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A CLINICAL APPROACH TO THE EMOTIONAL PROCESSING OF ANOMALOUS / PARANORMAL EXPERIENCES IN GROUP THERAPY

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ABSTRACT

An investigation was conducted to record reactions to disturbing psi experiences and to explore their emotional and intellectual processing. Thirty-two subjects participated in weekly group sessions involving humanistic group therapy. The activity involved three stages: (a) emotional support, (b) intellectual and emotional processing, and (c) group-closing and interpretation. Using the Q-sort technique, an evaluation was made of emotional and intellectual thinking and feelings, motivation to be a group member, comprehensibility of the experiences, their integration into life, emotional and intellectual meaning, and emotional disturbance prior to entry into group and after group therapy designed by ourselves. 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. Scores on a measure of disturbance decreased as a consequence of the group activity (mean pre-score = 4.85, mean post-score = 1.70), which is consistent with emotional processing and integration. Members reported that therapy had made them feel they had been listened to, accepted, understood, and supported by the therapist as well as the other group members. More than half said that the group activity contributed to their personal or spiritual development; others found a fresh interpretation for their psi experiences, or felt emotionally better in their interpersonal relationships, and/or found new meaning in their lives. Group members felt able to learn to handle their own capacity for engaging in constructive personal, interpersonal and spiritual growth. We conclude that humanistic group therapy can be effective with people who have distressing experiences, such those involving paranormal phenomena, and so may be an appropriate method for the further parapsychological exploration of many paranormal experiences.

INTRODUCTION

Often people have strong reactions when they think they have had a psychic or 'psi' experience. Hastings (1983) and Stewart (1986) have suggested that use of some sort of parapsychological counselling or crisis-intervention techniques may be beneficial. Reaction patterns have been observed among individuals seeking help as a result of unusual experiences, with the most common reaction involving fear (fear of being hurt, fear of going crazy, fear of someone else being hurt, fear of losing control), but also a sense of responsibility towards another person, feeling divine or specially gifted, and the desire to develop psychic abilities (Siegel, 1986).

Previously, we carried out a survey of anomalous/paranormal experiences among Argentine undergraduate students (N = 392; Gómez Montanelli & Parra, 2003). We found that more than half reported having experienced — several times at least—telepathy (66.3%), ESP in dreams (50.7%), recollections of past lives (32.1%) and poltergeist-like effects (RSPK, 42.8%). Two-thirds of this group revealed a high tendency to feel disturbed by their anomalous/ paranormal experiences, which included instances of mediumship, spirit

possession, RSPK and contact with spirits. The remaining third indicated that they had not sought counselling about their experiences, but were more likely to have consulted relatives, friends and acquaintances. Some of these individuals were suffering from considerable mental stress.

This is surprising, since one might have expected that psychic experiences would also promote well-being and a healthy world-view. Little research has been done in parapsychology on the effects of psychic experiences upon people's lives (Milton, 1992; Palmer, 1979), but near-death experiences have been found to induce positive changes or transformation in many people (see Greyson & Stevenson, 1980; Ring, 1980, 1984). The possibility that some people may be disturbed by psychic experiences and may need counselling has often been discussed (Cardeña, Lynn & Krippner, 2000; Hastings, 1983; Siegel, 1986), but the incidence of such negative reactions has not previously been investigated quantitatively.

Therapeutic Approach for Paranormal/Anomalous Experiences

The therapeutic approach to the investigation of paranormal/anomalous experiences has been a topic of great interest for many clinical psychologists. For example, the dynamic approach to understanding such experiences can be seen in the use of the terms 'transference' and 'counter-transference' (Carvalho, 1996; Devereux, 1953; Ehrenwald, 1954a, 1954b; Tornatore, 1977), in considerations of the parent–child relationship and ESP (Ehrenwald, 1954c), and in interpreting telepathic dreams (Ehrenwald, 1948a, 1948b; Servadio, 1953), from which psychodynamic models have been developed. Other studies have included clinical and theoretical approaches (e.g. Caratelli, 1996; Ehrenwald, 1956; Fodor, 1959; Si Ahmed, 1990), and there has also been some consideration of the performance of psychics as advisers or therapists (Connell & Cummins, 1957; Criswell & Herzog, 1977).

People who have disturbing psi experiences may be looking for counsellors (or parapsychologists) in an effort to understand what has happened to them during the experiences, and afterwards in terms of any coping reactions they might have had (Hastings, 1983). Often the experient's reactions to an experience can be more insightful than the bare details of the experience itself. In their effort to find explanations or interpretations (Harary, 1993; Pallú, 1996) they may be interested in acquiring more knowledge within a clinical approach, ranging from psychoanalytic (Eisenbud, 1970, 1972, 1982; Si Ahmed, 1990), humanistic and person-centered therapy (Kramer, 1993) to the behavioural-cognitive approach (Belz-Merk, 2000; Harary, 1993; Parker, 1993).

Group Therapy and Psi-Disturbing Experiences

There is a large amount of research in the professional literature that supports the effectiveness of humanistic group therapy (Beck, 1974; Beck, Dugo, Eng & Lewis, 1986; Braaten, 1989; Page & Berkow, 1994; 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-centred, Gestalt, and existential therapies all emphasize the idea that people are capable of acting in responsible and caring ways in interpersonal relationships.

Humanistic group therapies provide an atmosphere in which people can discuss their personal problems and engage in interpersonal learning. Existential group therapies generally emphasize that it is important for the therapist to allow the members to encounter one another in the group without recourse to activities conducted by the leader. The members are encouraged to assume the primary responsibility for what is discussed in their group and for the overall direction of the group. 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, reaction patterns have been observed among individuals seeking help as a result of a paranormal experience.

Emotional reactions to paranormal experiences represent a territory that has seldom been explored. Group therapy has focused on experiences such as Extra-Terrestrial abduction, near-death experiences (Furn, 1987; Klimo, 1998), and apparitions (Harary, 1993). Other studies have been concerned with psychotherapeutic focusing for families victimized by poltergeist-type episodes (Rogo, 1974, 1982; Snoyman, 1985), or attempts to optimise ESP scores by means of group interaction (Bononcini & Rosa, 1987; Carpenter, 1988). The present study was intended to extend this work.

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 for how humanistic group therapy might help clients make positive behavioural and attitudinal changes with respect to their paranormal experiences.

METHOD

Participants

Adults who had had anomalous/paranormal experiences were recruited through a letter sent by mail, e-mail, and fax, as well via nine charge-free public talks given between 1999 and 2000 at the Instituto de Psicología Paranormal at Buenos Aires, Argentina, and other media announcements given by one of us (AP). Altogether 47 participants were so recruited, but 11 of these (23.40%) did not meet our inclusion criteria and 4 (8.51%)[1] did not present typical psi experiences. The sample was thus reduced to thirty-two

[1] These 8.51% were assigned to receive psychotherapeutic or psychiatric orientation.

participants (68.08%), in the age range 19–83 years (mean = 43.16; *SD* = 14.96), of whom 59% were female and 41% male. Sixty per cent had high school as their highest educational level, professionals (bachelor's and higher degrees, 18% and 25%, respectively). Members included people who were seeking information about anomalous/paranormal experiences they had had or were currently experiencing. 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.

An appropriate informed consent to the therapy procedure was obtained, using language reasonably understandable by the membership. The content of informed consent implied 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).

Q-Sort Technique Procedure

The Q-sort technique was developed by Stephenson (1953) for investigating a person's self-concept and is a method for empirically defining the person's self-image. It was also used by Rogers to gather data about therapeutic improvement. The Q-sort technique can be used in group settings to attempt to access directly the patients' own perceptions of their experiences. Statistical procedures aside, however, what Stephenson was interested in providing was a way to reveal the subjectivity involved in any situation (e.g. in aesthetic judgement, poetic interpretation, perceptions of organizational role, political attitudes, appraisals of health care, experiences of bereavement, perspectives on life and the cosmos, etc.). Life as lived from the standpoint of the person living it is typically passed over by quantitative procedures, although it frequently engages the attention of the qualitative researcher interested in more than just life measured by the pound. Q methodology is designed to examine subjectivity in this sense, and "combines the strengths of both qualitative and quantitative research traditions" (Dennis & Goldberg, 1996, p.104) and in other respects provides a bridge between the two (Sell & Brown, 1984).

Parallels can be found with Irving D. Yalom's work, which reviewed the literature and identified three therapeutic factors in group psychotherapy, including an intellectual and emotional factor and an 'actional' factor. Groups of many different types could be seen to exhibit some or all of these factors. Yalom's (1995) perspective involved an existential group-dynamic focus, suggesting that such approaches are not technique- or intervention-driven but are, instead, driven by a focus on ultimate concerns related to life and death, freedom and responsibility, isolation and loneliness, and meaning and meaninglessness. We attempted to adapt Yalom's complex Q-sort task, which was developed in conjunction with 60 prepared statements to be ranked by group members, these statements being further grouped into 12 categories. We found this method of examining the responses interesting and useful. Yalom (1995) has produced research evidence to support his list, based on self-concept before therapy ('I usually feel driven', 'I am responsible for my troubles', 'I am really self-centred', 'I am disorganized', 'I feel insecure within myself', 'I

have to protect myself with excuses, with rationalizing') and after therapy ('I expressed my emotions freely', 'I felt emotionally mature', 'I was self-reliant', 'I understood myself', 'I felt adequate', 'I had a warm emotional relationship with others').

The Q-sort technique conventionally involves the rank ordering of a set of statements (though Q samples can also comprise pictures, recordings, and any other stimuli amenable to appraisal) along continua from 'agree' to 'disagree' or 'least like me' to 'most like me'. Statements are usually taken from interviews, so as to be grounded in concrete existence. For purposes of convenience, however, the Q sample in our case consisted of seven statements taken from Brown's (1996) "Q Methodology". We were initially invited to characterize the care rendered by the therapist by sorting the 24 statements (each typed on a separate card) into a quasi-normal distribution ranging from 'I am searching for comprehension of my experiences' (0) to 'I found comprehension of my experiences' (9). The result is shown in Table 1. The Q-sorting session was followed by a focused interview during which therapists were invited to expand on their experience (McKeown & Thomas, 1988).

Data Collection

Data were collected from a self-administered questionnaire of nine items. Members were asked to rate seven items of the questionnaire (i.e. none, low, moderate, high, very high). This was done prior to their entry into a group and at termination (see Table 1). Afterwards, two further items were added: (1) emotional reactions prior to their entry (i.e. 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'), and (2) emotional reactions at termination (i.e. '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 in the experiences', 'find a new meaning in my life'). Additional open-ended subjective responses for participants allowed them to express freely their expectations prior to their entry into a therapy group, which may be more difficult to analyse, but promises to yield a richer insight into how participants feel about their group experience. 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. Even the scoring system is an approximation, as a correlation coefficient would provide a more precise indicator. It is provided here simply as a learning tool, to understand better Rogers's concepts of self, ideal self, and congruence.

Procedure

Over a period of two years, ten separate groups were led by a trained therapist, who assumed a non-expert role which respected the participants' anomalous/paranormal experiences (which were not necessarily distressing or disturbing). Over a 20-week period, participants took part in weekly 2-hour therapy group sessions. Membership of this group was voluntary, and material discussed in the group was confidential. Work with each of the therapy groups involved two stages: (1) informative talk, and (2) therapy-group activity.

1. *Informative Talk.* 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. Some 20–50 people attended each talk.

Table 1

Prior to Entry	At Termination
Motivation to be a member of the group.	Satisfied to be a member of the group.
I am searching for comprehension of my experiences.	I found comprehension of my experiences.
Group will help me to have more comprehension of my experiences.	Group helped me to have more comprehension of my experiences.
I will be able to integrate my anomalous/paranormal experiences into my life.	I integrated my anomalous/paranormal experiences into my life.
I will be listened to, included and backed up by my fellow group members.	I was listened to, included and backed up by my fellow group members.
I will be listened to, included and backed up by the therapist.	I was listened to, included and backed up by the therapist.
Emotionally unpleasant score (0–9)	*Emotionally unpleasant score (0–9)*

2. *Therapy Group Activity.* This type of group format, which encourages the members to determine the direction of the group for themselves, is called unstructured group therapy (Page & Berkow, 1994). Unstructured groups can be viewed as having stages that promote the growth of the members (Page & Berkow, 1994; see also Beck, 1974; Rogers, 1970). Each group was convened by one of us (DGM), while the other (AP) attended as an observer. AP also made an audio-tape recording of the verbalization of each member's experience. The dynamics of the groups usually included three stages: (a) emotional support, (b) intellectual and emotional processing, and (c) group-closing and interpretation.

   a. *Emotional Support.* The task of the facilitator of a humanistic therapy group was to create a safe environment and a conducive atmosphere in which the members felt free to explore their perceptions and attitudes and to reveal things about their experiences that are not always socially or culturally acceptable. At times the therapist might also need to take an active role in helping the members. It is possible to conceptualise the growth process that occurs in a humanistic therapy group as assisting the self-actualisation of the members (Dierick & Lietaer, 1990; Page & Berkow, 1994). This self-actualisation process occurred as members became more aware of themselves and others in the group, and as they dealt with personal and interpersonal issues that were limiting their self-esteem. Each member shared his or her experience, including the main emotional reactions—past and present—but avoiding ascribing meaning to them as much as possible. All the other members, and the therapist,

asked for more details about the anomalous/paranormal experience. This showed how the therapist and the members could engage one another in group therapy in a manner that helped each member to deal constructively with personal and interpersonal issues.

b. *Intellectual and Emotional Processing.* Transcripts of the sessions deal primarily with the anomalous/paranormal experiences discussed by the participants. Once one member is able to self-disclose in a group, the therapist often stimulates other members to do the same. AP 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 experient's emotional reactions could be requested by other members or the therapist. The participants each gave their opinion with respect to what they believed had happened, including presumed explanations from parapsychological or psychological approaches. Therapy groups often develop themes that run throughout the life of that group.

c. *Group Closing and Interpretation.* The members shared 1–9 experiences each. Further reading on the topics concerned could be recommended, provided the person showed interest in obtaining more information. Finally, the participants undertook their own intellectual processing of the information they had just heard. Several personality and psychopathology questionnaires were also completed.

RESULTS

Table 2

Paranormal Experiences Reported by Group Participants (N = 32)

	N	(%)
ESP awake	12	(37.5)
ESP in dreams	6	(18.7)
Precognition awake	2	(6.25)
Precognition in dreams	12	(37.5)
Spontaneous PK	15	(42.8)
Spontaneous paranormal healing (as a healer)	4	(12.5)
Lights/energies (aura) perception	4	(12.5)
Near-death experiences	1	(3.12)
Out-of-the-body experiences	14	(43.7)
Past life recall	3	(9.37)
Spirit contact	17	(53.1)
Spirit contact (in dreams)	9	(28.1)
Mediumship/Channelling	6	(18.7)
Spirit possession	1	(3.12)
Haunting (or seeing apparitions)	3	(9.37)

Anomalous/Paranormal Experiences

Each paranormal experience transcript was coded and each narrative was analysed in order to identify any possible psi events involved in them.

Emotional Reactions

The main reaction was fear (88.8%), including fear of the unknown (33.3%), fear of not being understood by others (22.2%), fear of not being able to control the experience (18.5%), fear of losing one's reason (11.1%), and fear of dying (3.7%). Astonishment (55.6%), perplexity, not being able to understand what had happened (48.1%), and feelings of well-being or contentment (37%) were also reported by the group members.

Table 3

Emotional Reactions to the Paranormal Experiences (N = 32)

In the past, when I had a paranormal experience, my emotional response(s) was/were:–	
Amazement	15 (55.6)
Perplexity, feeling that I could not understand what had happened to me	13 (48.1)
Well-being, contentment	10 (37.0)
Fear of the unknown	9 (33.3)
Anxiety	6 (22.2)
Fear that others would not understand me	6 (22.2)
Fear that I could not control the experience	5 (18.5)
Fear of losing my reason	3 (11.1)
Anguish	3 (11.1)
Physical malaise	2 (7.4)
Fear of death	1 (3.7)
Negation	1 (4.8)

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. Table 4 shows the Q-Sort Technique as adapted by us. The emotionally unpleasant score uses a Likert scale, five questions (Questions 3, 4, 5, 6 and 7) include a low–high scale, and Question 2 is a free-response question.

DISCUSSION

Reactions to extrasensory experiences are very poorly documented in the parapsychological literature (Sannwald, 1963; Stevenson, 1970; for a review see Irwin, 1994). However, we found that emotional reactions towards spontaneous anomalous/paranormal experiences involved fear in various forms for a large percentage of the sample (88.8%). It is possible that such fear of psi might explain some of the psi-missing in experimental ESP studies, as well as being a component in the systematic rejection that some sceptics maintain against parapsychology (see Irwin, 1985; Tart, 1984; Tart & Labore, 1986). There is a general consensus among investigators that voluntary participants in

Table 4

*Q-Sort Technique**

Prior to Entry into Group		Termination of the Group Activity	
*1. What were your expectations at the moment when you became part of the therapy group?***		*2. Do you feel that group therapy has benefited you?*	
To understand my experiences	11 (40.8)	Contributed to my personal or spiritual development	14 (51.9)
Curiosity	6 (20.2)	Found a new meaning to my psi experiences	11 (40.7)
To listen to other people's experiences	4 (9.0)	Feel emotionally better	9 (33.3)
To be understood by other people	2 (9.0)	Feel better in my interpersonal relationships	8 (29.6)
The need to receive emotional support for my experiences	2 (9.0)	Found a new meaning in my life	8 (29.6)
The need for a differential diagnosis	1 (4.0)	Act better in my work or other areas	5 (18.5)
The need to make sense of my experiences	1 (4.0)	No, I have not benefited in any aspect	5 (18.5)
2. Emotionally unpleasant (0–9) Mean = 4.85; *SD* = 3.32		*Emotionally unpleasant (0–9)* Mean = 1.70; *SD* = 2.16	

* Results are presented with percentages in brackets.

** Members could mark more than one option.

Question	None	Low	Moderate	High	Very High
3. I integrated the anomalous/ paranormal experience(s) into my life.	–	–	7 (25.9)	14 (51.9)	6 (22.2)
4. I was listened to, included and backed up by my fellow group members.	–	–	3 (11.1)	10 (37.0)	14 (51.9)
5. I was listened to, included and backed up by the therapist.	–	–	–	12 (44.4)	14 (51.9)
6. I found comprehension of my experiences.	–	1 (3.7)	8 (29.6)	13 (48.2)	5 (18.5)
7. Group helped me to have more comprehension of my experiences.	–	–	8 (29.7)	12 (44.4)	7 (25.9)

experiments are more motivated to participate and prove their psi abilities, either because they have already experienced them spontaneously in their lives, or (if they have not experienced them personally) because they are at least open to their existence. Almost half of the sample (48.1%) also reported

surprise and perplexity, and a sensation of not understanding what had happened.

Well-being or contentment was reported by one-third (37%) in contrast to negative feelings (such as anxiety, 22.2%). Anomalous/paranormal experiences and psi events may 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. 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. These proportions match those obtained by us.

With respect to attempts to seek advice or counselling, 40.8% of the participants expressed interest in understanding their experiences and 20.2% sought more information out of curiosity. This figure supports the observations of other authors (e.g. Alvarado, 1996; Harary, 1993; Hastings, 1983; Rhine, 1961, 1975), who argue that persons need to understand what it was that happened to them. It seems that such experiences very often concern matters of personal meaning. Some authors found that their participants reported having occasionally had telepathic experiences with other persons with whom they were emotionally close. Others reported cases where the psi experiences were related to personal crises, such as sicknesses or accidents, the death of a loved one, or other events of importance (Green, 1960; Irwin, 1989; Prasad & Stevenson, 1968; Sannwald, 1963; Schouten, 1981, 1982).

Although the differences were small, the data reported here reveal a greater degree of satisfaction of the group members. A majority (74.1%) reported having integrated their experiences into daily life at a high or very high level. A high proportion of the sample (88.9%) also expressed satisfaction that they had been listened to, accepted, and understood by other members and the therapists. The emotionally unpleasant rating of the member group (0–9) was initially 4.85 but by the end of the programme had reduced to 1.70. Such scores seem to be good indicator from the clinical point of view of the efficacy of the programme, and are consistent with data reported previously regarding the importance of emotional and intellectual processing.

More than half of the sample (51.9%) expressed the opinion that the group activity contributed to their personal or spiritual development. More than a third found a new meaning for their psi experiences (40.7%), or felt better emotionally (33.3%). Almost a third (29.6%) felt better in their interpersonal relationships and/or found a new meaning to their lives.

Group Therapy Technique for Anomalous/Paranormal Experiences: Some Remarks

To operate effectively with a group, the therapist must trust the abilities of the group members to help one another grow in positive directions. Unless this is the case, the therapist may feel pressure to exert more control over the group process than is helpful. When this occurs, it works against the therapeutic potential of the group, since the latter operates most effectively when the

members are free to help one another and determine their own directions for growth. Existential, person-centred, and Gestalt group therapies attempt to capitalize on group members' potential to help themselves become more satisfied and fulfilled individuals. One of the advantages of group therapy compared with individual therapy is that the members have the opportunity to learn about interpersonal relationships by actually experiencing these relationships in a group with one another.

Humanistic group therapy can be effective with people who have serious, distressing experiences (Truax, Carkhuff & Kodman, 1965). The emphasis in these groups is on helping the members to learn to trust themselves and their own ability to engage in constructive personal and interpersonal and spiritual growth, in which paranormal experiences may have a role to play. 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-utilised approach in today's managed care environment, where therapists feel they need to demonstrate their effectiveness in concrete and observable ways. The lamentable fact is that many practitioners remain unaware that humanistic therapy groups have been shown to be effective through research with clinical populations. Practitioners should recognize the advantages of humanistic group therapy; and it is recommended that they consider undertaking process and outcome research on various kinds of humanistic therapy groups to determine further the effects these group interactions can have on different types of client populations.

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