science is able to demonstrate that in some form consciousness continues after death. How important will it seem to “have the most toys”? How different might our values become?

What might happen to healthcare costs if we could rely on medical intuitive rather than MRI’s during end-of-life care? What would happen if people weren’t afraid to die?

Utilizing scientific methods to induce the experience of after death communication is one dramatic way that psychic experiences can be utilized in social work care. The potential of these events to lessen traumatic grief, including those who have lost a loved one in a tragedy, is only beginning to be tapped.

Research also suggests that people who have an ADC experience often profoundly change their behavior. Studies of children who have had these experiences suggest that they are better balanced in their physical and emotional lives, eat better food, do better in school and are more mature than most of their peers. “They are aware of a connection with the universe that most other kids don’t even know exists. They feel a purpose in living…” (Melvin Morse, M.D., Where God Lives).

What applications might be possible? What might happen if juvenile delinquents, for example, or addicts who have been unresponsive to other treatments, could safely have an induced ADC experience?

We live in a society where people are often profoundly lonely and depressed. Psychic experiences bring home a realization long described in other cultures—that we are all interconnected. What would happen if these experiences were emphasized instead of neglected in clinical treatment of depression?

These are only a few of the questions that psi research may answer in the coming decades.

In the words of Sir William Osler, often called the Father of Modern Medicine:

“Perhaps they live in the real world, and we in the shadowland! Who knows? Perhaps the poet is right:

I tell you we are fooled by the eye, the ear:
These organs muffle us from that real world
That lies about us; we are duped by brightness.
The ear, the eye doth make us deaf and blind;
Else should we be aware of all our dead
Who pass above us, through us and beneath us.”

Dr. Jonas Salk once explained that knowledge comes in three stages:

First, it can’t be true.
Second, it’s true but it isn’t important.
Third, we’ve known it all along.

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SKEPTICISM AND CRITICISM


PARAPSYCHOLOGICAL CLASSICS


(Originally London: Longmans, 1903)


GLOSSARIES AND REFERENCE WORKS


1. The scientific study of mediums
   a. has not yet begun
   b. is very recent
   c. is over a century old
   d. is impossible

2. You can assess the competence of a psychic by
   a. whether they charge a fee
   b. how specific they are
   c. whether they rely on tools
   d. whether they have published.

3. Current changes with the field of grief therapy emphasize freeing the survivor from his lingering attachment to the deceased so that he can move ahead with his life.
   a. true
   b. false

4. Therapists can be trained to induce the experience of After Death Communication.
   a. true
   b. false

5. Mind to mind communication is called
   a. telepathy
   b. remote viewing
   c. apparitions
   d. prevision

6. Clinicians who work in Hospice often hear stories about
   a. telepathy
   b. remote viewing
   c. apparitions
   d. prevision

7. Ian Stevenson, M.D.
   a. studied children who remember past lives
   b. was criticized for lack of data by the Journal of the AMA
   c. was criticized for sloppy research by the Journal of the AMA
   d. a, b and c

8. Skepticism is
   a. an enemy of psychic research
   b. correlated with mental illness
   c. closed to new data
   d. a rational and sensible way of life

9. If a client reports seeing their deceased love one,
   a. it is a sign that the client isn’t doing well
   b. he is having a common experience
   c. the therapist should focus on reality
   d. you should assess for psychosis and suicidality

10. It is within ___________ that the puzzle of psi resides
    a. religion
    b. neurology
    c. astrology
    d. physics

11. Psychic experiences often occur when we are dreaming.
    a. true
    b. false

12. Parapsychology is a science.
    a. true
    b. false

13. The percentage of Americans who report psychic experiences is
    a. Less than 10%
    b. More than 50%
    c. Close to 90%
    d. Unstudied

14. Psychic experiences correlate with good mental health.
    a. true
    b. false

15. Which of the following were interested in psychic phenomena?
    a. Sigmund Freud
    b. Carl Jung
    c. J.B. Rhine
    d. All of the above

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   Achieved in full 5 4 3 2 1 Not Achieved

D. Gain sufficient knowledge to be comfortable talking about psychic events with clients and colleagues.  
   Achieved in full 5 4 3 2 1 Not Achieved

E. Learn what psychics and mediums do and be able to recognize—and help clients differentiate—the gifted, the average and the dangerous individuals in these unregulated fields.  
   Achieved in full 5 4 3 2 1 Not Achieved

F. Be able to integrate clients’ psychic experiences into treatment of grief and trauma and end-of-life care.  
   Achieved in full 5 4 3 2 1 Not Achieved

G. Understand the impact of a scientific acceptance of psi, which is a change in worldview.  
   Achieved in full 5 4 3 2 1 Not Achieved

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