

The Last Taboo*

by

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Abstract: The media pay a lot of attention to psychic experiences and spiritual topics. Psychiatrists, on the other hand, tend to be very reluctant to consider these subjects. The author explains which fears keep them from listening with an open mind and from speaking freely, and he makes a plea for a more flexible attitude.

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Introduction

The interest in strange phenomena and psychic experiences is at present just as great as in 1902, when C.G.Jung (1875-1961) published his very first dissertation, with support from professor Eugen Bleuler: 'Zur Psychologie und Pathologie sogenannter okkultter Phänomene', a study of his psychic experiments¹ carried out with his niece Helene Preiswerk. These experiments were not unusual at the time: 'communication with spirits' was very fashionable in those days.²

In popular magazines, usually a barometer of people's interests, articles about clairvoyance, aura and chakra healing, reincarnation therapy and the like are regularly published. This debate hardly ever takes place in the official medical-psychiatric literature, which is remarkable, since shrinks tend to be immensely fascinated by everything that touches the mind and the heart.

In the following article, I will express my surprise at this reticence and illustrate what happens when the silence is broken.

The spiritual concept of man: sick or scientific?

In esoteric philosophy man is described as an immortal being who is in continual evolution and who also moves in spiritual dimensions. The universe, we are told, is a multidimensional, living Being, sometimes called God, within which all is consciousness in various stages of evolution³.

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While on earth, we are in a kind of 'classroom'⁴ with compulsory and optional subjects, in which we learn to become loving beings, reflecting the nature of our Creator.

This learning process is supported by the 'law of Karma' or the law of cause and effect ('As you sow, so shall you reap'), an efficient, pedagogical principle that directs our evolution throughout our innumerable lives (reincarnation). As such, the body functions as a temporary, mortal vehicle enabling the soul to manifest itself and to gain experience, by means of a number of interpenetrable energy bodies. Particular information and energy centres (chakras) in these bodies play as vital a role as the endocrine glands in the physical body. The relevant literature describes in great detail this subtle anatomy, its possible pathology and therapy. In the past as well as in the present, both in the West⁵ and in the East⁶, several authors have reached the same conclusions. Either man has developed identical delusive ideas in all cultures and at all times, or, unlikely as it may seem, there is some truth in these conclusions, which calls for further study, most certainly if therapeutic benefits are at stake.

Public interest in this topic is certain to be growing. Its terminology also has been simplified and assimilated in everyday speech. What was once described as 'esoteric healing'⁷ and later as 'aura and chakra healing'⁸ is now often referred to as 'energy therapy'⁹. Essentially it is a kind of cleansing and vitalizing of the human energy field, which allows psychological blockages to be released in the long run. A number of psychological and even physical discomforts can easily be relieved in this simple and ecological way. This kind of therapy is not so much a natural talent, as a skill that has to be learned¹⁰ and as such it has become a valuable remedy in some families' 'medicine chests'.

The question is often raised whether this is actually a scientific subject. Let there be no mistake about it. Scientific knowledge is knowledge acquired in a methodological way, afterwards to be systematically classified and critically assessed. So, there is no such thing as a 'scientific subject'. Whether anything is 'scientific' or not is only determined by the method of research. Besides, we shouldn't forget that curiosity is the driving force behind science, by breaking new ground and mapping out new paths. In addition, researchers will examine their findings as closely as possible and report on them with the utmost care. Science is essentially a combination of curiosity and conscious examination. No more, no less.

Man is a being that is keen to understand and be understood. The need for discernment and for an overview of the state of affairs is greater than ever. In transpersonal psychology, a branch of humanistic psychology,¹¹ efforts are being made to survey both the acquisitions of classical psychology and the spiritual practice within the scope of one convenient and useful concept¹².

Some examples of unfavourable reactions

- 1) Jack, a fifty-year-old psychoanalyst, is head of a medium-sized psychiatric hospital. He is known by each and all as a kind and understanding person. Everything can be discussed with him. Any attempt at conversation, however hesitant and difficult, gets his full support. Patiently and indefatigably he helps his patients to find the words to speak out the unspeakable, from the most horrendous traumas to the most embarrassing fantasies. Furthermore, he always refrains from any value judgement until, ... a patient pronounces the word 'reincarnation'. Jack goes into a metamorphosis: his eyes flash with anger, his face turns pale. The contact ceases, the mood is disturbed, the conversation grinds to a halt. As soon as the patient has gone, Jack approaches a staff member to vent his feelings and to cry out his indignation. For minutes he has to let off steam: 'How on earth is this possible?'
- 2) Patrick, a smart thirty-five-year-old psychiatrist, socialises easily both with his patients and his colleagues. His philosophy of life is crystal clear: 'Consciousness is only an epiphenomenon of matter. When the brain stops functioning it is definitely over with consciousness. So-called life after death is a mere phantasm of people who are unable to accept the fact that they're mortal. A deeper sense or a higher spiritual objective is not to be expected of life.' On further inquiry he appears to be a regular churchgoer. What is he looking for in church? He seems to be embarrassed by the question. Indeed, he has no unambiguous answer. Besides, Patrick is a well-read man and a real epicurean who often entertains his colleagues with stories of his exciting adventures. Has he ever heard of spiritual peak experiences? Of course he has, but with his outlook on life he can't possibly take these 'phantasms' seriously. He considers them to be synchronic discharges of neurons causing a pleasant flood of neurotransmitters. He has even read somewhere that similar experiences can be induced by electric stimulation of particular areas of the brain. Just recently Patrick met the love of his life. He is head over heels in love with this woman and he makes no secret of it at all. His amorous expressions are put down in verse. Yet, in his amorous poetry there is no mention of 'neurotransmitters' whatsoever!
- 3) Marc is a forty-year-old neurologist in a general hospital. He is smart and efficient. His frame of mind is strictly defined in terms of the biological sciences. He is a no-nonsense character allergic to anything that hints at the alternative or the paranormal. He makes no bones about it: 'So-called energy therapies are obviously humbug that I won't buy. If someone feels any better, it is only the result of suggestion. Those famous near-death experiences (the sensation of leaving your physical body and seeing it from a different position in space, passing through a tunnel towards the light, and so on) are unquestionably

dissociative disorders with autoscopic visual hallucinations induced by lack of oxygen in the brain. Besides, I think the interest in these matters is way out of proportion. After all, it doesn't happen that often. Not a single normal soul has ever told me anything about any far-reaching paranormal or spiritual experiences.'

A cascade of anxiety and fear

Experiences and ideas incompatible with our (often unconscious) assumptions about the nature of reality tend to meet with little sympathy. After all, they cause confusion and uncertainty among the audience, don't they? The odds are that this type of message will not be heard (see example 3), cannot be heard (see example 1), or that the experience communicated will first be stripped of its content, so that afterwards the empty shell can be dealt with in a familiar world view (see examples 2 and 3).

People experiencing spiritual or psychic growth can temporarily be thrown off balance¹³. They are sometimes so desperate that they need counselling¹⁴. Apprehensive of being considered insane, they only want to talk to therapists who are not opposed to their philosophy of life and not ignorant of the problems they are faced with. Indeed, they have reason to be cautious. After all, some psychiatrists do consider all mysticism to be pathological¹⁵ and think that every impression of psychic intervention can eventually be reduced to paranoid trains of thought. That is why patients will closely observe their therapists and carefully listen to their comments while they confide in them. Given these verbal and non-verbal reactions, they cautiously consider which information can be disclosed and which is to be withheld. So, conversations as regards content are sometimes stopped well before they have even started, while therapists don't even realise that the door that was opened so hesitantly, has already been closed forever.

Even a **psychiatrist who is receptive to the transpersonal** will not hold as true everything that has come to his attention. In general he prefers a personal investigation of his own. During this psychic safari he meets the oddest characters: megalomaniac fanatics, manipulating gurus, and sometimes even the simplest of souls who would claim to be prophets after having read only one book or having attended one workshop... However, more often than not he meets people who simply function normally but who do display unusual skills though, such as the detailed perception of subtle energy fields surrounding persons and the ability to read various levels of information embodied in them. If after thorough investigation (and frequent cross-checking by other 'seers') the authenticity of the event can no longer be doubted, he may come to the conclusion that it could be of high interest to incorporate these findings in his

work on a regular basis.

After a while he wants to share with his colleagues the results of this broader outlook on patients. From then on it gets even more exciting. He notices that he is being torn between paradoxical impulses which are very familiar to him and between which he is now awkwardly positioned: neither 'willing to remain silent' nor 'daring to speak up'. He is afraid of risking his neck and of his colleagues not taking him seriously. Although he doesn't want his good fame to be at stake, he can't help revealing some of his experiences now and then. Though keen on the new prospects, he doesn't want to appear too pedantic either. Nor does he want to imply that all problems can be solved overnight: the initial confidence about this has faded even in the most alternative circles. So as not to irritate his colleagues, he prefers to report the topic in a subtle and careful way. But this is not always possible ...

Also **the practitioner of conventional psychotherapy** feels uncomfortable when his colleague speaks up for a new paradigm and the new therapies that go with it. For, in this case, the conventional psychiatrist is not faced with the study of some or other new classification of disorders he is fortunate enough not to be committed to. On the contrary, here he is confronted with a new concept of man that is applicable to himself as well... The psychiatrist is now forced to take a close look at his own philosophy of life and to come to terms with its gaps and inconsistencies. That's not always easy to do.

For many shrinks the soul is but a metaphor. Some even plainly admit being astonished at the very idea that there might be important fields of study and activity concerning this subject they are completely ignorant of. In addition, they also notice that, as therapists, they are often passed by in these matters, and that unqualified field workers are preferably being consulted. For medical authorities to state this is often unbearable.

Finally, **psychiatrists in training** should not be excluded from this survey. Some of them are indeed familiar with the spiritual concept of man. As long as trainees read books such as the collected works of C.G. Jung, their professors seem favourable, since it is looked upon as a sign of wide interests. However, if the same trainees indicate that they go along with the contents and may wish to train themselves in one or other alternative skill such as for example reincarnation therapy or energy therapy, they are usually called to order quite firmly. As a result these prospective psychiatrists continue their search in utter silence, trying to seek alliance with kindred spirits with whom they can talk freely. One might be moved by these gatherings: they make you think of the first Christians down in the Catacombs. When they leave one another, the curtain drops. They usually remain silent and behave inconspicuously. As long as their education lasts, their activities will be confined to the field of the prevailing theories. Their lips will be sealed: not a single exotic sound to be uttered. The head of the clinic will nod his approval, since all problems have been cleared.

And yet, they haven't, have they? It does happen, that someone is admitted to the psychiatric hospital with problems that cannot be understood in a traditional way, let alone be solved. Those assistant doctors then want to look at the patient from a different angle and speak the same language. Sometimes they even want to contact one of their alternative acquaintances. Yet, they don't dare. Not because the alternative approach does not make sense to them, but because the boss might take offence at it, which could in turn even jeopardize their internship. So, they would rather be safe than sorry and opt to safeguard their career by remaining silent and pretending to be ignorant. Still, their silence hurts, for they know they have let someone down in a world not yet acknowledged. And they themselves know exactly how this feels, don't they? Life is bound to continue, even for these interns. They finish their training and get their degree. Yet, under the smooth surface of a streamlined medical training there are latent scars of a painful 'rite of passage'.

Can the paranormal be treated normally?

If doctors are reticent about the spiritual and the paranormal, they are not solely to blame. Even when obvious frauds are left out of consideration, **psychic therapists in general** do not have the best of reputations. Indeed, I must admit that most of them have had little or no psychological training. So, they are often totally unaware of their (master) status when giving evidence of their extrasensory perceptions. Nor do they comprehend the impact of the information reported to their clients. In view of the nature of their skills, these psychics tend to be self-made therapists who have never experienced a situation of supervision, where others critically analyze and comment their attitude towards clients.

No wonder that a paranormal session sometimes proceeds in the following way. The client enters, and before she is even able to utter a sound, the psychic fires away: "10 years ago you had a severe ski-injury with double fracture of the left leg. It has completely healed but when the weather is bad you get an obtuse pain in the left ankle. In two years' time you are bound to have an accident in a red car and within 5 years' time you are sure to have breast cancer. But don't you worry: it is curable. I can see this because I am a psychic!" So far the consultation. (This may be a caricature of a psychic consultation, but such things do happen.)

Let us look at the immediate impact of all this on our amazed client. As a matter of convenience we assume that the first part of the session matches the facts (ski accident, double bone fracture, numbness in the ankle when the weather is bad). Those who have never been through an experience like this, may already wish to bail out. Indeed, many people tend to go upset at the very idea of strangers being able to give fragments of detailed information about them without any previous

briefing. I do understand all this is difficult to believe. Worse still, actually having this experience for the very first time, is not only difficult, it is absolutely perplexing. It is as if you cross over your threshold of confusion in a matter of seconds, only to end up in a psychological situation of so-called 'helpless susceptibility'. Without any invitation, the psychic on duty has just passed a brilliant entrance exam, and if you're not careful, you'll be ready to accept virtually any prediction about the future as a reality.

The client in my story reacts as was to be expected. 'If everything the clairvoyant has told me about my past is correct, then the rest about my future will also be true.' Unfortunately this is a wrong assumption and a mistake with far-reaching consequences. Bona fide psychic therapists - if you allow my using this paraphrase - agree that visionary images about the future are at best mere possibilities and that they have to be particularly careful how to tell them, when to tell them and whom to tell them to. Affirmations about the future unduly instilled in a receptive individual will leave an indelible impression for life. To quote a patient: 'I feel poisoned; whatever I do, I can't get it out of my mind anymore!' The end of the above story is to be guessed. Fear of a car accident and anxiety about breast cancer will now start dominating the patient's life. Even the recovery predicted doesn't offer any consolation. The more the patient is trying to convince herself of a positive outcome, the more she is ready to accept as a fact that she is going to develop breast cancer after all. Negation means affirmation at the same time. Talk about a psychological time bomb. Clairvoyants earning a living in this way do not deliver people from their painful past; on the contrary, they program their future. That is why they can be harmful oracles. Most of the time, however, they are blissfully unaware of the consequences of their activities. Not all clairvoyants are clearheaded.

Fortunately, the story can be quite different. **The latest generation of psychic therapists** seems to be far more convinced of the necessity of in-depth study and of gradual training and development of potentialities¹⁶. Not all trainings in paranormal therapy are of the same level, nor are the students presenting themselves equally gifted, anymore than in music education for instance. As soon as they have been trained properly and gone through their own process of growth and transformation in a satisfactory way, it is worth observing the best of them at work. Just like conventionally trained therapists they are able to counsel clients in the case of e.g. a traumatic past to be gradually dealt with. Their visionary or intuitive abilities are sure to be a bonus, most certainly if the root of all trouble lies in a (very) distant past.

Frank, one of those clients and a friend of mine, had an oppressive sensation in the chest for weeks, and an indefinable feeling of sadness for which he had no explanation whatsoever. During a visit to a psychic therapist he presented the problem to her. She looked at him attentively and replied: "The dark zone of

encumbrances upon the heart chakra is linked up with a situation of loss during childhood which you are now dealing with. You were quite a little boy, about three years old I think. A woman you felt very close to suddenly disappeared out of your life." Frank couldn't recall anything in particular but his physical responses (accelerated breathing, a lump in the throat, increased pressure in the cardiac region) showed that the reading had disturbed him. It was as if he couldn't remember the information supplied mentally, but rather as if he 'recognized' it physically and emotionally. Suddenly his thoughts went out to his grandmother who, as he had been told, had died of breast cancer and who he had hardly known. Was this about her? The therapist advises him to pay attention to the oppression in the heart region and to breathe through it. He closes his eyes, directs his attention inside and follows the instruction. There is no stopping him now: Frank writhes in agony, chokes, and a burst of pain and sorrow comes gushing out of him. He is overcome with a sense of immense loneliness and abandonment. The therapist puts her hand on his shoulder for a while, speaks some words of comfort and asks if he approves of her giving him a healing. While he keeps on weeping she makes alternate brushing and plucking movements, mainly at the back of his body, but without touching him. After ten minutes or so Frank feels much better. The oppression and the melancholic mood of the past weeks have lifted. Besides, he has the impression that the atmosphere around him has been cleared and that his eyesight has somewhat improved too: "It is as if a veil has been removed from me." The last bits of discomfort in the heart region have gone and he feels quite up to the mark again. Frank doesn't really need any further confirmation. Yet, he is keen to put the pieces of the jigsaw puzzle together. That is why he decides to ask his parents exactly what kind of relationship he had with his grandmother. He is told he was the apple of her eye and that every day he would cuddle up with her for an afternoon nap. When breast cancer had left its mark upon her, she had gone to live with her daughter and son-in-law; a couch had been installed in the living room. When grandmother died at the age of 68, nothing was said to Frank (2 years and 3 months old). His parents thought he was too young to understand what was going on. Yet, they were very surprised to see that even months later he would still be running around the house every afternoon, weeping with grief 'as if he was looking for something'.

When the psychic therapist is asked about her work method, she explains that emotional problems have subtle physical aspects as well. She perceives them as dark clouds or threads stuck in the energy centres (chakras) and in the subtle emanation around the physical body. By focusing her inner eye on these zones she is able to 'read' images and information relevant to the disorder in question. During a 'healing' session the blockages are gradually disengaged and washed away until the colours of the energy field are clear and transparent again (sic).

If, in addition, you are acquainted with more than one reliable psychic, there are interesting opportunities to verify startling revelations that have been made. Researchers¹⁷ use the term '**intuitive consensus approach**' in this context. By comparing information from a number of paranormal sources, you try to form a consensual view of the matters you are interested in. This rigid control, which urges you to verify your information from different angles, can be particularly useful, not only to satisfy your curiosity, but also to ensure that you keep a steady course in this exotic field after all. Or to quote the philosopher Needleman¹⁸: 'You should be open-minded, but not so open-minded that your brains fall out'.

Conclusion

The aim of any therapy is to improve the quality of the patient's life 'here and now'. If this can be achieved by methods off the beaten track, the conventional therapist, having witnessed these 'treatments' more than once, may be challenged to adapt his line of thought and to come to terms with his own resistance to these matters.

For those who are new to the field and who are inclined to think they are being pushed too far too quickly, I would like to close with a quote about Saint Denis' martyrdom. After having been decapitated, St. Denis is said to have picked up his head and, holding it in his arms, to have walked quite a distance with it. At this point in the narrative his custodian made the comment: 'In such instances only the first step is found hard¹⁹'. ...

Summary

Certain spiritual topics and trigger words provoke a strong aversion among psychiatrists in general. Irritation, fear and lack of communication suggest that our concept of man is an extremely sensitive area, a psychological 'fact' with an exceptionally powerful effect.

Whenever psychiatrists display a lack of interest in transpersonal matters, even in a merely theoretical outlook, it leads to diminished understanding of patients who, in turn, tend to be more reticent and unwilling to speak openly.

As a matter of fact, people are always reluctant to share experiences with therapists who prove to be ignorant of the phenomena reported, or worse still, who do not recognize their existence at all.

As soon as genuine psychics understand the necessity for proper cross training in psychotherapeutic counselling, and conventional psychotherapists readily adopt a more flexible attitude towards a psychic approach, both may eventually join hands for the greater benefit of their clients.

References

1. Jung, C.G. (1961), *Errinnerungen Träume Gedanken*, Walter-Verlag AG, Olten, First American Edition published 1961 by Random House Inc. New York N.Y., Chapter: Years of Study.
2. Jaffé, A. (1977), *C.G. Jung Bild und Wort*, Walter-Verlag AG, Olten, First American Edition published 1978 by Princeton University Press, Princeton N.Y., p.28-32.
3. Klimo, J., (1987), *Channeling: investigations on receiving information from paranormal sources*, Jeremy P. Tarcher, Inc., Los Angeles, p.151.
4. van Leent, T. (1991), *De aarde is 'slechts' een leerschool* (not translated), Akasha, Eeserveen, p.43.
5. Brennan, B.A. (1987), *Hands of Light, A guide to Healing Through the Human Energy Field*, Bantam Books, New York.
6. Sarasvati, S.Y. (1964), *Science of Soul (A practical exposition of ancient method of visualisation of Soul) (Atma Vynama)*, Yoga Niketan Trust, Bharat, India
7. Bailey, A. (1953), *Esoteric Healing*, Lucis Trust Company, New York, Lucis Press Ltd, London.
8. Wallace A. en B. Henking (1978), *The Psychic Healing Book*, Wingbow Press, Berkely.
9. Linschoten, J.W. (1996), *Ervaring met energietherapie, Ontgrenzing in de psychiatrie*, Uitgave : Gezelschap voor Parapsychiatrie, Vincent van Gogh Instituut, Venray 1997, p.74-84.
10. van Woelderden, B. (1985), De Kunst van het 'Hallo' Zeggen (Aura- en chakrareading), *Bres*, 111, p.2-12.
11. Vaughan, F. (1982), The transpersonal perspective: a personal overview, *The Journal of Transpersonal Psychology*, 14, 1, p.69-82.
12. Wilber K. (1991), *Transformations of Consciousness: Conventional and Contemplative Perspectives on Development*, Shambhala, Boston and London
13. Assagioli, R. (1965), *Psychosynthesis*, Hobbs, Dorman & Company Inc. New York.
14. Marlet, J.J.C. (1986), Paranormaal of ziekelijk?, *Tijdschrift voor Psychiatrie* (Journal of Psychiatry, Belgium and the Netherlands –not translated), 28, p. 327-336.
15. Decuyper, J.-M. (1986), Ziek of mystiek ?, *Tijdschrift voor Psychiatrie* (Journal of Psychiatry, Belgium and the Netherlands – not translated), 28, p. 719-731.
16. Bédier J. (1998), Nieuw: HBO-opleiding voor Paranormaal Therapeuten, *Bres*, 192, p.27-40.
17. Kautz, N. (1985), *Channeling: Mediumship Comes of Age, Applied Psi*, summer 1985, quoted in Klimo, J., ibidem, p.64.
18. Needleman, J. (1987), quoted in Klimo, J., ibidem, p.9.
19. Devereux G. (1953), *Dans des cas pareils, ce n'est que le premier pas qui coûte*, in *Psychoanalysis and the Occult*, International Universities Press, Inc. USA, First British Edition published 1974 by Souvenir Press Ltd, London, p.68.