

Affirming the positive in anomalous experiences: A challenge to dominant accounts of reality, life and death

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This chapter argues for a critical positive psychology perspective towards so-called anomalous experiences (specifically the experience of sensing the presence of the deceased and out-of-body experiences), which are often welcomed by perceivers and which tend to be pathologised or dismissed in dominant Western discourses, especially in medical ones but also in general scientific discourses due to the challenge they present to dominant conceptualisations of reality. The chapter highlights some of the benefits that perceivers have reported including how these phenomena can promote transpersonal events and positive emotions as well as post-traumatic growth. However, the difficulties perceivers have as a consequence of being dismissed are also pointed out, and it is argued that an affirmative stance towards positive anomalous experiences in psychological scholarship and practice could be a way forward but that this may require a preparedness to take a questioning stance towards dominant Western understandings of reality, life and death.

Introduction

Dominant stances towards the ‘anomalous’

Unusual or out-of-the ordinary experiences that do not easily match a culture’s generally-held understandings of what is real, and what is not real tend to be dismissed and pathologised. People who hold beliefs that conflict with the common worldview are often viewed as either dangerous or mad, and those in power have often made great investments into the policing

and eradication of such ‘aberration’, a prominent example being the Inquisition in much of the last millennium. In the wake of the anti-psychiatry movement, some would regard traditional medical psychiatry as having taken the place of the foremost belief-censoring authority in the Westernised world today. However, the discipline of psychology has also played its part in the oppression of what is regarded as ‘the other’ by those in power. In particular, it has done this by unquestioningly upholding dominant assumptions about what counts as real and what does not and by not challenging the pathologisation of experiences that do not fit dominant definitions of reality.

It is critical psychology with its concern for oppressed and marginalized groups (Fox, Prilleltensky, & Austin, 2009) that has taken a stand against the dominant perspective, pointing out the power dimensions that are at play when ‘truth’ claims are made by the scientific ruling class, not only with regard to positivistic psychological research but also with regard to such practices as diagnosis in mental health (Marecek & Hare-Mustin, 2009). Psychology’s ‘top down’ approach has significantly contributed to the ‘othering’ of people whose unusual experiences and beliefs do not fit the currently favoured materialist discourse of reality as exclusively physical, measurable and ultimately controllable. By siding with a powerful natural science stance towards human experiencing, psychology has therefore neglected, ignored and sidelined the perspectives of many ordinary people themselves.

Approximately 70% of the population report having had at least one unusual or ‘anomalous’ experience in their lives (Schofield, 2012). These may include not only ‘sense-of-presence’ (SOP) or ‘out-of-body’ (OBE) experiences – the main foci of this chapter – but also a whole range of other phenomena such as mystical and unitive experiences, near-death experiences, sensory experiences such as voice-hearing, precognitive visions, apparitions, poltergeist phenomena, peak and healing experiences, etc.

Definitions of anomalous experiences vary in the degree to which they delineate these from unusual experiences of those who are deemed to be mentally ill. For example, one definition states that anomalous experience is ‘an experience interpreted by the (mentally healthy) percipient to have no immediate explanation, whether scientific or informed by the traditional religious beliefs of that individual’s culture’ (Schofield, 2012, p. 154). This could be deemed problematic, as the same experience would thus be understood as qualitatively different in someone with a mental health diagnosis compared to someone without. However, the defining feature of anomalous experience as lacking culturally sanctioned ‘frames of reference’ would tally with the observation that an experience may be viewed as deviant or pathological in one culture but as intelligible and healthy or even desirable in another. Interestingly, such a cultural perspective is actually reflected in current definitions of psychotic experience within psychiatric classification systems such as the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*, currently in its fifth edition. For example, with regard to diagnosing ‘Schizophrenia’, a distinction is made between ‘true psychosis’ and what is ‘normative to the patient’s subgroup’ (American Psychiatric Association, 2013, p. 103). However, despite the psychiatric profession admitting here that the main distinction between what they view as health and what they view as pathology comes down to a question of cultural sanctioning, the medical model itself with its discourse of disease and illness remains unquestioned and unchallenged, and the power of defining what is ‘true’ psychosis and what is not remains with those in positions of authority.

Listening to the voices of perceivers

In recent decades, qualitative approaches to research from a critical psychology perspective have attempted to shift this power balance by prioritising people’s own understandings. This

has included listening to those holding unusual beliefs and reporting unusual experiences in a mental health context (see, for example, Romme & Escher, 1989; Romme, Escher, Dillon, Corstens, & Morris, 2009), within the general so-called ‘non-clinical’ population (e.g. Steffen & Coyle, 2011; Wilde & Murray, 2009a, 2009b), and the clinical parapsychology setting (e.g. Hastings, 1983; Roxburgh & Evenden, 2014). It is now acknowledged that unusual experiences are a widespread phenomenon and that unusual beliefs are often held in the wider population and not only in a segment of society that can conveniently be deemed ‘mentally ill’ (e.g. Al Issa, 1995, cited in Taylor & Murray, 2012; Pierre, 2010).

Anthropological research has played a significant role in developing our understanding here, pointing, for example, to parallels between Non-western cultural practices such as the (culturally sanctioned) work of shamans and the (culturally marginalized) work of mediums and psychics in Western contexts (Tobert, 2010). In recent years, paranthropology has emerged as a new discipline which seeks to understand paranormal experiences in terms of their personal and cultural significance (see, e.g., Hunter, 2012). It could be argued that one outcome of this multi-faceted research interest in the anomalous is the gradual breaking down of the dividing lines between ‘normal’ and ‘not normal’, ‘real’ and ‘not real’, ‘healthy’ and ‘not healthy’ and what is regarded as an acceptable or unacceptable focus for serious scholarly interest, further lending support to the continuity between unusual experiences and beliefs in so-called clinical and non-clinical populations.

Why a ‘positive’ critical psychological perspective?

When listening to perceivers themselves, what becomes apparent is that while some of these experiences may be distressing or confusing to the perceiver, there are many such phenomena

which are experienced as positive and are welcomed by those who have them. This dimension is captured by Braud (2012), who suggests that anomalous phenomena may include experiences involving ‘alternative modes of knowing, doing, and being [sic] that are suggestive of enhanced human potentials’, also termed ‘*nonordinary and transcendent experiences*’ (pp. 107–108). Braud showed that the vast majority of unusual experiences are reported as positive and beneficial and are often referred to in spiritual or mystical terms by experiencers. This accords with findings on anomalous experiences in bereavement, as people tend to report greater benefits and personal growth if they are able to conceptualise the experiences by drawing on spiritual or religious frameworks (Steffen & Coyle, 2011).

However, many unusual or exceptional experiences that are perceived and described as ‘spiritual’ do not necessarily or immediately lead to enhancement, as their intensity may be difficult to cope with or as they challenge previously held beliefs in the perceiver. Furthermore, they may be of a distressing nature or not culturally sanctioned as spiritual or religious but viewed as signs of mental illness. The associated stress is sometimes described in terms of a ‘crisis’ or as constituting what has been called ‘spiritual emergency’ (Grof & Grof, 1989), i.e. an intense period of spiritual transformation that may resemble a psychotic breakdown in a mental health context but is here compared with the altered states of consciousness that are an expected part of Shamanic journeys (Silverman, 1969, cited in Taylor & Murray, 2012; Tobert, 2010) and that can ultimately lead to growth via a process of integration.

There is often a wish among practitioners and researchers to distinguish between experiences as either essentially psychotic and pathological or as religious or spiritual, and interested readers may draw on Johnson and Friedman (2008), who, from a realist and essentialist perspective, give considered guidance in this matter. However, from a critical

psychological and constructionist perspective, the idea that constructs such as ‘psychosis’ and ‘spirituality’ refer to distinct external realities outside of value-laden discourses is problematic, and, as Dein (2012a) has discussed, it is arguable whether there are truly objective ways of distinguishing between the two constructs, which may best be seen as ‘social – cultural if one prefers – ascriptions’ (p. 183).

Our proposal in this chapter

What we argue here is that neither researchers, nor clinicians, nor perceivers need to make a diagnostic decision that determines pathology or health in line with a medical-model approach to human experience. On the contrary, we would argue that such diagnosis can be harmful. As the Hearing Voices movement has shown, integration and recovery are achieved not through pathologisation, medicalisation, and hospitalisation, but by accepting voices as real and making sense of them and, in case of distressing voices, by developing a different relationship with them (Romme et al., 2009).

We therefore propose taking a critical positive psychology perspective on exceptional or anomalous experiences, challenging the dominant medical-model stance and instead taking an accepting and even affirmative stance. In the following, we will highlight two areas within anomalous experience research and scholarship, firstly, bereavement-related unusual experiences such as sensing the presence of the deceased and secondly, out-of-body experiences. We will then further develop our proposal of taking an affirmative stance towards such experiences.

Anomalous Experiences in Bereavement

Since the rise of spiritualism in the 1840s (Cooper, 2015), public awareness for anomalous experiences surrounding death, and particularly bereavement, has drastically increased in the Western world. These experiences could involve spontaneous occurrences of apparitions (Haraldsson, 1994, 1988, 2012; Tyrrell, 1953), sensing the presence of the deceased (Steffen & Coyle, 2011), physical disturbances attributed to poltergeist type activity (Wright, 1998), and dream encounters with the dead (Barrett, 1991; Saunders & Cooper, 2015), to sought instances such as mediumship (Gauld, 2005) or induced hallucinatory experiences of the deceased through methods such as eye-movement desensitisation and reprocessing, commonly known as EMDR (Botkin & Hogan, 2005) – to name but a few.

Links between anomalous experiences and bereavement have been researched by scholars further back in history than many people may realise – beginning with the formation of the Society for Psychical Research (SPR) in 1882, through scholars of Trinity College Cambridge. Some of their first major pieces of research not only demonstrated how common anomalous events are (Gurney, Myers, & Podmore, 1886) but also that experiences centred around bereavement are particularly common. These include consistent phenomena such as ‘the sense of presence’ to visual apparitions, with consistent themes such as being at their peak within twenty-four hours to a week within loss, to then steadily decreasing over the following year (Gurney & Myers, 1889). However, spontaneous experiences involving purported interaction or communication with deceased individuals for friends and loved ones were also found to occur many years after the loss. The wide variety of research that has been conducted in this area has found such findings to be consistent to this day, further demonstrating anomalous phenomena around bereavement to be a common occurrence, cross-cultural, and a natural aid to coping (Cooper, Roe, & Mitchell, 2015a).

The pathologisation of anomalous bereavement experiences

Despite such experiences having been reported in at least 50% of the bereaved population (Rees, 1971, 2001), for a long time they were a neglected phenomenon in bereavement scholarship. Prior to the already-mentioned study by Rees (1971), the main interest was in the context of psychoanalytically-orientated ‘grief work’, which viewed such experiences as ‘the clinging to the object through the medium of a hallucinatory wishful psychosis’ (Freud, 1957, p. 253). This trend was continued from an attachment theoretical perspective where this experience was regarded as the consequence of a hyper-activated attachment system functioning to restore physical proximity to the deceased and leading to ‘misperceptions’ mediated by a ‘perceptual set’ for the lost person (Bowlby, 1980; Parkes, 1970). These so-called ‘misperceptions’ have been explained as a ‘form of mitigation’ (Parkes, 1970) and as signifying ‘unresolved loss’ and not being able to integrate the reality of the death if they occur beyond one year post-loss (Field, 2008). Although attachment researchers tend to use terms such as ‘maladaptive’ rather than ‘pathological’, the effect is a similar one, namely to invalidate people’s own experiences.

Although many unfamiliar with such research findings of parapsychology have dismissed such experiences as pure hallucinations of bereavement, there are some noted events suggestive of additional processes at work, owing to the experiences, for example, having multiple witnesses or containing veridical information from the deceased (Beischel, Mosher, & Boccuzzi, 2014; Doore, 1990; Gauld, 1983; Rogo, 1990; Storm & Thalbourne, 2006). Regardless of their ontology, these experiences have been considered perfectly natural and containing a number of therapeutic values and positive emotional gains for the bereaved.

Positive emotional responses

The Rees (1971) study led to further research surrounding this topic, focusing on the commonality of such experiences, their purpose, and their impact on individuals. For example, Burton (1980) explored the commonality of spontaneous post-death events by sending out questionnaires on such experiences to psychology students at three different colleges in the USA. Such experiences were reported by 50% of the participants, with 84.5% of participants between the ages of 31 and 60 reporting contact with the dead following loss. Among other quantitative findings, Burton identified that many people found these experiences to be extremely meaningful, with 60% stating that such experiences had changed their views on life and death.

Drewry (2002) interviewed seven research participants who collectively claimed to have had 40 spontaneous post-death events. Eight themes to the experiences were produced using phenomenological reduction methods. Some of these themes included: authenticity of the experience being established due to it not being expected (spontaneous); the deceased presented clear cues making them recognisable to the bereaved adding to the authenticity of the experience. A number of positive emotional gains were reported as a result of having such experiences, which included: relief, comfort, encouragement, forgiveness, love, joy, and most notably, hope. On reviewing the conclusions of several studies regarding anomalous experiences during the bereavement process, hope has presented itself as an important humanistic mechanism and bi-product of such events (Bains, 2014; Devers, 1997; Drewry, 2002; Evenden, Cooper, & Mitchell, 2013).

Snyder (1994, 2000) presented a cognitive theory for hope as a positive thinking style which involves three key elements – goals, agency and pathway. Our goals are our hopes, from which we must then form cognitive agency (aka, will power) which is essentially planting that flag of hope in our mind and setting the goal of what we need to move toward,

while our thought pathway (aka, way power) allows us to develop plans of action, in terms of how we must act in order to move toward this goal and achieve it. Hope appears to be fostered as a result of post-death phenomena, as for the bereaved it suggests not a finality at the point of death, but a transition and continuation from which continued spiritual bonds with the deceased are established (Beischel et al., 2014; Cooper, 2013; Evenden et al., 2013; Klass, Silverman, & Nickman, 1996). One way of looking at the impact of anomalous experiences for the bereaved, which suggest communication with the dead, is that they present personal evidence of personality being immortal (Badham, 1993). If our conscious minds enter a transition at the point of death, then there is *hope* for being reunited with deceased love ones (Rose, 1999), and therefore, the experiences support this notion for those who encounter them – especially when conventional explanations cannot account for the experiences or communication received. Within parapsychology, such phenomena are investigated under the umbrella of the ‘survival hypothesis’ where cases may demonstrate specific information only known to the deceased being delivered to the bereaved, therefore suggesting the possibility of survival for personality beyond death (e.g. Doore, 1990; Myers, 1903; Storm & Thalbourne, 2006).

Through an investigation of what role hope plays in the aftermath of spontaneous post-death events, Cooper, Roe, and Mitchell (2015b) adopted a mixed methods approach. Firstly, a sample of one hundred individuals were recruited who were comfortable with recalling a significant bereavement in their lives, and were split into two groups: fifty who had had spontaneous post-death events, and fifty who had never experienced such phenomena. All participants were asked to take part in a questionnaire which included a number of items measuring paranormal belief, religious belief, afterlife belief, death anxiety and hope. Although there was no significant difference between the two groups in their levels

of hope, it was noted that the group who had had such experiences were overall higher in hope than those who had not had spontaneous post-death experiences. However, with both groups there were drops in levels of hope following loss. For the group who had experiences, the drop was only marginal, while the group who did not report such experiences presented a statistically significant drop in hope. It was concluded that for those who had anomalous experiences during bereavement, hope was indeed fostered as a result and facilitated the gap of loss, and led to an immediate coping mechanism. For the other group, a void – demonstrated by the significant drop in hope levels – was still present from the loss encountered which needed to be filled by new goals in life to re-establish hope and move on from grief. Cooper et al. (2015b) continued their research through a content analysis of written accounts of the experiences ($n = 50$) and through in-depth semi-structured interviews with participants ($n = 9$) to understand the process and variety of experiences of loss leading to anomalous encounters, and individuals' understanding and interpretation of hope and how they believe it played a role in their life following anomalous events.

Alternative theoretical frameworks - continuing bonds and meaning making

Towards the end of the 20th and beginning of the 21st century, a growing interest in the phenomenology of sense-of-presence experience from the perspective of the perceiver can be noted in the field of bereavement research (e.g. Hayes & Leudar, 2015; Parker, 2005; Steffen & Coyle, 2012; Tyson-Rawson, 1996). The seminal publication of *Continuing Bonds: New Understandings of Grief*, edited by Klass et al. (1996), heralded a paradigm shift within bereavement scholarship, as it posited that ongoing relationships with the deceased can be normal and adaptive, building on research conducted in other cultures, for example in Japan (Yamamoto, Okonogi, Iwasaki, & Yoshimura, 1969).

A particularly influential recent perspective in bereavement research and practice has been the meaning reconstruction perspective, originated by the constructivist grief therapist and scholar Robert A. Neimeyer (Neimeyer, 2001; Gillies & Neimeyer, 2006). Re-opening the dialogue with the deceased and renewing the bond with the deceased is often an important aspect of restoring meaning in the bereaved person's world (Neimeyer, 2012a), and the experience of sensing the presence of the deceased can be seen as a potentially positive resource in the meaning reconstruction process, possibly even leading to post-traumatic growth, particularly where spiritual meaning can be made (Steffen & Coyle, 2010, 2011; Tedeschi & Calhoun, 2006).

Out-of-Body Experiences

Background and incidence of OBEs

The out-of-body experience (OBE) has been defined by Irwin (1985) as an experience in which 'the centre of consciousness appears to the experient to occupy temporarily a position which is spatially remote from his/her body' (p. 5). Three core features are reported as being characteristic of an OBE: a sensation of floating or flying, viewing the physical body from a distance, and the impression of travelling to distant locations (Alvarado, 2000).

OBE incidence statistics from a small number of representative surveys (e.g. Blackmore, 1984a) suggest that between 8–15% of the general population can have an OBE during their lifetime. Demographically, anyone can have an OBE at any time in their lives, with more females reporting OBEs than males (Alvarado, 1986; Irwin & Watt, 2007). OBEs can occur under a multiplicity of circumstances (Wilde, 2011) yet contemporary OBE research prioritises confirming or disconfirming the veracity of OBEs, or explicating processes that may underpin how and why OBEs manifest themselves.

Theoretical considerations

Two main strands of theories have been developed to explain the OBE. The first of these are the escomatic (projection) theories, which postulate that the OBE is a literal separation of some aspect of the self from the physical body, either spontaneously or by force of will. Given the contentious dualist assumptions that underpin such theorizing these theories are largely defunct in present-day OBE research. However, they do appeal to OBErs who firmly believe they do leave their bodies during their OBEs. The second main strand are the imaginal (psychological) theories, which suggest that OBErs ‘mistake their experiences beyond their physical bodies for trips into the inner realms of dreams and visions’ (Wilde, 2011, p. 43).

Personality and individual differences

Consequently, there has been much discussion in the literature based on the theoretical assumption that the OBE is a hallucination (e.g. Blackmore, 1984b) or linked to a number of mental health disorders, for example, schizophrenia, psychosis, or depersonalisation (Wilde, 2011). However, no evidence has yet emerged confirming that OBEs are causally linked to such illnesses (Blackmore, 1986; McCreery & Claridge, 1995). On the contrary, research suggests that those who have OBEs (OBErs) appear to be as well-adjusted as those that do not have OBEs (non-OBErs) on a range of personality variables (see Alvarado, 2000 and Irwin & Watt, 2007, for reviews). Emerging from this research are several variables that have consistent and significant associations with OBE occurrence, such as psychological absorption¹ (with some studies showing positive correlations, e.g. Dalton, Zingrone, & Alvara, 1999; Irwin, 1985, and others not, e.g. Gabbard & Twemlow, 1984; Spanos &

Moretti, 1988); psychological dissociation^{□2} (e.g. Alvarado & Zingrone, 1997; Irwin, 2000); somatoform dissociation^{□3} (e.g. Gow, Lang, & Chant, 2004; Murray & Fox, 2005a, 2005b, 2006), and the dimensional model of schizotypy (Claridge, 1997). This model proposes schizotypy as ‘encompassing a range of personality traits related to psychosis and schizophrenia, varying over a normally distributed continuum from psychological good health to psychological ill health’ (Murray, Wilde, & Murray, 2009, pp. 105–106). Research into OBEs, and other anomalous experiences, using this model of schizotypy suggests that, although schizotypy is related to psychopathology, it may also have an adaptive value. This led McCreery and Claridge (2002) to postulate the concept of the ‘healthy schizotype’, defined as a person who is fully functional ‘in spite of, and even in part because of, their anomalous perceptual and other experiences’ (p. 141).

As discussed earlier, much of the psychologically oriented OBE research findings are discussed in relation to a model of psychopathology. Additionally, the majority of this research takes a ‘top down’ approach, i.e. developing a model of the OBE and then testing that model’s hypothetical predictions (e.g. Blackmore, 1984b). Little research has been done investigating the detailed, lived experience of having had an OBE, the varied circumstances under which the experience happens, the experient’s prior- and post-OBE psycho-social being, and how these factors may coalesce to influence the person’s long and short term mental and physical well-being.

The research that has been done of this kind has shown that there are many positive aspects to having OBEs, so there are good reasons for taking a ‘bottom up’ approach instead. Furthermore, Rhea White (1997) noted that exceptional human experiences (EHEs), such as OBEs, “‘extend the limits of who we are and what we perceive reality to be (i.e., what is). They extend our human being in ways that enable us to know more and do more’” (p. 137).

The words “extend” and “limits” here serve to highlight the transformative power that the OBE can have on an experient and that they can be “harnessed as tools for development; thus not just changing, but improving the human being” (Wilde, 2011, p. 63).

In terms of research findings, earlier survey work has shown that the majority of OBEs have reported beneficial changes to their personality following their OBEs (Osis, 1979), such as improved daily functioning (60%) and social relationships (45%). A survey by Blackmore (1984a) found that 10% of a random sample of a UK city electorate reported positive changes in their beliefs and quality of life post-OBE.

However, not all OBEs are positive in nature or lead to beneficial outcomes. For example, the aforementioned survey by Osis (1979) found that 1% OBEs reported undergoing negative changes. However, this small figure may underplay the personal importance of any adverse characteristics of having an OBE. For example, Wilde (2011) has noted that in verbal accounts of OBEs there are distinct elements of the experience which can be worrisome for individuals. Beginning with the often cited onset sensations (Irwin & Watt, 2007) where about 40% of OBEs can hear strange sounds and feel bodily vibrations, some of which can be very extreme and frightening for a first time experient. When leaving the body, in most OBEs the initial perceived departure is local enough to the body for the body to be seen, but in other cases, the initial departure may involve a sudden shift to a distant location without any sense of travelling there. This can be an extremely mystifying and disturbing experience. During their OBEs, OBEs have described meeting with other entities; mostly these meetings are reported as being benign in nature, but the presence of others can also be experienced as terrifying (Wilde, 2011). Post-OBE there may be some initial fear and confusion in the early stages while experiencers try to come to terms with what has happened to them. For those that reach a resolution further OBEs can be something to look forward to.

However, for those that are unable to comprehend the experience, the thought of having another one can be quite frightening.

Taking an idiographic approach focusing on meaning making

More recently, Wilde (2011; Wilde & Murray, 2009a, 2009b, 2010) has taken an idiographic, qualitative interview-based approach in his doctoral work to examining the longitudinal effects of OBEs occurring under different circumstances, namely, whilst sleeping, whilst meditating, when facing psychological or physical threat to the self, or after ingesting drugs/alcohol, and as part of a Near-Death Experience (NDE).⁴

Several over-arching themes emerged that highlighted positive, life affirming responses to having an OBE. Most participants viewed their OBEs as experiences that helped them to cope with stressful and difficult issues and times in their lives (Wilde, 2011). For example, Mark and Cindy both had sleep-related OBEs, a prominent feature of which was that they communicated with deceased relatives during their experiences. These communications proved to be a source of comfort for them in difficult times. Mark, for example, had regular nocturnal OBEs in which he conversed with the spirit of his deceased brother. The consoling effects of these communications also radiated out to their family members upon disclosing their OBEs to them (Murray et al., 2009). However, it must be noted that knowing when, where and with whom to disclose having any kind of anomalous experience is fraught with a number of problems, as one participant, Patricia, noted ‘...it’s sort of better to keep it as a safe secret than a dirty truth’ (Wilde & Murray, 2010, p. 64), emphasising that experiencers are aware of the emotionally charged and mixed reactions one can receive to such revelations (see also Davis, Lockwood, & Wright, 1991).

However, the data from this series of studies suggested that it was not just the

experience of leaving the body per se that had the powerful transformative effect on the participants, rather each experient found a specific feature or motif to be particularly meaningful. Jane's OBE as part of her NDE is demonstrative of this. Having nearly died in hospital, her experience beyond her body was characterised by a number of motifs, the most powerful of which was when she entered 'a form of limbo; a dark, isolating place in which she had a tangible sense of being in a space where time had no meaning' (Wilde & Murray, 2009a, p. 231). Seemingly alone in this void of nothingness Jane began to remorsefully reflect upon her life and the problems with the relationships she had with others. Post-OBE, Jane went through a period of confusion as she tried to assimilate her experiences but felt that this meaning-making process enabled her to make some headway in her understanding about relationships and her role within them.

The brief cases presented herein are but a small sample of a much wider evidence base. One that advocates that OBEs are perhaps better considered as adaptive, fulfilling experiences rather than maladaptive ones, and highlighting the potential to invigorate change and growth in a person's life, or, in the case of life threatening and near-death scenarios, to smooth the progress back to wellness. In moving forward then, perhaps it is time for psychologists and other health professionals to revolutionize their thinking about OBEs. Moving beyond pathological explanations of psychosis or the product of a malfunctioning brain, to a more constructive perspective; one which instead accentuates the meaningfulness and potential of the experience.

Taking an Affirmative Stance Towards Anomalous Experience

Anomalous experience and affirmative practice

Our proposal of taking an 'affirmative' stance towards anomalous experience consciously

and intentionally borrows the term ‘affirmative’ from lesbian and gay affirmative psychotherapeutic perspectives, as, for example, elucidated in a paper by Milton, Coyle, and Legg (2005). The authors describe how same-sex sexuality has often been viewed as a perversion and a pathology in many psychotherapeutic perspectives, particularly in traditional psychoanalytic approaches, and how by contrast, therapists working from an affirmative position view same-sex sexuality as being ‘as normal, natural and healthy as any other sexual orientation’ (p. 186). Importantly, clients’ sexuality is not seen as the source of distress per se; however, negative societal reactions that same-sex clients have been subject to may well be regarded as major sources of distress.

We want to be clear that we do not view sexual orientation as comparable to having unusual experiences. Sexual orientation may be compared to ethnicity or gender, but we regard it as conceptually very different from the phenomena discussed here. However, what we would regard as a parallel is that negative societal responses, pathologisation and dismissal may often be the greatest source of distress for people rather than the issue of difference per se, and a lack of validation and acceptance in both cases calls for more than a neutral or open-minded stance in therapists; it is suggested here that an affirmative stance may often be appropriate.

Below we will highlight practice recommendations for sense-of-presence experiences and practice implications for out-of-body experiences before introducing the reader to the growing specialities of clinical parapsychology and parapsychological counselling.

Practice recommendations for sense of presence experiences

Many perceivers are reluctant about disclosing their sense of presence experiences to others and expect negative reactions from people around them including family members and

friends (Hay & Heald, 1987; Parker, 2005; Steffen & Coyle, 2011). Thus experiencers are likely to be even more vulnerable to a dismissive attitude in therapists, and receiving dismissive responses from such trusted professionals may be particularly detrimental. For example, a study exploring people's experiences of counselling when they talked about having sensed the presence of the deceased, found that eight of the ten participants were dissatisfied with how their counsellors responded to them and reported feeling 'unaccepted, abnormal, not understood, unable to connect to counsellors, and that they had received no empathy' (Taylor, 2005, p. 60).

Practice advice given in the literature with regard to sense of presence generally includes the need to listen, to show respect, empathy, acceptance and validation (Sanger, 2009; Taylor, 2005), genuine interest (Chan et al., 2005), the need for normalization and reassurance (Daggett, 2005; Hoyt, 1981), the need for exploration of the meanings that the experience holds for the perceiver (Hoyt, 1981; Parker, 2005; Sanger, 2009), openness towards the continuing bonds paradigm (Doran & Downing Hansen, 2006), willingness and (cultural) competence to explore spiritual and religious implications and to become 'companions on the journey' (Steffen & Coyle, 2011; Tedeschi & Calhoun, 2006), i.e. 'companions who offer some expertise in nurturing naturally occurring processes of healing and growth' (Calhoun & Tedeschi, 2012, p. 23).

LaGrand (1999) has further elucidated how information from the experience can be used in therapeutic rituals that can serve to signal forgiveness, alleviate guilt, release feelings, act as a linking object with the deceased and/or memorialise the deceased. These can also be used in conjunction with therapeutic techniques that aim to facilitate the continuing bond with the deceased in helpful ways more generally, for example through body imagery for sustaining connections (Krawchuk, 2012), directed journaling to facilitate meaning-making

(Lichtenthal & Neimeyer, 2012), correspondence with the deceased (Neimeyer, 2012b) and guided imaginal conversations with the deceased (Jordan, 2012).

Practice implications for OBEs

Historically, the OBE is a recurrent phenomenon, reports of which typically create speculation and controversy amongst lay and professional people alike concerning the true nature of the experience, be that spiritual, psychological, or organic. The drive to find this objective ‘truth’ has pushed forward research on all three of these fronts, but there have been problems, from a basic deficiency in more precisely defining the phenomenon, to a concurrent failure of those supporting an escamatic explanation to develop theoretical hypotheses that can be tested scientifically. Cognitive and neuroscience research, by contrast, have forged ahead in this respect but have still not produced a comprehensive, empirically supported account of the OBE. However, what is lacking is a more person-centred approach to the study of OBEs. Research exploring the personal meaning and ‘dispositional power’ (Corbett, 1996) of the OBE has proved insightful and can be carried out independent of the issue of veridicality.

Furthermore, there is a growing body of literature emerging on how to effectively deal with the negative after-effects of a variety of anomalous experiences (e.g., Fracasso, Greyson, & Friedman, 2013; Kramer, Bauer, & Hövelmann, 2012) yet none of these have focused specifically on OBEs. The importance of placing the person centre-stage of the experience and focusing on the “significant truth” (Bakan, 1996, p. 5) of their experience rather than an objective truth should not be underestimated. General advice about how to deal with people who are distressed by the negative aspects of an anomalous experience is a crucial starting point in helping to successfully manage and reduce suffering. However, this

approach may be further enhanced by incorporating more idiographic information to avoid misunderstandings existing between the subtleties of different phenomena, such as those experienced by one OBER, Callum, who went to two GPs for help but received leaflets on near-death experiences which contained information he could not relate to. Armed with experience/person specific information professionals can adapt emerging research findings towards cultivating personal strengths and virtues, thus enabling a better understanding of the potential for personality transformation and transpersonal growth that may arise in response to these fascinating life events (Wilde, 2011).

Clinical parapsychology & parapsychological counselling

Clinical parapsychology can be described as a branch of parapsychology where “if a client or patient is asking for professional help” regarding anomalous experiences then qualified parapsychologists or relevant professionals acquainted with parapsychological findings “evaluate these experiences and how to deal with them in a clinical, counselling and social welfare settings” (Kramer et al., 2012, p. 3).

Typically, when we observe the variety of research being conducted in clinical parapsychology (Kramer et al., 2012), it is clear that a prominent focus is on counselling for people who report anomalous experiences. Hastings (1983) found that there was value in giving the experience a label from known parapsychological phenomena. Prior to counselling, the client may have ascribed the experience to “crazy thinking” or worse. Hastings also included reality testing in his counselling sessions, thus helping clients differentiate between fantasy or wishful thinking and a psychic experience that was grounded in consensual reality. It was noted that common reactions to a psychic experience were fear, dread, anxiety, and depression. But by creating a calm, supportive atmosphere, the counsellor

could turn those emotions into positive feelings of curiosity, appreciation, and wonder.

Counselling for anomalous experiences has been ongoing for a long time, not only in informal fashions through early work of the Societies for Psychical Research, but also in formal settings. For example, the *Parapsychologische Beratungsstelle* (Parapsychological Counselling Service) was founded in Freiburg in South-West Germany in 1989 (Zahradnik & von Lucadou, 2012). The therapy offered there works in much the same manner as the work of Hastings (1983), through understanding the experiences the client reports, informing them that they are not the only person to have such experiences, getting them to understand the experience further and how to move forward.

Recently, within a symposium regarding parapsychology, mental health and clinical practice, Roxburgh and Evenden (2014) presented findings of on-going research on counselling for anomalous experiences. This concerned a study of the range and incidence of anomalous experiences amongst clients seeking support from a secular counselling service in the UK over a one-year period. This will allow for better understanding of what types of anomalous experiences people seek support for, what experiences have been found helpful and unhelpful in terms of therapeutic values, and how therapists address anomalous experiences in counselling sessions. It is important to note that parapsychological counselling has demonstrated that by helping the client realise the experience to its fullest and reflect on it, many positive psychological gains have been noted (Evenden et al., 2013), creating unique overlaps for parapsychology, therapy, and positive psychology.

Outlook

This chapter has considered only a small number of the variety of anomalous experiences that have been reported, and in doing so we have focused mainly on their effects on the person.

However, as Braud (2012) pointed out, the wider influences of these experiences can be seen throughout our culture and society. For example, accounts of religious visions and voices (Dein, 2012b) and a variety of mystical experiences (Wulff, 2000), including trance states and OBEs as utilized in some shamanic cultures (Peters & Price-Williams, 1980), have influenced the development of every religious and spiritual tradition across the world. Since the 1960s the practice of meditation, widely considered to be an altered state of consciousness (Farthing, 1992), has become increasingly popular in Western Europe, with about a quarter of British adults now practising the technique secularly (Halliwell, 2010). The clinical usefulness of Buddhist-derived interventions has also attracted the interest of the health disciplines, although there remains some confusion and misinterpretation of the meanings of Buddhist terms in the literature (Shonin, Van Gordon, & Griffiths, 2014). Furthermore, dreams, visions, and intuitions have all played an inspirational role in the creation of great works of art, literature, and music, as well as scientific and medical discoveries (Braud, 2012) too numerous to give our full attention to here.

From briefly discussing anomalous experiences and examples of the wide variety of research and therapy based practices which have been involved in understanding them, it is clear that the impact such experiences have on people is largely a positive one. Personal stigmas amongst the public and professionals still exist about the ontology of such experiences and the validity of the sciences studying them, and this is largely due to false media portrayals. In this light, parapsychology is often ignorantly and unjustly identified as a pseudoscience (see Watt, 2015, for an accurate description of this field of science), while many have fought continuously to educate others about the importance of parapsychology and why it is an established field of science (e.g. Neppe, 2005). Even so, we cannot ignore the increasing evidence regarding the therapeutic values of such experiences and the positive

emotions and motivational drives they appear to promote.

In previous decades, people were often encouraged to ignore such experiences by health care professionals, or faced ridicule by mentioning such experiences to friends and family (Burton, 1980; Rees, 1971). The research we have presented in this chapter demonstrates that those times and opinions to some extent have changed, and that it is the duty of any health care professional or social scientist to put client well-being first – while trying to learn more about the experiences they report rather than dismissing them out of hand. In doing so, we meet in a cross-road of several overlapping fields of study, where parapsychological experiences bring together a richer understanding of how various anomalous phenomena can tell us more about: the positive psychology involved, thanatological issues, transpersonal psychology, counselling intervention, and the impact of such experiences on our well-being.

We hope that we have conveyed that there is much potential richness and meaningfulness to be found when we approach unusual experiences with openness and respect, allowing us to extend our gaze beyond narrowly defined understandings of the boundaries of consciousness, reality and existence itself.

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¹ Psychological Absorption: Defined by Tellegen (1992) as a ‘disposition to enter, under conducive circumstances, psychological states that are characterized by marked restructuring of the phenomenal self and world. These more or less transient states may have a dissociated or an integrative and peak-experience-like quality. They may have a “sentient” external focus, or may reflect an inner focus on reminiscences, images, and imaginings’ (p. 1).

² Psychological Dissociation: Defined in the DSM-IV as a ‘disruption of the usually integrated functions of consciousness, memory, identity or perception of the environment’ (American Psychiatric Association, 1994)

³ Somatoform Dissociation: A failure to fully integrate bodily components of experience (Nijenhuis, Spinhoven, Van Dyck, Van der Hart, & Vanderlinden, 1998).

⁴ Near-Death Experience: Defined by Greyson (1994) as ‘a profound subjective event with transcendental or mystical elements that many people experience on the threshold of death’ (p. 460)