



Clinical Parapsychology: The interface between anomalous experiences and psychological wellbeing

Chris Roe



Parapsychology

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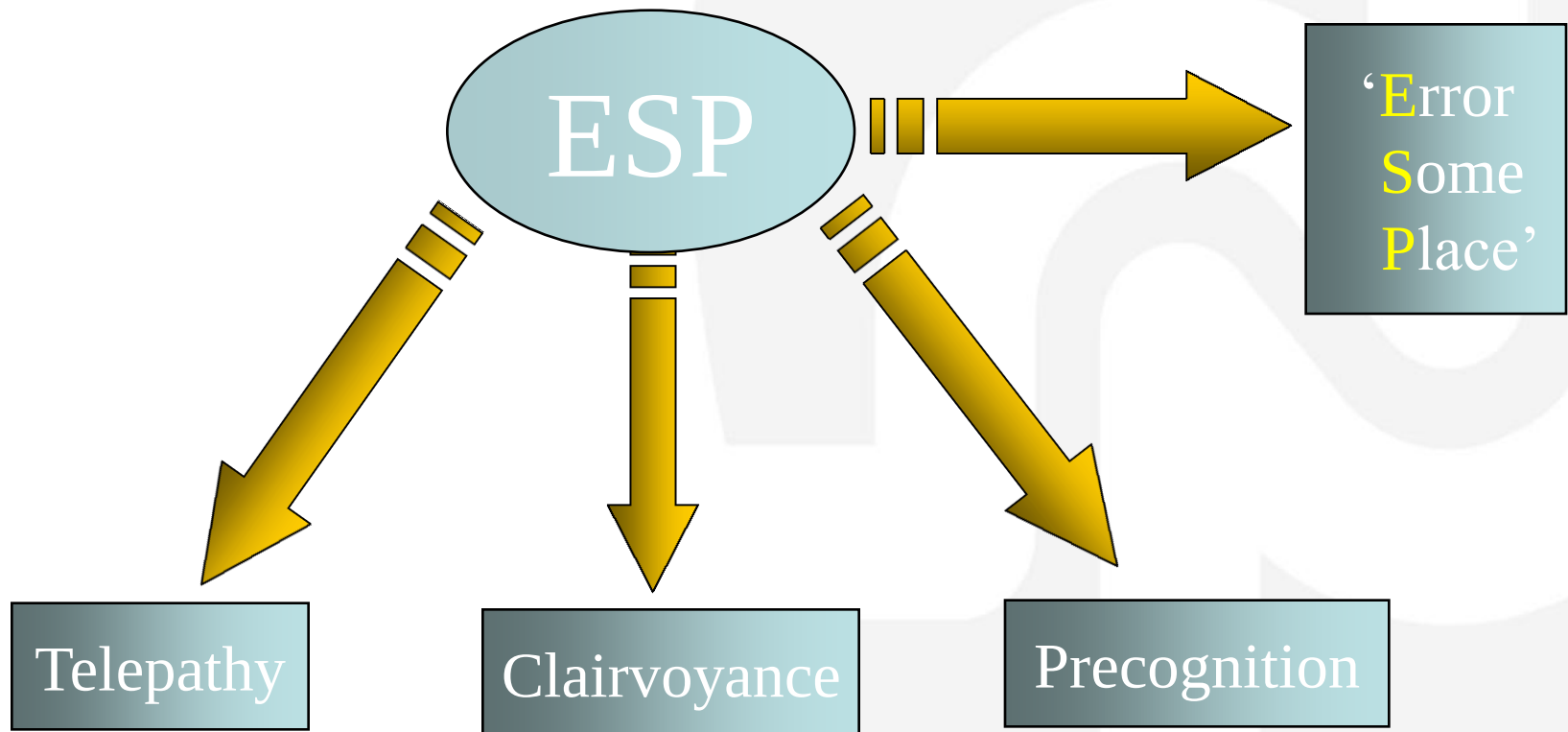


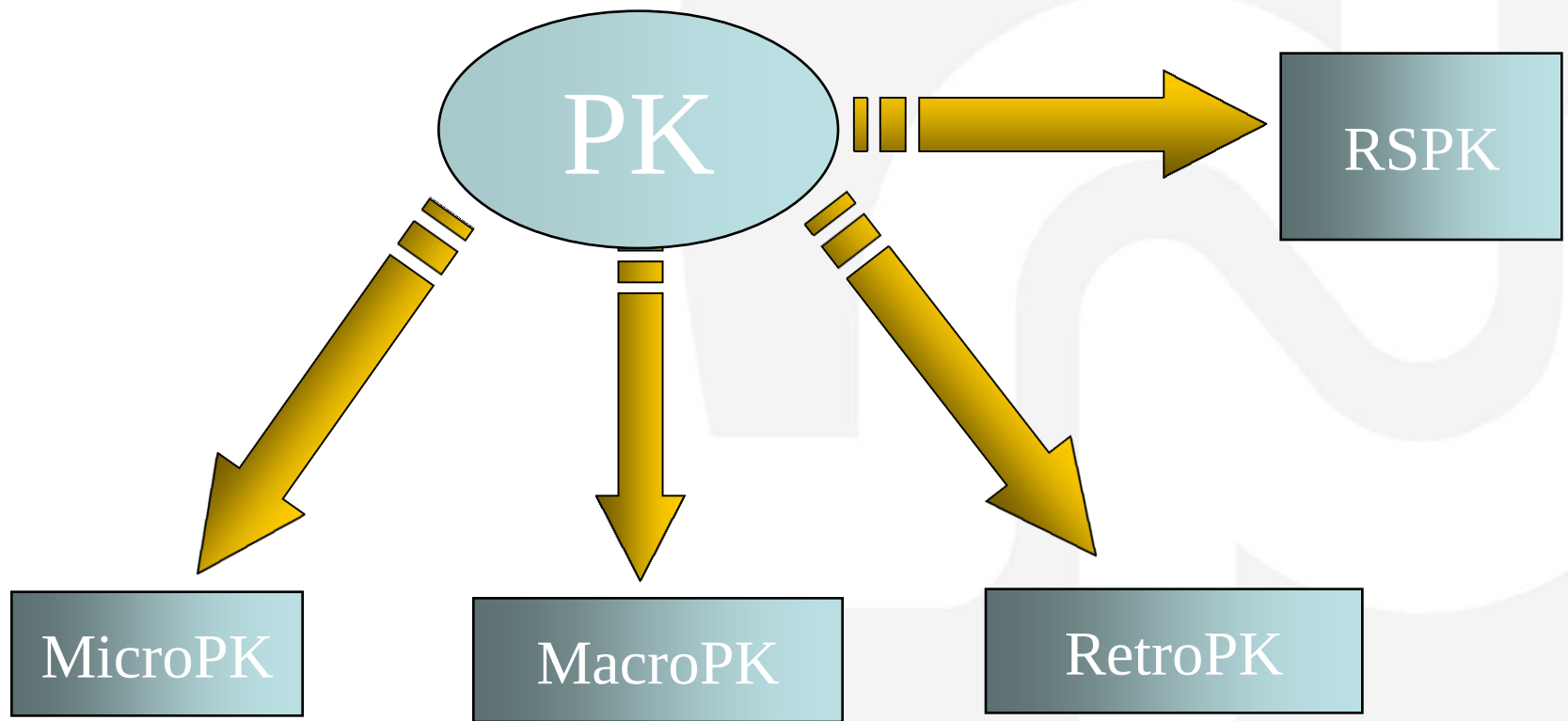
Parapsychology

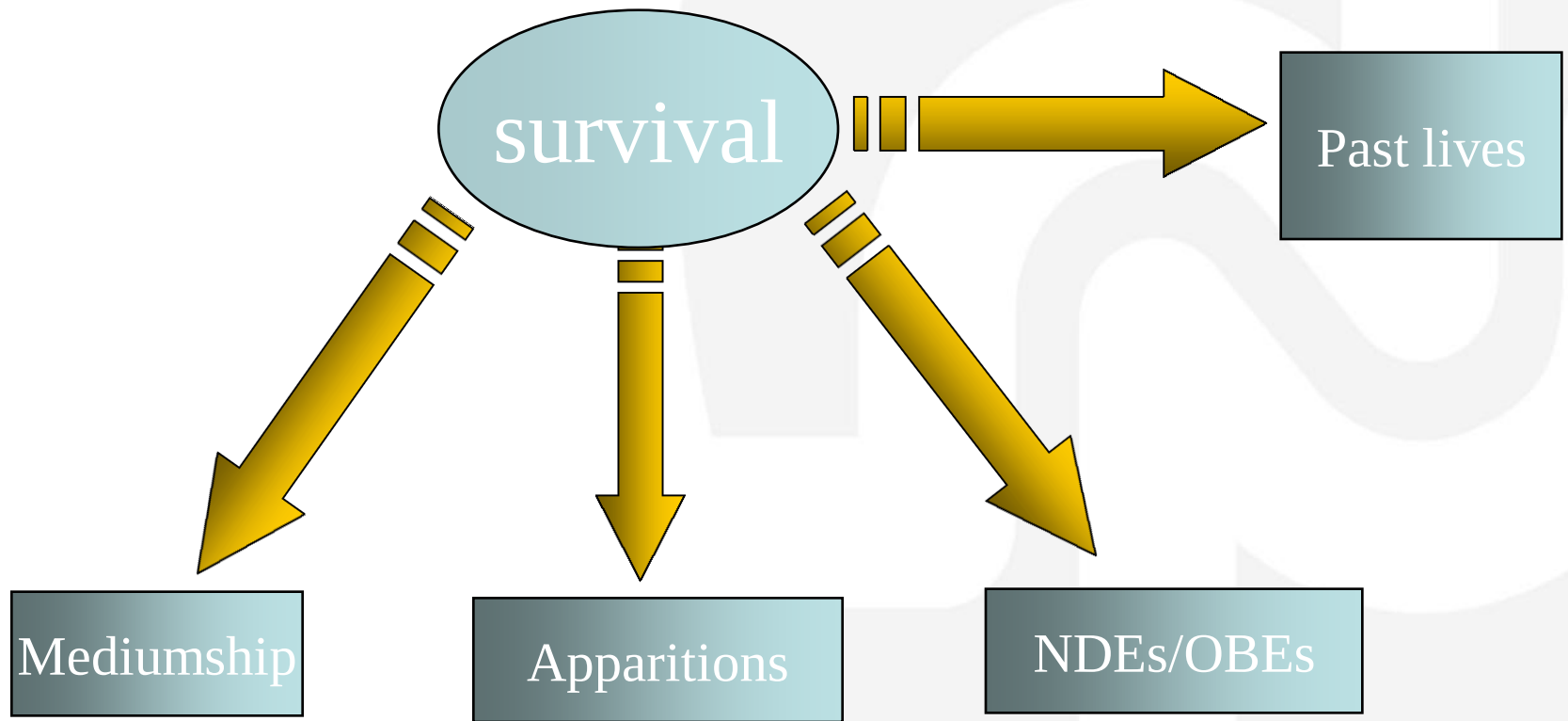
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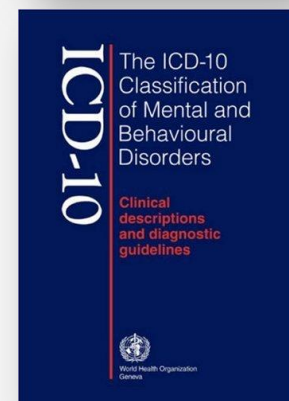
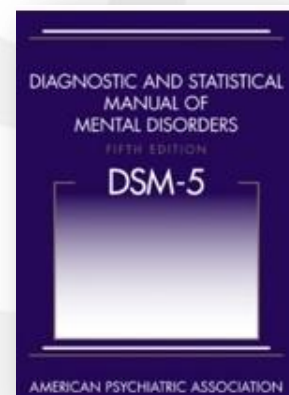






Why should we be interested?

- A high proportion of the general population believe in or experience such phenomena (e.g. Haraldsson, 2011; Pechey & Halligan, 2012).
- Some find their experiences transformative, some are indifferent to them, but for others they are a source of concern, and are associated with fear, anxiety and distress
- Some even seek professional help (cf. Eybrechts & Gerding, 2012; Parra, 2012; Siegel, 1986)
- BUT traditional medical and psychological services do not take anomalous experiences (AEs) seriously and fail to address the existential questions that they raise (e.g. Cooper, Roe & Mitchell, 2016; Taylor, 2005).
- AEs are characterised as hallucinatory, abnormal, or as indicative of pathology (Pechey & Halligan, 2012)



Clinical Parapsychology

“a new kind of profession with dual training in counselling, psychotherapy and clinical professional psychology to the point of licensure on the one hand, and training in the paranormal, including parapsychology, on the other”

(Klimo, 1998)





AEs reported by 'clients'

1,465 cases recorded at the IGPP in Germany:

- 53% classified as poltergeist and apparition phenomena
- 41% as extrasensory perception
- 38% as internal presence and influence (e.g., spirit possession)
- 15% as external presence and nightmares (e.g., sleep paralysis)
- 10% as meaningful coincidences
- 7% as automatism and mediumship

Belz & Fach (2012, 173-4)



AEs in bereavement

Eybrechts and Gerding (2012) report on a random sample of Dutch population contacted by phone:

- Out of 736 persons, 63% felt contact was possible, 40% of those reported having had an experience
- 70% said the experience had been supportive in the grief process



Cooper, Roe & Mitchell (2016) reviewed the literature and found positive consequences of AEs included

- an assurance of their continued bond
- an opportunity to say goodbye
- a chance to repair damaged relationships

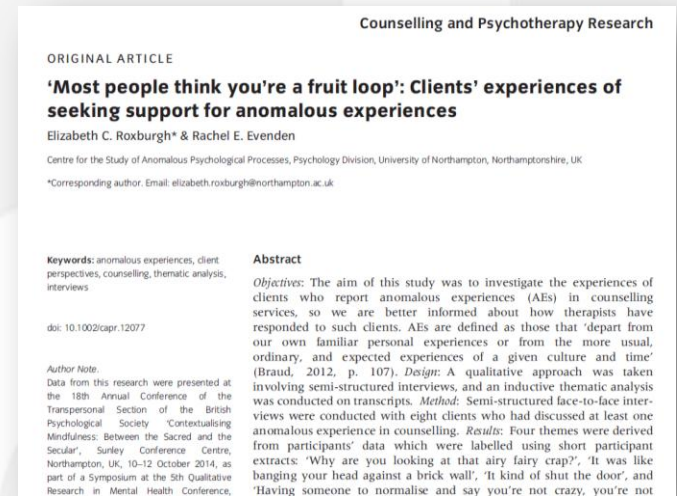


Counselling for AEs in UK

Roxburgh & Evenden (2016a)

Interviewed 8 clients who reported AEs to therapists. They noted 4 themes:

- negative reactions of others (including friends and family members) to disclosures about their AEs made them guarded about sharing experiences with counsellors
- “It’s not mainstream and you know I think my experience with the early counsellors really hit that home that they didn’t have a clue what I was on about and it made me feel that the world of counselling was a little narrower than I had expected.”
- “I felt quite dismissed outwardly and I didn’t have the knowledge or the experience to challenge what she had said and erm so at that point I made a decision not to do it anymore.”
- it was helpful if their counsellors were open-minded, accepting and nonjudgemental about AEs, so they could explore the meaning of the experience with them.



Experiences of health professionals

Eybrechts & Gerding (2012) reported on a sample of 129 health professionals in The Netherlands:

- 59% reported to have been in contact with a client that had problems associated with spirit contact, 55% with extrasensory perception, and 51% with psychic healing
- 83% of health professionals had not taken part in any courses about these topics and 35% expressed a need for more training in this area.

Roxburgh, Ridgway, & Roe (2015, 2016) conducted research on the prevalence and phenomenology of synchronicity experiences

- 44% of a sample of 226 therapists had experienced SEs in the therapeutic setting, but that these experiences came as a shock to therapists and challenged their concept of reality



Experiences of health professionals

Roxburgh & Evenden (2016b)

Interviewed 8 therapists who had worked with at least one client AE

- clients were often hesitant to disclose that they had had an AE for fear that they would be seen as ‘mad’. The consequences of this were that clients often ‘tested the waters’ before sharing details of AEs with therapists

I know of clients that actually say that they feel as if they daren't tell people because they'll be stigmatised, because people will think that they're mad or it's not rational or in their line of work they shouldn't be having these kind of thoughts or ways of being, so they kind of feel as if they have to be brushed under the carpet in some way or deny those aspects of themselves.
- Participants pointed out that it was important to explore the meaning of the experience from the client's perspective, rather than impose their own interpretation

‘They daren’t tell people’: therapists’ experiences of working with clients who report anomalous experiences

Elizabeth C. Roxburgh and Rachel E. Evenden

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ABSTRACT

Objectives. This study explored the experiences of therapists who have worked with clients reporting anomalous experiences (AEs) to consider how they addressed such issues in therapy sessions. An AE is defined as ‘an uncommon experience (e.g. synesthesia) or one that, although it may be experienced by a significant number of persons (e.g. psi experiences), is believed to deviate from ordinary experience or

Experiences of health professionals

Roxburgh & Evenden (2016b)

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- Some clients found AEs special in some way, but at the same time sought reassurance that they were not the only ones to have them
I'm amazed at how much things calm down when you encourage a person to befriend the process and also when you start saying look 'this has happened to other people, it's not about you, this is a, this is like a human experience
- Therapists identified a need to be educated on issues that clients might present with
it's no different to anything else that comes up in counselling, that if you don't know enough about it, either go and find out, or if you can't find out or don't feel comfortable working with it, then you should find, you know, refer them on to somebody who does



Implications for practice

- Individuals who have AEs often fear they are going 'mad'
- Importance of normalisation, validation, and context
- Importance of finding a personal experiential framework or explanatory model in which experiences are understood



Managing AEs: the case of Mental Mediumship



Mediums are of interest to 'clinical parapsychologists' as their experiences could be interpreted as symptoms of a 'mental disorder'

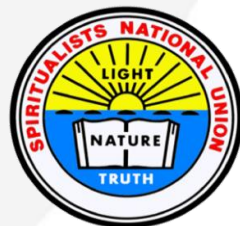
(see Roxburgh & Roe, 2011)



Survey method



- Initial survey conducted via the SNU registered churches (Roxburgh & Roe, 2011)
- 159 participants in the sample
 - 80 “Spiritualist mediums” (67.5% females; mean age = 62.50yr; range = 35 to 90)
 - 79 “Spiritualist non-mediums” (78.5% females; mean age = 60.96yr; range = 27 to 84).
 - No differences between groups in age or educational level



Survey findings

Table 1

Means and Standard Deviations of Mediums and Nonmediums for Psychological Measures Included in the Survey

Measure/Variable	Mediums (<i>N</i> = 80)		Nonmediums (<i>N</i> = 79)		<i>t</i>	<i>p</i> (2-t)	Cohen's <i>d</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>			
CEQ	9.75	4.35	8.54	4.83	1.65	.100	0.26
BQ-18	34.51	10.54	36.60	8.92	-1.34	.180	0.22
DES	13.81	11.00	12.99	9.00	0.51	.610	0.09
Openness	3.75	0.56	3.46	0.57	3.21	.002	0.51
Conscientiousness	3.75	0.51	3.68	0.51	0.92	.360	0.14
Extraversion	3.49	0.72	3.25	0.78	2.01	.046	0.32
Agreeableness	4.18	0.56	4.18	0.50	0.01	.990	0.00
Neuroticism	3.61	0.72	3.19	0.76	3.59	<.001	0.57
Wellbeing ^a	73.00	15.73	62.18	19.88	3.80	<.001	0.61
Psychological Distress ^a	87.35	9.73	81.58	12.52	3.26	.001	0.45

Note. These exploratory computations were not corrected for multiple analyses as each measure was considered on its own merit in the context of the larger study (see Perneger, 1998).

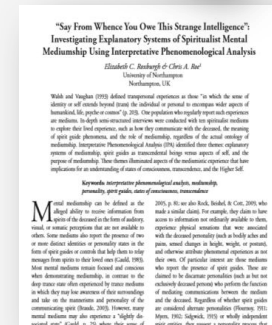
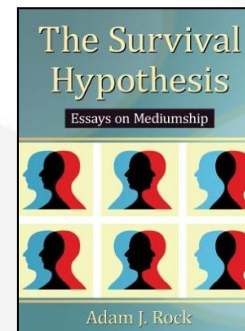
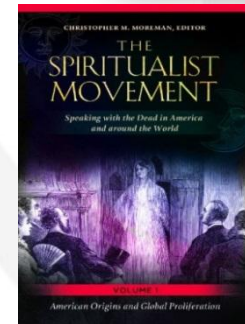
^aHigh scores on wellbeing and psychological distress subscales of the MHI-17 indicate better mental health (see Hays, Sherbourne, & Mazel, 1995).

Interview Method



- Drawn from survey participants
- 10 Spiritualist mental mediums:

- Award holders for demonstrating mediumship
- 5 males/5 females
- Aged between 46 to 76 yr
- Length of time practising as a medium ranged from 9 to 55yr



- In-depth interviews

- At participants' home, local spiritualist church or UoN
- Transcripts analysed using IPA

Pathways to mediumship

☐ Childhood anomalous experiences

☐ “My family were mediumistic”

☐ “I thought I was going mad”:

Reframing distressing experiences
using a spiritualist model



Pathways to mediumship

☐ Childhood anomalous experiences

☐ “My family were mediumistic”

☐ “I thought I was going mad”:

Reframing distressing experiences using a spiritualist model

I mean I used to see spirit, and as a child play with people and when I fell asleep they were the people I played with, and that was quite natural, so it was always quite natural to me

Tom

I had some experiences when I was a child ... I can remember standing up in my cot and screaming because I could see animals, you know I could see animals in my bedroom walking through the wall, and I can remember banging, I must have only been a few years old

Christopher



Pathways to mediumship

- ❑ Childhood anomalous experiences
- ❑ **“My family were mediumistic”**
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Reframing distressing experiences
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Pathways to mediumship

☐ Childhood anomalous experiences

☐ “My family were mediumistic”

☐ “I thought I was going mad”:

Reframing distressing experiences using a spiritualist model

I grew up in a home where Spiritualism and self-awareness was normal. My mother's mother was a Spiritualist medium and a famous medium and my father's mother was also a Spiritualist, so both my mum and dad had spiritualist mediums in the family. My mother was a natural healer, her sister was a healer in the Christian Scientist Church, I have various relatives who are involved with Spiritualism and allied religions, so when I was a kid seeing spirit people was normal and I was very lucky that it wasn't just me, I had spirit friends that my parents acknowledged as being real ... so actually I can't really say when I became a medium because I have always been one

Melissa

Pathways to mediumship

- ❑ Childhood anomalous experiences
- ❑ “My family were mediumistic”
- ❑ **“I thought I was going mad”:**
Reframing distressing experiences
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The first memory that I actually have was hearing voices after my father died ... one night I went to bed and I woke up and I'd had these voices talking to me saying that my dad was fine, he was living, there wasn't a problem, he wouldn't want me to be upset and I thought I was dreaming, so I thought "pull yourself together" and as I turned over to go back to sleep the voices were still there ... so I thought "I'm losing it, I'll go down and make a cup of tea" so I went down and all the while I was making this cup of tea these voices were still talking to me ... so I went to the Doctor's and I told him what had happened, I said "I must be having a nervous breakdown," so he gave me some pills, as they do, told me to go away for a few days and just try and chill and relax ... never took the pills because I don't take tablets, I don't believe in that sort of thing ... I thought "Right this is me and now I need to cure myself to get better" so I just pulled myself together, blocked absolutely everything out, thought I've just really got to get back on track and I did that probably for about 6-7 years. (...) I started to talk to ... [a medium] ... and we sat just chatting about things and that is when my interest started because they were explaining things to me because that was my first real knowledge that somebody was talking to me (...) Steph and her sister were starting to explain all these things to me and all the little things that had happened over the years which you just put down as "Oh that must be that and that must be that" so you know, things just started making sense.

Sarah

Relationship with Spirit

- ❑ Responsibility for communication: Internalized vs. Externalized
- ❑ **Regulation of communication**
- ❑ Guides: Autonomous beings vs. Aspects of self
- ❑ Spirit Influence



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❑ Responsibility for
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❑ Regulation of communication

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❑ Spirit Influence

For me I am working or I am not, you know, so it would be absolutely no point spirit talking to me unless I'm working...so I am not aware of spirit unless I want to be

Sarah

Although I do believe I'm receptive to spirit communication all the time you can't really let it interfere with your life, so there is like a barrier that says don't communicate now

Graham

The door is ajar, I know I've pulled it closed, but it's unlocked so if they [spirit voices] need to come through they can sort of knock on that door and push it open and say 'We're here'.

Samuel



Summary of interview findings

- Emphasized childhood AEs and the family context for how they became mediums
- Reframed initially distressing experiences using a spiritual model
- Importance of connecting with a community that shares the same belief system
- Learnt techniques to control mediumship

(Roxburgh & Roe, 2013, 2014)



Conclusion

- AEs are common experiences
- Individuals who have them can fear they are going 'mad'
- It is important to provide balanced information that normalises and validates AEs and provides the means to assimilate or manage them
- Experiencers need to find a personal experiential framework or explanatory model in which experiences can be understood
- Mainstream healthcare in UK tends to ignore AEs – we need a new way of working so as to integrate alternative perspectives
- Clinicians need to be trained to have knowledge of parapsychological research and theories, in addition to counselling skills.



Thank you for your attention

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