GROUP THERAPY FOR ANOMALOUS / PARANORMAL EXPERIENCES: POST-EFFECT PRELIMINARY EXAMINATION OF THE HUMANISTIC APPROACH

Abstract

There is a large amount of research in the professional literature that supports the effectiveness of humanistic group therapy. Although group therapy has focused on experiences such as NDEs, apparitions, and families victimized by poltergeist-type episodes, emotional reactions to paranormal experiences have seldom been explored. The aims of this exploratory study were (a) to explore the utility of using humanistic group therapy to address the effects of paranormal/anomalous experiences upon people's lives and (b) to explore a research model of how humanistic group therapy might help clients make positive behavioral and attitudinal changes to their anomalous/paranormal experiences. The sample included twenty participants, in the age range 22–71 years old (Mean = 45.65; SD = 12.52), of whom 65% (N=13) were female and 35% (N=7) male who were seeking information about anomalous/paranormal experiences they had had or were currently experiencing. The participants took part in weekly 2-hour group sessions. They were asked to answer a self administered questionnaire of seven questions prior to their entry into a group. At the end, another questionnaire of nine close questions and an open one was administered. The dynamics of the groups usually included three stages: Emotional support, cognitive support and group-closing with experiences interpretation. Participants reported that the group experience helped him/her to satisfy their experiences emotionally ($p = .001$), helped him/her to have a healthier comprehension of the experiences ($p = .001$), helped him/her to find a rational comprehension of the experiences ($p = .008$). Participants also reported being listened to, included and backed up by the fellow group members ($p = .019$) and by the therapists ($p = .017$) on completion of the group activity. We hope we have demonstrated that humanistic therapy groups can be used to help clients with a variety of disorders to cope with them more effectively and to deal more functionally with their paranormal/anomalous experiences.

Introduction

A humanistic approach to therapeutic change naturally lends itself to working with people who deal with paranormal/anomalous experiences. This approach has always emphasized the strengthening of relational bonds, the creation of interpersonal empathy, and connection with one's own emotional experience and with other close relations. Humanistic therapists have always focused on the fact that personal growth and empowerment occur in relationships with other close relations. They have always viewed those relationships as more than the sum of their parts, as having a life of their own. This perspective is consonant with the systemic viewpoint that has formed the basis of so much of couple and family therapy. Humanistic practices exemplify the notion that people are formed and transformed by their relationships with others (see Cain and Seeman, 2002).

Humanistic therapists have been defined in part by their anti positivism –and probably "non anti-paranormal"– ideals and a rejection of techniques by the manual and outcome analyses. Humanistic therapists reject invariant procedures uniformly applied and allow clients to teach

them about their idiosyncratic experience. However, the position taken here is that it is still possible to stipulate interventions and empirically examine how these interventions affect clients´ relationships (Parra, 2012).

There is a large amount of research in the professional literature that supports the effectiveness of humanistic group therapy (Beck, 1974; Beck, Dugo, Eng and Lewis, 1986; Braaten, 1989; Rogers, 1970; Yalom, 1995). Unfortunately, the usefulness of humanistic group therapy within clinical populations is not widely recognized by the psychological community as a whole. The therapy theory applied here emphasizes a humanistic approach to group therapy, more specifically humanistic-existential group therapy. These approaches also stress the importance of self-awareness in therapy because it is assumed that people who are self-aware can make better choices. For example, person-centered, Gestalt, and existential therapies all emphasize the idea that people are capable of acting in responsible and caring ways in interpersonal relationships.

An unstructured group therapy has stages that promote the psychological growth of its members (based on Rogers's approach; see Rogers, 1970). These stages occur naturally as the members emphasize certain themes that often emerge from the group process, such as dealing with anger or developing trusting relationships. Such themes are related to the kinds of interpersonal learning experiences within the group that can be internalized and eventually generalized to more caring and responsible relationships outside the group. One of the advantages of group therapy as compared with individual therapy is that the members have the opportunity to learn about interpersonal relationships by actually experiencing these relationships with one another in the group; for instance, emotional and cognitive reactions have been observed among individuals seeking help as a result of a paranormal experience.

Group therapy has focused on experiences, such as near death experiences (Furn, 1987), apparitions (Harary, 1993), and families victimized by poltergeist-type episodes (Rogo, 1974, 1982; Snoyman, 1985). The recent development of this practice and the few individual therapies applied to these experiences, still lack consensus (Belz, 2009; and McMahon, 1993; Kramer, Bauer, Hövelmann, 2012). For example, Regina Hoffman (1995) interviewed fifty NDErs in her qualitative study. Near death experiencers underwent an initial varying degree of shock or surprise, followed by a need for validation of the experience. In the first stage, NDErs began to notice the effects of their experiences on their daily lives. In the next stage, active exploration, experiencers investigated the philosophical, spiritual, and psychological implications of their experiences. Finally, they reached the integration stage, where they were increasingly able to take hold of and apply their experiences to their lives in a holistic way. Hoffman asserted that mental health care providers must be prepared to assist clients in their struggles and successes during any or all of these stages.

Previously, Gómez Montanelli and Parra (2004) conducted a research to record reactions to disturbing psi experiences. Thirty-two subjects participated in weekly sessions involving humanistic therapy in seven groups. The activity involved three stages: (a) emotional support, (b) cognitive and emotional support, and (c) group-closing. Over three-quarters of the sample reported fear —in different forms— to be the predominant emotion; wonder, perplexity, well-being and anxiety were also reported. The authors concluded that humanistic group therapy can be effective with people who have distressing experiences, such as those involving paranormal phenomena, and so it may be an appropriate method for the further parapsychological exploration of many paranormal experiences.

The aims of this exploratory study were (a) to explore the utility of using humanistic group therapy to address the effects of paranormal/anomalous experiences upon people's lives and (b) to explore a research model of how humanistic group therapy might help clients make positive behavioral and attitudinal changes with respect to their anomalous/paranormal experiences. The main aim of these groups was to share their experiences, to reflect on them, and to exchange knowledge among the group and with the therapists. The present study was intended to extend the first study (Gómez Montanelli and Parra, 2004).

Methods

Participants

Adults who had had anomalou*s*/paranormal experiences were recruited by an announcement placed on the internet (*www.alipsi.com.ar*) at the Instituto de Psicología Paranormal in Buenos Aires, Argentina. Altogether 41 participants were recruited, the sample was thus reduced to twenty (48.78%), in the age range 22–71 years (mean = 45.65; SD = 12.52), of whom 65% (N= 13) were female and 35% (N= 7) male. Sixty per cent had high school as their highest educational level, professionals (bachelors and higher degrees, 25% and 58%, respectively). Members included people who were seeking information about anomalou*s*/paranormal experiences they had had or were currently experiencing.

An appropriate informed consent to the therapy procedure using language reasonably understandable for the recruits was signed. The content of informed consent included: that the person (1) had the capacity to consent, (2) had been informed of all significant information concerning the procedure, (3) had freely and without undue influence expressed consent, and that (4) consent had been appropriately documented (Barden, 2001; Beahrs & Gutheil, 2001).

Data Collection [1]

Data were collected from a self-administered questionnaire of nine close questions and an open one. Members were asked to rate seven items of the questionnaire prior to their entry into a group and at termination such as, (1) emotional satisfaction of my experiences, (2) healthy comprehension of my experiences, (3) rational comprehension of my experiences, (4) integration of the anomalous/ paranormal experience(s) into my life, (5) to be listened to, included and backed up by my fellow group members, and (6) to be listened to, included and backed up by the therapist *(*item response 0= none, 1= low, 2= moderate, 3= high, and 4= very high; see Table 1). Two additional items included:

(1) *Reactions prior to their entry*: negative ones such as 'fear of the unknown', 'to lose my mind', 'to die', 'to be unable to control the experience', 'not to be understood by others', 'astonishment', 'distress', 'anguish', or positive ones, such as 'well-being', 'contentment', or 'sensation of not being able to understand what happened to me' (item response yes/no).

[1] Note that this exploratory tool is not meant to be a serious clinical device, and no claims are made as to its validity or reliability.

(2) *Reactions at termination*: 'no benefit', 'feel better emotionally', 'feel better in my interpersonal relations', 'act better at the work place', 'contribute to personal and/or spiritual development', 'find a new meaning to the experiences', 'find a new meaning to my life' (item response yes/no).

Additional open-ended subjective questions also allowed the participants to express freely their expectations prior to their entry into a therapy group.

Procedure

All those recruited by the media were required to attend at least one talk prior to their entry into a group. Both authors explained the aims of the group activity. Over a period of five months, a group was led by two trained therapists, who assumed a non-expert role which respected the participants' anomalou*s*/paranormal experiences (which were not necessarily distressing or disturbing). Participants took part in weekly 2-hour group sessions. Participation in this group was voluntary, and material discussed in the group was confidential. JMC also made an audio recording of the verbalization of each member's experience.

Otras preguntas abiertas subjetivos también permitió a los participantes a expresar libremente sus expectativas antes de su entrada en un grupo de terapia.

Based on the Humanistic approach group therapy (Page & Berkow, 1994; Rogers, 1970), the dynamics of the groups usually included three stages: (1) Emotional support, (2) Cognitive support, and (3) group-closing and interpretation:

(1) Emotional support. The task of the facilitator of a humanistic therapy group was to create a safe environment and an appropriate atmosphere for the participants to feel free to explore their perceptions and attitudes and to reveal things about their experiences that are not always socially or culturally acceptable. While a participant spoke about his personal experience, the rest of the members, and the therapists, asked for more details about the anomalou*s*/ paranormal experience. This showed how the therapist and the members could interconnect in group therapy in a way that helped each member to deal constructively with personal and interpersonal issues.

For example, the following experience is a combination of a visual illusion/hallucination, and may have premonitory content (Parra, 2003, p. 114):

> Carlos B., age 50: "My younger sister had a friend who lived in the province of Buenos Aires, whom we went to visit. She was a 10-year-old girl who played the harp. When we were in her house, suddenly, while she was playing, she looked all wet. Her face had transformed into a purple or violet colour. This image surprised me. I closed my eyes, and when I opened them, I saw the violet colour again, and this time, the water had come to my feet. I thought this came as a consequence of being tired that day, or as an effect of the music. But it didn't stop troubling me. Ten days later, I got to know that the girl had drowned

in a swimming pool.

This is a second apparitional experience combined with beneficiary premonitial message (Parra, 2003, p. 121):

> Héctor M., age 48: "My cousin Mirtha and I were very close and we had a strong emotional bond. She died in a car accident when she was very young. A year after her death, when I was 28, I was walking along the street about to cross the avenue. I was reading, distracted, absorbed in my book, and when I was about to cross, Mirtha appeared in front of me. It was her whole body, surrounded by a tender, glittering light, dressed in the clothes she had worn at her funeral, her hair styled just like I remembered from the day she died. Her countenance was serene and she transmitted a profound peace. The apparition lasted approximately a few seconds. She stretched out her hand, telling me to halt. I looked at her in surprise, and I stopped. Suddenly, a passer-by, at two meters' distance from me, crossed the avenue and was brutally hit by a car that passed rapidly on my left. I was stunned, without words, for had I not been held up by Mirtha's figure, I would have probably been the one hit by the car. I think that her appearance was the form she chose to definitely bid farewell to me."

(1) *Cognitive support*. Transcripts of the sessions deal primarily with the anomalou*s/*paranormal experiences discussed by the participants. Once a member is able to self-disclose in a group, the therapists often stimulate other members to do the same. JMC read out the narrative of the experience that had already been shared, and all kinds of mistakes, omissions and distortions, which may have been the consequence of bad recording, were corrected. Further details of the experience or the participant's emotional reactions could be requested by other members or the therapists. Each of the participants gave their opinion with respect to what they believed had happened.

(2) *Group Closing*. The members shared 1–9 experiences each. Further reading on the topics concerned, provided that the person showed interest in obtaining more information, could be recommended. Finally, the participants undertook their own cognitive processing of the information they had just heard. Several personality questionnaires were also completed, such as *Schizotypy Personality Questionnaire, Eysenck Personality Questionnaire, Oxford-Liverpool Experiences and Feelings,* and *Cognitive and Affective Empathy, Chapman Scales* (psychosis proneness), and *Transliminality Scale –Revised*.

Results

Table 1: PARANORMAL EXPERIENCES REPORTED BY GROUP PARTICIPANTS (N = 20)

Paranormal/anomalous Experiences	*N (%)*
1. Telepathy in wakefulness	17 (85.0)
2. Spirit contact	16 (81.0)
3. Paranormal experiences in dreams	16 (76.2)
4. Spontaneous healing (as a healer)	16 (76.2)

5. Out-of-the-body experiences	14 (66.7)
6. Mystical experience	13 (61.9)
7. Spontaneous PK	12 (57.1)
8. Haunting (or apparitions sighting)	12 (57.1)
9. Spirit possession	9 (42.9)
10. Lights/energies (aura) perception	9 (42.9)
11. Near-death experiences	3 (14.3)

Table 2: COGNITIVE/EMOTIONAL REACTIONS TO THE PARANORMAL EXPERIENCES (N = 41)*

In the past, when I had a paranormal experience, my emotional response(s) was/were:	*N (%)*
1. Amazement	29 (70.7%)
2. Perplexity, feeling that I could not understand what had happened to me	13 (31.7%)
3. Fear of death	10 (24.4%)
4. Anguish	8 (19.5%)
5. Fear of losing my reason	7 (17.1%)
6. Fear of the unknown	5 (12.2%)
7. Fear that others would not understand me	5 (12.2%)
8. Fear that I could not control the experience	3 (7.3)
9. Negation	2 (4.9%)

* Members could mark more than one option.

Table 3: EMOTIONAL AND COGNITIVE EXPECTATIONS PRIOR TO THEIR ENTRY AND ON COMPLETION OF THE GROUP ACTIVITY (N= 20)

*Items**	*Mean pre-group (SD)*	*Mean pos-group (SD)*	*Wilcoxon's Z*	*p*
1. Group helped me to satisfy my experiences emotionally.	2.70 (.73)	3.30 (.57)	3.20	.001
2. Group helped me to have a healthier comprehension of my experiences.	2.65 (.67)	3.20 (.61)	3.31	.001
3. Group helped me to find a rational comprehension of my experiences.	2.37 (.59)	2.85 (.74)	2.67	.008
4. Group helped me to integrate the anomalous/ paranormal experience(s) into my life.	2.74 (.93)	2.80 (.89)	.44	.655
5. I was listened to, included and backed up by my fellow group members.	2.85 (.58)	3.37 (.76)	2.35	.019
6. I was listened to, included and backed up by the therapist.	3.30 (.57)	3.45 (.60)	1.00	.017
7. Emotionally unpleasant score	2.32 (1.41)	2.50 (1.54)	.48	.631

* Likert scale: Being 1 (lowest satisfaction) to 5 (highest satisfaction).

Discussion

The aims of this study were to explore the utility of using humanistic group therapy to address the effects of paranormal/anomalous experiences upon people's lives and to research models of how

humanistic group therapy might help clients make positive behavioral and attitudinal changes with respect to their anomalous/paranormal experiences. Our questionnaire defines our clinical performance, and delineates the main emotional and cognitive changes of the members of the therapy groups towards their anomalous/paranormal experiences or to psi in general. The main reactions were: Amazement (70.7%) and Perplexity (31.7%). Negative reactions included fear of death (24.4%), anguish (19.5%), fear of losing my reason (17.1%), fear of the unknown (12.2%) and fear that others would not understand me (12.2%). Psi experiences could also represent a healthy response to hostile and alienating surroundings. For instance, Irwin (1989) included an item about feelings immediately after the experience: 18% reported being happy or cheerful, 25% felt anxiety, 5% depression, and the remaining 52% manifested wonder, curiosity and perplexity. However, anomalous/paranormal experiences and psi events may also often have a positive impact on the life of the person concerned. They can be indicators of a continuous process of personal growth and a greater feeling of harmony with the world, with other persons, and with their own potential.

Although the differences were small, the data reported here reveal a greater degree of satisfaction of the group members. Participants reported having been helped to be satisfied emotionally at the termination of the group activity (Mean pre-group= 2.65, Mean pos-group= 3.20, p = .001), helped him/her to have a healthier comprehension of the experiences (Mean pre-group= 2.70. Mean pos-group= 3.30, p = .001), helped him/her to find a rational comprehension of the experiences (Mean pre-group= 2.37. Mean pos-group= 2.85, p = .008). Participants also reported being listened to, included and backed up by the fellow group members (Mean pre-group= 2.85. Mean pos-group= 3.37, p = .019) and by the therapists (Mean pre-group= 3.30. Mean pos-group= 3.45, p = .017). The emotionally unpleasant rating of the group participants (0–9) was initially 2.32. By the end of the program it had increased to 2.50, but the score was not significant.

Many participants expressed the opinion that the group activity contributed to their feeling better in their interpersonal relationships; their finding of a new meaning to their lives and their existential or spiritual development. An unstructured group therapy has stages that promote the psychological growth of its members (based on Rogers's approach; see Rogers, 1970). Such themes are related to the kinds of interpersonal learning experiences within the group that can be internalized and eventually generalized to more caring and responsible relationships outside the group. However, the study of the effect on only one group is problematic, because it's difficult to control the intra-groups effects vs. group therapy effects. One of the advantages of group therapy as compared with individual therapy is that the members have the opportunity to learn about interpersonal relationships by actually experiencing these relationships with one another in the group; for instance, reaction patterns have been observed among individuals seeking help as a result of a paranormal experience.

Humanistic group therapy can be effective with people who have serious, distressing experiences (Truax, Carkhuff & Kodman, 1965). We hope we have demonstrated that humanistic therapy groups can be used to help clients with a variety of disorders to develop more effectively and to deal more functionally with their paranormal/ anomalous experiences. Unfortunately, humanistic group therapy is an under-utilized approach in today's managed care environment, where therapists feel they need to demonstrate their effectiveness in concrete and observable ways.

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