THE PHENOMENOLOGY OF EXCEPTIONAL EXPERIENCES: AN ANALYSIS OF IGPP COUNSELING CASES

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There is a great variety of exceptional experiences (EE). Different kinds of specific phenomena often occur jointly and build up to a complex pattern. The purpose of this analysis was to explore if there exist systematic correlations between specific categories of such phenomena. Based on a sample of \( N = 652 \) clients who had contacted between 1996 and 2001 the counseling services at the IGPP, six basic patterns of EE could be extracted by using a principal component analysis:

1. Internal phenomena/feelings of being influenced: Somatic phenomena and/or voices are experienced. The phenomena are localized physically or inner-psychic, and are often attributed to influences originating from external powers (e.g. by magic, spirits or ghosts).
2. Apparitions/altered states of consciousness: Visible apparitions (e.g. light, shadows, figures) and/or the presence of invisible entities, powers or beings (ghosts, deceased) are experienced in the external world. The phenomena sometimes happen together with sleep paralysis and altered states of consciousness described in terms of "trance" or as "mystic".
3. Poltergeist phenomena: Inexplicable kinetic phenomena (objects move, appear or disappear) and/or acoustic sounds (e.g. knocking, taps) are heard in the environment.
4. Extrasensory perception (ESP): Past or present events (clairvoyance) are known without usual sensory information transmission, unpredictable future events (precognition), cognitions and emotions of other persons and living beings are known or foreseen.
5. Mediumship: Experiences connected with occult and spiritistic techniques such as automatic writing, glass sliding or channeling are experienced as contacts with external powers (ghosts, deceased).
6. Precognitive dreams: Dreams in which future events, unpredictable by existing knowledge, are more or less distinctly or symbolically anticipated.

Using these EE patterns specific types of clients can be characterized. A cluster analysis based on the Ward technique yielded six clusters:

1. Internally influenced type: 114 persons exclusively reported internal phenomena/influence, the first EE pattern listed above.
2. Apparition type: 146 persons reported apparitions/altered states of consciousness. About 50% of them were additionally affected by internal phenomena/influence, more than 40% reported poltergeist phenomena.
3. Poltergeist type: 102 persons with poltergeist phenomena. Approximately 30% of them described internal phenomena/influences in addition.
4. ESP type: 162 persons concerning ESP. More than 30% of them were also affected by internal phenomena/influences, almost 30% were affected by apparitions/altered states of consciousness, and more than 20% by poltergeist phenomena.
5. **Precognitive dream type:** Typical for 84 persons were experiences of precognitive dreams. 40% of them also reported ESP, almost 30% apparitions/altered states of consciousness, and about 25% poltergeist phenomena and internal phenomena/influence.

6. **Mediumistic type:** The smallest group with 44 persons has exceptional experiences in the context of occult techniques and mediumship. 20% to 30% of them report internal phenomena/influence, poltergeist phenomena and ESP.

The obtained types of clients show significant differences with respect to sex, age, employment status, general stress, specific stress due to EE, experience with psychiatric treatment and assessment of psychological disruption. Future work has to clarify if the obtained typology could serve as a starting point for specific counselling and treatment concepts.

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**EXCEPTIONAL EXPERIENCES AND MENTAL HEALTH – RESULTS AND PROBLEMS OF A QUESTIONNAIRE STUDY**

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Clinical psychology and psychiatry have in general regarded exceptional human experiences as psychopathological in nature, interpreting them mostly as destabilising events. During the last three decades this point of view slowly began to change under the influence of striking research results within the field of salutogenesis and transpersonal psychology: it was discovered that certain types of exceptional experiences can have positive effects on the mental and physical health of individuals. However, the relevant research results, which are mainly based on questionnaire research, are in summary quite heterogeneous, and as a result of this the question arises whether quantitative research methods are appropriate and valid research methods for the scientific investigation of exceptional experiences and their after-effects.

To investigate this unsolved question the Department of Evaluation Research in Complementary Medicine (director: Harald Walach) at the Institute of Environmental Medicine (University Hospital Freiburg), conducted a study (“Freiburg survey of exceptional experiences”), supported by the IGPP, in which we combined quantitative and qualitative research strategies. In this study we included a clinical sample (N = 56), a sample of practitioners of spiritual or religious techniques (N = 350), and a sample of people who don’t practice spiritual techniques (N = 299).

In the quantitative method part of the study we used a questionnaire developed by ourselves, which has already been revised, for the measurement of exceptional experiences beside standard instruments for the measurement of sense of coherence, social support, mental distress and transpersonal confidence.

A factor analysis (principal component analysis with varimax rotation) clearly assigned the 57 items of our scale to four factors, accounting for a total of 48% of variance explained. The first factor contains positive mystical experiences (e.g. “I am in contact with everything.”), the second factor describes experiences of ego loss and deconstruction (e.g. “My world-view is falling apart.”), the third factor includes psychopathological experiences (e.g. “I am controlled by alien forces.”), and the fourth factor is pertaining to dreams (e.g. “I dream of future events which occur afterwards.”). After six months the retest reliability of the scales ranged between $r = .66$ (factor III) and $r = .89$ (factor I).