Nearly a decade after the publication of *Varieties of Anomalous Experiences* (Cardena, Lynn, & Krippner, 2000), this book is a welcome addition to the literature on this category of mental processes. It presents new findings on exceptional human experiences (EHEs), and broadens the topic by including phenomena such as nearing death awareness (NDA), after-death communication (ADC), substance-induced altered states of consciousness and EHEs, and spirit possession. The authors’ task of narrowing down the purview of this manual was undoubtedly a delicate one, considering that over 500 kinds of exceptional experiences (EEs) and EHEs have been compiled (White, 2000), including fairly common experiences such as empathy, hypnagogic experiences, flow and zone experiences, intuition, or sleep paralysis, as well as other, more unusual experiences such as aura vision, channeling, past-life recall, or psychokinesis. The specificity of this handbook is its clinical approach to EHEs; it is addressed primarily to clinicians, but also to researchers and to experiencers themselves. Because the majority of EHEs have a positive impact on the experiencer’s life, it would be improper to categorize them as “disorders,” which the DSM-IV-TR defines as being, “associated with present distress … or disability … or with a significantly increased risk of suffering death, pain, disability, or an important loss of freedom” (American Psychiatric Association, 2004, p. xxxi). The therapeutic recommendations in each chapter suggest approaches to cases of EHEs that created abreacts, exacerbated latent disorders, or were dismissed by the experiencer’s entourage.

The experiences included in this manual are defined rather loosely in the first chapter as, “experiences that occur to more people than one might imagine, people of all ages, living in different countries, and that nonetheless have not been categorized in the list of ‘what is real,’ although they are not accompanied by a diagnosis of any clinical disorder” (Allix & Bernstein, 2009, p. 5). In this fashion, the authors set EHEs apart from disorders such as psychosis or dissociation, which do result in distress and dysfunction for the experiencer.

The second chapter addresses psychopathology, but not by treating EHEs as disorders. Bernstein points out that the aftermath of an EHE presents very real problems for the experiencers, who are often faced with the incomprehension of their friends, family, or therapists, in a world where the consensus is that their experiences are unreal. The experiencers may feel isolated while trying to make sense out of an experience that calls into question their very sense of identity. This chapter guides the therapist in drawing a differential diagnosis between EHEs and possible comorbid disorders, and in refraining from...
pathologizing so that the experiencers may integrate their EHEs as part of the range of human experience and use them for personal transformation. Traditional assessment tools are often inadequate in this realm, as some of the subscales systematically define elements of an EHE as indices of a mental disorder. Since many of these experiences involve a perception by the experiencer that cannot be shared with others, and no scientific term describes such perceptions, it ends up being referred to as a “hallucination.” It is also noted that in some instances, co-occurring mental health problems may be induced by the EHE.

Chapter Three examines near-death experiences (NDE). The author, Evelyn Elsaesser-Valarino, points out relevant studies showing, for instance, a marginal difference in NDEs from culture to culture, noting that the deeper structure of the experience is universal. Interesting pieces of information are presented such as: people whose suicide attempt results in an NDE do not make another attempt, while those who did not experience an NDE have a high rate of recidivism. A variety of NDEs are described such as those of children, of blind people, or frightening experiences. The author notes that whether or not NDEs are an epiphenomenon of a dying brain still remain controversial. As she goes through hypotheses that were advanced to interpret NDEs, she remarks that none of the theories proposed to disprove the reality of NDEs are sufficient to explain all the elements of the experience.

The next chapter is written by the same author and covers nearing-death awareness (NDA) experiences. Less well known by the public than NDEs, this state of consciousness, often characterized by visions at the time of death, is well known to hospice staff members. These visions are often comforting for the dying, but give others present the impression that the patient is incoherent or has hallucinations. This phenomenon takes place in the last hours or minutes of life, in people who die slowly and gradually. It can be the source of profound transformation, and bring the dying person in a few minutes from despair to a state of peace. Care of the dying who are experiencing NDA involves offering a receptive, caring and safe psychological space, where they can fully live these visions. In NDA cases, the dying’s agitation or distress may be a reaction to the misunderstanding of the people around them.

Continuing on another topic surrounding death, Elsaesser-Valarino then treats the subject of after-death communications (ADC). These experiences are mostly associated with a recent death. ADCs can take many forms, from a simple felt presence to the involvement of one or more senses. They often occur during sleep, but also in wakefulness, drowsiness, out-of-body, meditation, and manifest themselves as physical or symbolic phenomena. The subjective experiences occur for the most part once, and in patients showing no form of mental deterioration. Most people who have had these experiences focus on the belief that the contact was made by the deceased rather than the content of the messages. This contact comforts the mourners and allows positive changes that usually take months or even years.

Bernstein authored the next chapter on “out of body” experiences (OBE), where the experiencer perceives from a place other than his or her physical
body. OBEs are distinguished from the dream state by the experiencer’s total lucidity (see below for lucid dreaming), and also from remote viewing where the person does not experience the sensation of being out of his or her body and can still move it (doing so in the case of an OBE would end the experience). Most people see the experience as spiritual, and they feel it has made a positive change in their lives. In rare cases where the experiencer has difficulties returning to normal life, the clinician is cautioned to avoid the pitfall of treating the OBE as an abnormal experience.

The next chapter on lucid dreaming is a partial republishing and translation of LaBerge’s and Gackenbach’s (2000) chapter in Varieties of Anomalous Experience, with an addendum on problems and solutions relative to lucid dreaming by Carine Lemarchand. Lucid dreaming is defined as knowing that we dream as we are dreaming. This experience, which occurs in REM sleep, is similar to OBEs, and, the authors contend, is often phenomenologically indistinguishable from OBEs. This experience is by no means exceptional, since most people say they have had a lucid dream at least once in their lives. People can be trained to have lucid dreams. They can be used as a therapeutic tool to overcome nightmares, to decode the symbolic messages of the unconscious by intervening in the dream, or to work on personal problems.

In Chapter Eight, Olivier Chambon addresses substance-induced altered states of consciousness. The author’s main focus is hallucinogens, in particular those used in traditional shamanistic rituals. The chapter refers to these substances as “psychedelics” and sometimes as “hallucinogens,” but while acknowledging their common use to induce mystical states, does not use the term “entheogens” (perhaps this needs to be introduced into the French language). This part emphasizes the importance of using these substances in a culturally welcoming context and under the direction of an experienced guide. Incidentally, half of the chapter is dedicated to pathologies and therapeutic approaches, thereby sending the message that these EHEs may present some hazards.

Psycho-spiritual experiences are the subject of the next chapter. Djohar Si Ahmed makes extended use of Stanislav Grof’s (1976) model of perinatal matrices to provide a roadmap for these EHEs. She includes a broad variety of experiences in this category, from peak experiences to possession (described in the next chapter), including Kundalini awakening, alien abductions, NDEs, and even alcoholism. Distinction is made between a spiritual emergence and a spiritual emergency. The latter case is deemed worthy of the attention of a therapist who can encourage the process without trying to block it, using medication sparingly, if at all, in order not to undermine any hope of growth.

In the following chapter, Ahmed teamed up with Isabellede Kochko to describe possession phenomena. These EHEs correspond to the experiencer’s feeling that his or her inner being has been invaded by an alien presence. Unlike many of the experiences in this book, this type tends to have negative effects on the experiencer. These effects may be exacerbated in a cultural or familial environment unprepared to accept the external entity theory. The authors note that many non-western societies conceive of an illness, especially a mental one
as a manifestation of possession. Different healing approaches are presented: hypnosis, shamanistic healing, transpersonal psychotherapy, ethnopsychiatry, family-systems therapy, and religious exorcism.

The final chapter, authored by Erik Pigani, describes extrasensory perception, including telepathy, clairvoyance, and precognition. These phenomena are presented as common faculties of the mind and are imbued with therapeutic value. Here again, the therapist’s task, when faced with a patient who is having some trouble integrating the experience into his or her life, is to take the patient’s experience at face value and normalize it.

Although it is written in French, this book contains a majority of citation of articles and books published in the English language. One can only hope that an American publisher will be willing to make it available to the Anglophone public.

REFERENCES


The Authors

Stephane Allix is a former war correspondent. In 1988, at age 19, he clandestinely joined a group of Afghan guerrillas. He spent his career making documentary films in many parts of the world such as Somalia and Kashmir. Dedicated to pushing the limits and exploring the unknown, he has studied puzzling questions raised by certain scientific discoveries about the nature of the universe. This has led him to realize the importance that eyewitness testimony and unexplained human experiences can have in opening doors to new dimensions of reality. He has devoted himself to the study of unexplained phenomena since 2003, and founded the Institut de Recherche sur les Expériences Extraordinaires (INREES) in July 2007.

Paul Bernstein, Ph.D., served on the board of IANDS and was editor of that organization’s periodical, Vital Signs. He was a research associate with
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The Reviewer

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